IBM Cúram Social Program Management
Version 7.0.5

*Cúram Integrated Case Management
Guide*

IBM

Note

Before using this information and the product it supports, read the information in "Notices" on page 62

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Chapter 1. Cúram Integrated Case Management Guide

Integrated cases are used to deliver benefits and services to clients. Eligibility and entitlement are tracked over time. Benefit-based programs are delivered through product deliveries. Services are delivered through service deliveries and referrals.

Introduction

Purpose

The purpose of this guide is to provide a business overview of Cúram Integrated Case Management and where this fits into the application's 'Needs to Outcomes' approach. Cúram Integrated Case Management works in conjunction with Cúram Outcome Management by providing a holistic approach to assessing the needs of families and meeting these needs through delivery of programs and services and through outcome management.

Cúram Integrated Case Management focuses on assessing needs and delivering programs and services to meet these needs; Outcome Management assesses needs and designs plans to achieve sustainable outcomes.

Although this guide makes reference to Outcome Management, this guide primarily focuses on the needs to delivery process. The needs to delivery process is made up of two main parts: meeting needs through the delivery of programs in the form of benefits and meeting needs through service deliveries and referrals.

Audience

This guide is intended for any reader interested in understanding the business concepts of Cúram Integrated Case Management. Readers do not require knowledge of the application.

Prerequisites

To better understand the topics covered in this guide, it is suggested that the reader has previously read the `Cúram Participant Guide`.

Chapters in this Guide

The following list describes the chapters within this guide:

Needs to Outcomes and Integrated Case Management
This chapter introduces Cúram Integrated Case Management and describes how it supports the 'Needs to Outcomes' approach.

Assessing Needs - From Initial Contact to Integrated Case Creation
The chapter provides an overview of the process of initial contact between a client and the agency, the assessment of a client's needs using triage, screening and intake, and the creation of an integrated case to manage programs and services that meet the needs of clients.

Delivering Benefits Through Product Delivery Cases
This chapter provides an overview of the business processes that allow the agency to deliver benefits to clients. The processes include creating a product delivery case, capturing real world information about the client, client eligibility and entitlement determination, and the delivery of the benefit to the client in the form of monetary payments.

Delivering Services Through Service Deliveries and Referrals
This chapter provides an overview of the business processes that allow the agency to deliver services to clients. These processes support the agency in providing its own services to clients as well as services that are provided by external providers and paid for by the agency. Cúram Integrated Case Management also supports client referrals to services that are not paid for by the agency.

The Case Worker Workspace
This chapter provides an overview of the main elements of the case worker workspace. The case worker workspace allows case workers with heavy case loads to manage their daily work effectively. Key elements of the case worker workspace include tools for accessing case load, searching for cases, and the case calendar.

Ongoing Case Management
This chapter provides information on the tools that support the agency's ongoing case management process. Ongoing case management includes managing case participants, auditing cases, managing and reassessing case eligibility and entitlement, as well as tracking issues and legal proceedings.

Configuring Integrated Case Management
This chapter provides an overview of the main aspects of Cúram Integrated Case Management that are configured as part of the application administration. This includes configuring case types, the rules and evidence types used to determine client eligibility and entitlement, as well as various aspects of ongoing case management. Services and referral services are also fully configurable.

Securing Cases
This chapter provides an overview of the options available for securing case and client information.

Needs to Outcomes and Integrated Case Management

Introduction

Needs to Outcomes offers a two-pronged approach that delivers care and protection to meet the needs of clients as they work towards a desired outcome. Cúram Integrated Case Management supports 'Needs to Outcomes' by enabling agencies to deliver products and services to clients while also helping them to achieve self sufficiency.

Cúram Integrated Case Management works in conjunction with Cúram Outcome Management to provide a cost-effective, end-to-end set of business processes that facilitate agencies in helping clients achieve self sufficiency and reach their socio-economical potential no matter what their situation. This set of processes offers:

- Multiple channels for clients to use in contacting an agency.

- A range of assessment tools to determine the complex needs of clients, the many barriers that are keeping them from reaching their social economic potential, and the clients' strengths that can be utilized to overcome these barriers.

- Universal program screening to determine the best possible combination of programs that will be effective (both in cost and outcome) in meeting client needs and overcoming these barriers (both in cost and outcome).

- Client-centered tools that make it as easy as possible for clients to get the care and protection they need.

Needs to Delivery - Cúram Integrated Case Management

Cúram Integrated Case Management includes a set of business processes that seek to assess client need and deliver programs in the form of benefits and services.

These processes follow a logical progression from assessing client needs through to delivering programs and services. The initial contact between clients and agencies can happen in numerous ways including triage, screening, and intake. Working with the client, the agency assesses the client's complex needs and matches those needs to a range of potential programs and services. Real world data is captured about the

clients and is used to determine their eligibility and entitlement for benefits which are then delivered to the client. In addition to benefit eligibility, services may be recommended to meet the needs of clients.

The Cúram Integrated Case model moves away from the traditional approach that determines whether or not clients are eligible for single-benefits within set time frames and moves towards determining eligibility and entitlement across a range of benefits and services and over extended periods of time, perhaps even the client's lifetime.

It also aims to measure the effectiveness of the delivered programs and services over time. By expanding the determination period for programs and services, agencies can measure the ultimate success of these programs and services in improving the lives of its clients. Two mechanisms are provided for delivering care and protection to clients: the delivery of benefit-based programs through product delivery cases and the delivery of services through service deliveries and referrals, each of which is described in the subsections below.

Delivering Benefits through Product Deliveries

The product delivery case within the application determines eligibility for the benefits that best meet the needs of families and delivers those benefits accordingly.

The creation of a product delivery case follows on from a client's initial contact with the agency during which time the client's needs are assessed. Based on assessment results, the client is found potentially eligible for a range of benefits and one or more product delivery cases are created in order to determine real eligibility for these benefits.

Eligibility and entitlement processing results in a determination that spans the lifetime of a case (and as mentioned above, a determination can span the lifetime of a client). Within the determination are one or more decisions, each one defining the client's eligibility and entitlement for one or more components within a benefit. Financial schedules are created from any decisions that indicate eligibility and entitlement for benefits. The Cúram Financial Manager creates instructions which in turn get processed into financial instruments.

For example, a client who has recently become unemployed initiates contact with the agency. This contact leads to a screening which shows that the client is potentially eligible for unemployment benefits for a set number of weeks since becoming unemployed. An unemployment product delivery case is created to capture more data about the client. This starts a chain of events which includes gathering evidence about the person's job loss, determining if the person is eligible for unemployment benefits, and delivering those benefits accordingly.

Over the lifetime of a product delivery case, real world data can continue to be captured, the impact of which can result in a new determination which reflects the eligibility and entitlement of client's most up-to-date information. The product delivery life cycle is described in detail in "Delivering Benefits to Clients through Product Delivery Cases" on page 10.

Meeting Needs through Service Deliveries

Services can be provided directly to a client by the agency or provided by a third party provider but paid for and tracked by the agency. Additionally, client eligibility may need to be determined for some services and some services may have their own payment determination process.

To accommodate the different types of services, Cúram Integrated Case Management allows agencies to deliver services to clients using product delivery processing, Cúram Provider Management(CPM) processing or a combination of both. An example of a service that can be delivered by product delivery only is a Mileage Reimbursement service that reimburses a client's mileage expenses. This type of service is provided by the agency and can be used to provide payments to a client or another participant. The agency can use product delivery processing to check client eligibility based on client data and issue payments to the client or another participant in respect of the service.

If a service is provided by a third party provider, the agency can utilize service delivery processing which uses CPM financial processing to pay the provider. This type of service can be used when eligibility does not need to be determined for the service. For example, a service delivery can be used to meet a one-off need of Home Help. The agency can record details of the third party provider who provides the Home Help service, deliver the service to the client, and pay the provider in respect of the service.

If eligibility does need to be determined for a service that is provided by a third party provider, agencies can utilize some or all aspects of product delivery processing in conjunction with CPM service delivery processing. For example, if payments for a Physiotherapy service are based on a custom rate that can change over time or change based on circumstances, the agency can utilize all aspects of product delivery processing. The agency can record details of the third party provider, use product delivery processing to check client eligibility, determine the amount to pay based on the custom rate, and issue payments to the provider in respect of the service.

Alternatively, agencies may wish to only utilize the eligibility determination aspect of product delivery processing and use CPM to pay the provider. An example of a service that can be delivered in this way is a Counseling service that is paid based on a flat rate contract. Agencies can utilize product delivery processing to determine eligibility and CPM reassessment and financial processing to pay the provider.

The process of delivering services to clients is described in detail in "Creating a Service for a Client" on page 22. Note that service delivery processing works in conjunction with the Cúram Provider Management (CPM) module. That is, the services are registered as part of CPM. Therefore, the CPM module must be installed for agencies to deliver services to clients.

Meeting Needs through Referrals

Referrals to services are used to refer clients to a third party service provider who may have no formal contract or relationship with the agency but who may be better able to meet the client's need. Unless follow up is required, on referral, the agency usually has no further contact with a client. The process of delivering referrals to clients is described in detail in "Referring a Client to a Service Provider" on page 23.

Like services, referral processing works in conjunction with the Cúram Provider Management (CPM) module. That is, the referral services are registered as part of CPM. Therefore, the CPM module must be installed in order for case workers to deliver referrals to clients.

Cúram Outcome Management - Assessments to Outcomes

The assessment to outcomes process allows agencies to evaluate a client and their family's entire situation in order to identify and address core needs that may not be obvious on the application but which may hinder their ability to be self sufficient.

The assessment to outcome process meets the needs of clients in two ways: through the use of assessment tools that are designed to identify client strengths and needs and through the use of outcome plans that are used to identify, schedule and manage activities that will ultimately lead to positive outcomes. For example, a family's strengths and needs can be assessed in order to identify the most appropriate activities to obtain a desired outcome, such as returning the child to the home.

An integrated case can be used to consolidate and manage a family's assessments and outcome plans. For example, an assessment can be run against multiple family members from within an integrated case in order to identify their strengths and needs.

An outcome plan is created for the family to deliver the most appropriate activities to obtain a desired, sustainable outcome. For example, service deliveries and referrals to services can also be added to outcome plans as activities that are recommended by the organization in order to move clients towards formally agreed objectives and sustainable outcomes.

Outcome management also includes tools that allow a family to be regularly reassessed to see if there have been any changes to its strengths or needs. Additionally tools that measure the difference that these activities make to members of the family, and ultimately how successful the outcome plan is, are provided.

For further information on how assessments and outcome management is used to meet the needs of clients, see the `Cúram Outcome Management Guide`.

The Cúram Integrated Case - A Holistic View

The Cúram integrated case provides a holistic view of a client and their family's needs as well as the steps taken to address these needs through the delivery of products, services, and ongoing case management.

This includes a forum in which clients and agencies can interact with each other, a range of assessment tools to determine the best way to help clients, and a set of business processes for delivering benefits and services and creating and managing outcome plans. As such, it provides access to the full spectrum of 'needs to outcome' business processing.

Essential to helping clients achieve sustainable outcomes, the integrated case brings together all relevant people involved on a case such as product providers and family members and provides support for all those who are involved in collaborating with each other in identifying and addressing the needs of clients.

Essential tools are provided including shortcuts to perform key business processes aimed at assessing needs and delivering benefits and services to meet these needs.

The integrated case homepage shows the family members whose needs are being assessed and addressed. It also provides a summary of the programs applied for, a to-do list that tracks the work that needs to be done by the user, and eligibility checks for those programs. Individual tabs within the integrated case provide access to the family members, their benefits, any timers on benefits, interviews, the family's evidence, any related cases, and a summary of eligibility and entitlement results.

The summary view can be used to provide the user with a single consolidated view of program eligibility for all members on the integrated case. This allows the user to quickly access information such as the programs members are eligible for, coverage dates and transitions from one program to another. If one or more key events occur in a month, where a key event is either an evidence change or a rule change, an icon is displayed next to the month. The caseworker can click the icon to view a list of changes. For each program type that a client is eligible for, the caseworker can click the eligibility bar and view extra information in addition to the coverage start and end dates. The extra information provides the caseworker with details that contribute to the eligibility calculation to help answer customer queries about eligibility. The display of the summary eligibility view requires development effort.

Further details about a member's eligibility for individual programs is available within the individual product delivery cases and is described in the Delivering Benefits to Clients through Product Delivery Cases section.

Helping Case Workers Do Their Jobs - The Case Worker Workspace

The case worker workspace contains tools that assist case workers and supervisors in their daily work. Case workers frequently have high caseloads and many clients to look after and track. Therefore, it is important that they can easily see case work that needs to be completed and can quickly access key information so that clients who need help do not fall through the cracks. The more case workers can track about their cases, the more they can ensure that clients in need are being helped.

Another benefit of the workspace is that it aids case worker efficiency and productivity. The workspace provides the following main features that help case workers to meet the needs of clients:

- Summaries of pertinent case information are provided which assist case workers in their daily work. For example, an appointment summary is available for case workers to quickly see various meeting and activity appointments they have for the day.
- Tasks and activities that the case worker needs to address for the day are highlighted.
- Case search and case query functionality is provided and case workers can also highlight items that they have a special interest in.
- Calendaring functionality allows case workers to schedule and track case events, activities, and meetings.

Achieving Sustainable Outcomes Through Ongoing Case Management

Essential to the stability of agencies is the ability to measure the success of care and protection in meeting clients needs. Achieving long-term stability for a client involves identifying the root causes of need, addressing the root causes in a number of ways, and measuring set-backs and progress along the way.

Ongoing case management tools help to ensure that clients are progressing towards self-sufficiency. Tools that provide visibility on the most up-to-date determinations, and deliveries of benefits and services

are available. Tracking tools are also provided to check on payment corrections, issues raised on a case, and ongoing legal proceedings. Users can manage the progression of their product delivery cases during ongoing case management. This includes tools to manage the most-up-to-date information about a client and the ability to use this data to re-evaluate those needs.

Supporting Agency Operations Through Configuration

Many aspects of Cúram Integrated Case Management are configurable. The purpose of this is to enable agencies to decide how they would like the application to behave with minimal disruption to its day-to-day operations. Increased configurability significantly reduces, and often eliminates, the need for agencies to customize source code by allowing them to configure at runtime the case information that is displayed in the application as well as how certain case processing operations are handled by the system. The following is a summary of the main aspects of the Cúram ICM model that are configurable:

- How and what case information is displayed throughout the application is configurable. This includes the ability to configure integrated and product delivery cases, as well as choose which case types are displayed in case listings and the order in which evidence is displayed on the evidence dashboard. Agencies can customize the appearance of the application user interface to highlight key information to users. The purpose of these options is to enable users to easily access the information they frequently use.

- The agency can configure the types of cases that are displayed as filter options when users access and search for case information. The agency can also determine the type of search facility it wants to use. Two types of case search are also supported: standard and enhanced.

- The agency can dynamically create new products, evidence for capturing real world data about clients, and the rules that are applied to this evidence in order to determine eligibility and entitlement for the new products.

- Cúram Express Rules (CER) is a rules language aimed at providing a clear expression of business rules. As part of defining rules, agencies can configure categories of rules that determine how eligibility results are displayed and also configure explanations of eligibility results that aid users and clients understanding of eligibility and entitlement decisions made by the system.

- CER is key to enhancing and encouraging collaboration. Documenting and displaying eligibility, entitlement and enrollment business rules in a human readable format will allow for greater transparency to the client and will aid client advocacy groups in explaining and assisting clients with the eligibility and enrollment process.

- Rules Editor functionality allows business and administrator users to define new rules and scripts together. Views that allow administrators to easily change rules and see the changes clearly on the system are provided which result in less errors being made and more accurate eligibility results for clients.

- The agency can fully configure services and service referrals to meet its requirements. Aspects of service delivery and referrals to services processes that can be configured include how the provider of the service is specified, whether a service or referral is applicable to one or multiple clients, and the strategy for processing and issuing payments in respect of services to clients and providers.

- Agencies can configure various aspects of system behavior as cases are moved through different stages in their lifecycles. Configurable aspects of system behavior include how the system determines the initial owner of a case, case closure processing, and case reassessment processing.

Assessing Needs - From Initial Contact to Integrated Case Creation

Introduction

To streamline the process of getting clients the care they need, a range of triage, screening, and intake processes are available which can be used to determine the potential needs of a client on initial contact with the agency. Triage, screening, and intake typically happen before an integrated case is created for clients and their families. Each integrated case allows everything that is identified as meeting the needs of

a family and all of the efforts to address these needs to be managed from one place. Typically, each integrated case is used to manage the actual determination and delivery of identified services and programs.

This chapter provides an overview of the available processes that support the agency's triage, screening, and intake requirements. This chapter also provides an overview of the triage, screening, and intake processing that happens before an integrated case is created for a client. This chapter also describes the integrated case creation process.

Supporting the Agency's Triage, Screening, and Intake Processes

The application provides tools that are designed to support the agency's triage, screening, and intake processes. The purpose of these tools is to establish what a person needs on initial contact with the agency and also to determine potential eligibility and actual eligibility for needs-based programs and/or need for services. The tools provided allow clients to communicate with the agency via a number of different channels and allow the agency to manage the following tasks:

- Triage: A person is asked a short set of questions to quickly identify services, screenings, and products which may meet their needs.
- Eligibility Screening: Individuals are screened to determine their potential eligibility for specific programs offered by the agency. If eligible, these programs are typically delivered to the individual in the form of benefits.
- Program Intake Processes: A person may be eligible for needs-based and/or protection-based programs identified as a result of screening or independent of the screening process.
- Life Event Management: Life event management allows the agency to manage the reporting of a person's life events, such as the birth of a child, marriage, or a change of address or employment.

The following infrastructures are provided that include tools and functionality that enable the client and/or agency to perform intake: Cúram Universal Access (UA) and Cúram Common Intake (CCI). UA is a citizen focused module that allows clients themselves to interact with the agency online using a web self-service application. For more information on UA, see the `Cúram Universal Access Guide.`

CCI provides a set of features and functionality that an agency can tailor to meet the requirements of its internal intake processes. For more information on CCI, see the `Cúram Common Intake Guide.`

Triaging Clients for Programs and Services

Triage is used to quickly identify and recommend services, government programs, and screenings which may meet a person's needs. The aim of triage is to quickly recommend potential courses of action for a person who contacts the agency for help. Typically triage is performed when a person has had no prior interaction with the agency and is completely unaware of the help that may be available to him or her. For example, a person may have an emergency need for food for his family and might be unaware of benefits that are available to meet this need.

During the triage process, the person is asked a short set of basic questions related to the following core needs: food, shelter, health, financial, education, and safety. Based on the person's answers to these questions, the system recommends services and programs that may address those needs. The person can be referred to various service providers identified by the system, continue to screen for potential eligibility for recommended programs, or apply for programs directly.

Screening Clients for Programs

Screening is used to establish a person's potential eligibility for particular programs. For example, a person may be potentially eligible for Food Stamps benefits based on his or her answers to the screening questions. The difference between triage and screening is that triage directs a person to screen for programs, it does not identify if the person is potentially eligible. Screening determines a person's potential eligibility for one or more programs. Examples of screenings include Cash Assistance and Food Stamps. A person may choose to be screened for eligibility after completing the agency's triage process or may choose to screen independently of triage.

During the screening process, a person is asked more complex questions about their life and their answers are recorded and stored on the system. For example, personal details such as the person's name, date of birth, address, living arrangements, and family relationships are recorded. The answers recorded are used to establish if the person is potentially eligible for benefit-based programs and if he or she has already been registered on the system as a client of the agency. Family relationships that are recorded are also automatically stored on the system.

Depending on the type of screening, answers to more complex questions may also be recorded. For example, some questions may relate to the client's resources, income, or household circumstances. When all of the screening questions have been answered and the screening is completed, the system determines the programs for which the person is potentially eligible by running screening rules against the answers to the various questions.

Based on the screening results, the client can submit an application for the programs identified. Alternatively clients can apply for programs independent of the screening process.

Program Intake Processes

In general, clients may be eligible for needs-based programs or protection-based programs. Examples of needs-based programs include Cash Assistance and Unemployment Benefits. An example of a protection-based program is "Child Welfare". The intake processes that are used by agencies can differ greatly depending on whether the intake is needs-based or protection-based.

For needs-based programs, a client is usually required to fill out an application form, and the agency determines eligibility for programs based on the information provided in the application.

Basic information required to submit the application for benefits, such as client name and address, is then captured. The agency determines the client's actual eligibility for benefits based on the information provided in the application. A person can apply for benefits using a number of methods which include:

- submitting an online application to the agency
- filling out an editable application form
- calling to the agency in person
- over the telephone with a user

During the application process, the person provides the agency with detailed information on personal details, income, expenses, employment, education etc. This information is recorded as evidence on the client's case by the agency when the case is created and is used by the system to assess a client's need for services. The application provides a needs-based program intake as part of Cúram Common Intake (CCI). See the `Cúram Common Intake Guide` for more information.

Intake for a protection-based program such as "Child Welfare" can include the capture, via a number of channels, of a reported incident of suspected child abuse or general concerns regarding a family situation. All relevant information such as allegations, are captured so that the claims can be investigated by the agency. The application provides a protection-based program intake as part of Cúram for Child Welfare (CCW). See the `Cúram for Child Welfare Guide` for more information.

Creating an Integrated Case

If the agency has a defined intake process, an integrated case can be created for clients automatically on application. Alternatively, if no intake process is defined by the agency, a standalone integrated case can be created.

Each integrated case is initially created for a person or a prospect person to manage the delivery of benefits, services, and activities identified to meet his or her needs. On integrated case creation, a product delivery case is created to deliver benefits to clients. Note that if the agency has a defined intake process, the product delivery case is created automatically when a benefit is authorized on the application.

Service deliveries and referrals to services can also be added to an integrated case to deliver appropriate services to clients. The process for delivering benefits to clients through product delivery cases is described in detail in "Delivering Benefits to Clients through Product Delivery Cases" on page 10. The

process for delivering services deliveries and referrals to services are described in detail in "Delivering Services to Clients through Service Delivery and Referrals" on page 21.

An integrated case is created for a person or a prospect person who is already registered on the system or the user has the option of registering the individual as a person or prospect person when he or she creates the case. Note that if the agency is utilizing intake processing, the individual is registered as part of the intake process. For information on person and prospect registration, see the Cúram Participant Guide. During manual creation of an integrated case, the integrated case type is selected.

An integrated case has three steps in its lifecycle: case creation, case closure, and case reopen. When an integrated case is created or reopened, its status will be set to 'open'.

An example of when an integrated case may be closed is where all of the associated benefits and services have ended. If the clients on the integrated case re-apply for benefits/services at a later date, the integrated case may be reopened to resume the delivery of benefits and services without the need to create a new integrated case. Alternatively, organizations may choose to leave integrated cases in an open state regardless of the status of the associated benefits/services.

Assigning Initial Case Ownership

Cases are created and managed by users with case owner and case supervisor user privileges.

The case owner is responsible for a case. Typically, the case owner maintains case information, gathers case information, checks eligibility, and submits the case for approval. The case supervisor verifies the data entered by the user and approves the case for activation.

The application provides a sample case ownership strategy which can be overridden by agencies as required. The sample case ownership strategy determines the initial case owner based on whether the case is an integrated case or a product delivery case. When an integrated case is created, the case ownership strategy automatically sets the initial case owner to be the administrator of the primary client. When a product delivery case is created, the system automatically sets the owner of the related integrated case to be the initial owner of the product delivery case. When an integrate case is reopened, the case ownership strategy sets the reopened case owner to be the administrator of the primary client.

The agency's own case ownership strategy can be configured depending on its requirements. For example, the agency may wish to direct Food Stamps cases to one set of users and Income Support cases to another set of users. For more information on configuring case ownership, see "Configuring Case Ownership" on page 57.

The case owner can also be manually set to be any user or organization group such as an organization unit, position, or work queue. If the case owner is set to an organization unit, work queue or position, any users who are members of the organization group can progress work on the case. For further information, see "Manually Changing the Case Owner and Case Supervisor" on page 35.

Integrated Case Information

Once an integrated case is created, there are a number of levels of information that are automatically stored as part of the one integrated case: integrated case information, case participant information, and information specific to the type of case or service contained in the integrated case. Information for each of these levels can be accessed and maintained from the one integrated case.

Certain information such as notes can be maintained for integrated cases, product delivery cases, and services. These categories of information do not affect case eligibility. Other categories of information are only maintained for specific cases. For example, client translation requirements are only maintained for the integrated cases and product deliveries.

Information that is specific to product deliveries and service deliveries is kept separate from the integrated case information. For example, communications for a product delivery case will only appear on that case's list of communications. Note, however, evidence for a product delivery cases can be maintained at the integrated case level if shared across multiple product deliveries within the integrated case.

Delivering Benefits to Clients through Product Delivery Cases

Introduction

The product delivery case is used to deliver care and protection to clients in the form of benefits. This chapter provides an overview of the process of delivering benefits to clients through product delivery cases.

Creating a Product Delivery Case

Product delivery cases are created by default within an integrated case so that integrated case functionality can be used for that product delivery. For example, evidence can be captured at the integrated case level and shared between product deliveries for the same person or for persons within the same family.

During product delivery case creation, the user records the applicant and the benefit for which they are applying. This applicant is known as the primary client. The primary client is the participant on the case who is deemed to be the main person on which eligibility is determined.

For example, John Smith is applying for an unemployment benefit because he lost his job. John's application includes his partner and three children. While John's partner and three children are part of the application group, John is the primary applicant as it is his circumstances that determine overall eligibility for the benefit. While the evidence of John's partner and three children also determine his entitlement, John is still the primary applicant on which eligibility is based.

Therefore, once the primary client role is set on the product delivery case, it cannot be changed. If a new primary client for the same benefit is needed, it requires a new application and consequently a new product delivery case. The primary client is also assigned as the default nominee on the case, that is, the recipient nominated to receive the actual benefit payments.

Note: By default, the system automatically sets the first person added to the product delivery case as the primary client.

To aid users, the system allows them to view a list of any other existing integrated and product delivery cases on which the applicant is a primary client. The product delivery case details are then specified. Case details include the date that the benefit application was received by the agency and the expected outcome of the case, for example, financial support.

Case details also include information that defines how payments in respect of the case are issued to the nominee. This information includes the preferred payment method, and the case delivery pattern. The case delivery pattern is the default payment method and frequency by which financials are issued to a nominee. For example, weekly by check. The delivery pattern includes the primary client's preferred payment method details. If the primary client has a preferred payment method, for example, check or cash, the preferred payment method is displayed to indicate to the case owner the most appropriate delivery pattern.

The product delivery case is created when the user records all of the information required. When a product delivery case is created, its status is "Open". Real world information is then captured in the form of evidence to determine the client's eligibility and entitlement.

Capturing Real World Information about a Client

Real world information that affects the primary client's claim for benefits is captured as case evidence. For example, in order to qualify for benefits, a client may need to provide evidence regarding his or her income. The type of evidence captured can come from different sources. For example, a client may provide a birth certificate to verify the date of birth, a university may provide a letter confirming a person's full-time student status, or a doctor may certify a person's disability.

Evidence is maintained by users using the evidence workspace. The evidence workspace includes the following views that allow users to capture, manage, and maintain evidence records easily and efficiently: the evidence dashboard view, the EvidenceFlow view, and the active and in edit evidence listings.

The evidence dashboard and EvidenceFlow views provide case workers with an entry point to pre-configured evidence types that can be captured. For more information on the EvidenceFlow view, see "(deprecated) Capturing Evidence Using the EvidenceFlow View" on page 11.

Separate lists are provided for evidence verifications, issues, and for incoming evidence. For information on evidence verifications and issues, see "Identifying Concerns with Evidence that Affect Eligibility" on page 11. Incoming evidence that is shared from other cases is only available if the Cúram Evidence Broker is installed. For more information, see the `Cúram Evidence Broker Guide.`

For detailed information on the evidence views provided and on managing case evidence, see the `Cúram Evidence Guide.`

(deprecated) Capturing Evidence Using the EvidenceFlow View

The **EvidenceFlow** view is an alternate view of case evidence that is available to users. Evidence types on a case are represented in the **EvidenceFlow** view as a series of ordered tiles. Each evidence type that can be recorded on the case is represented by a single tile.

The **EvidenceFlow** view is particularly suited to inexperienced users in that it allows them to quickly navigate evidence while talking to a client over the telephone.

Users can navigate through all of the evidence types recorded on a case, capture new evidence, and identify outstanding information or issues that relate to the evidence type. Each evidence category configured is represented by a stack within the evidence flow view. Each stack contains the individual evidence types that can be captured. Users can create new stacks according to their preferences. For example, users may wish to create a new category of frequently captured evidence types. A user can do this within the EvidenceFlow view using the stack functionality.

Reminders, outstanding verifications and issues regarding an evidence type are also accessible from the EvidenceFlow view.

For more information on the EvidenceFlow view and stacks, see the `Cúram Evidence Guide.`

The Cúram Advisor

The Cúram Advisor is a tool that provides context sensitive tips such as reminders for users. Concerns with evidence such as issues, that affect eligibility can also be detected by the Cúram Advisor.

The Advisor is configured with rules and text that is used to detect and highlight issues with evidence. It automatically analyzes information that is recorded or known for a registered client and alerts the user to issues with the information that may require attention. For example, if an application is submitted by a client with missing mandatory information, the Advisor displays the issues with the mandatory information. Users have the option to action the issues.

For more information on configuring the Cúram Advisor, see the `Cúram Advisor Configuration Guide.`

Identifying Concerns with Evidence that Affect Eligibility

Outstanding information and/or concerns with evidence may affect a client's eligibility for benefits. For example, a client may be determined to be ineligible because mandatory information is missing from his benefit application or a verification by a doctor of the client's illness may be outstanding.

To help users identify concerns with evidence so that they can be resolved, separate lists of issues with evidence and verifications (received and outstanding) are also provided.

Note that the verifications list is only available if the Cúram Verification engine is installed. For more information on the Cúram Verification engine, see the `Cúram Verification Guide.`

Checking Eligibility for Active and In Edit Evidence

Evidence is captured at the integrated case level for 'open' product delivery cases before they can be approved for payment. Typically the user who is the case owner captures evidence and checks eligibility before submitting the case for approval. A user can capture evidence from the evidence dashboard, EvidenceFlow view, and active and in edit evidence listings provided. Each evidence record is assigned a status of "in edit", "active", or "canceled". in edit evidence can be modified without affecting eligibility and entitlement. When changes are applied to in edit evidence, the evidence becomes active. Active evidence is used in determining eligibility and entitlement. Therefore, the most important status for benefit eligibility determination is active as payments are only issued on active evidence records.

A user can choose to check eligibility for active evidence only. Otherwise the system will check eligibility on both active and in edit evidence. Eligibility can be checked on active evidence only if the case owner does not want to take in edit evidence into account. Checking eligibility with in edit evidence allows a user to see how the client's eligibility is affected if the evidence that is currently in edit is activated.

The check eligibility process uses the evidence to create decisions regarding the client's eligibility and entitlement over the lifetime of the case. The eligibility and entitlement rules are applied to the client's real world information to create these decisions. These decisions define whether or not the client is eligible, and if eligible, the amount the client is eligible for at a given frequency, e.g., the client is eligible for $100 each week. For more information, on decisions, see "Reading Decisions, Eligibility, Entitlement, and Explanation" on page 13.

Approving Payments and Activating a Case

Before a case is activated for payment, the case details and case decisions generated during the check eligibility process are typically validated to ensure that they are correct before benefit payments are issued on the case. Once the case approval process is complete, the case is activated and payments are issued to the nominee on the case.

Approval check functionality is also available that allows agencies to define the percentage of cases submitted that will automatically require approval by a supervisor. For more information, see "Configuring Ongoing Case Management" on page 58.

Submitting a Case for Approval

During this stage, the case is submitted for approval. A case is submitted for approval when the user who is working on the case is satisfied that all case details have been entered correctly and the case is ready to progress to the payment or case activation stage. The stage has two parts: submitting the case for approval and approving or rejecting the case. The first part is when a user submits a case for approval. Cases submitted for approval have a status of "submitted". Eligibility is determined when a case is submitted for approval in order to provide a snapshot of the client's eligibility at that point in time.

Approving or Rejecting a Case

During this stage, the case is either approved or rejected. Typically it is the case supervisor who checks and verifies the details entered by the user. By approving the case, the case supervisor indicates that he or she is satisfied that the case details are correct and that the case is ready to be activated. If the user has approval rights as part of his or her security profile, or if the case supervisor submits the case, the case is automatically approved.

Approved cases have a status of "approved". Once a case is approved, it is ready for the next stage in the life cycle, case activation. If the case is rejected, the reason why the case has been rejected is entered and the user who submitted the case for approval is notified of the case rejection. If rejected, the case status returns to "open" and the case must be resubmitted to progress through the lifecycle.

Activating a Case

Cases that are approved can be activated using batch processing or manually by a case worker.

The Determine Product Delivery Eligibility batch process activates product delivery cases when the system is offline, i.e., after office hours, so that it does not interfere with normal business. This batch process determines eligibility for all product delivery cases with an "approved" status, and activates any

cases which are eligible. All cases found to be ineligible will be closed if the organization has configured the application to automatically close cases that are ineligible, otherwise the cases are activated with an ineligible decision and any further updates to evidence can result in reassessment and a potentially eligible decision. An agency may configure the system to automatically close ineligible cases through the use of an application property in the administration application. For more information on this property, see the `Cúram Integrated Case Management Configuration Guide`. For detailed information on batch processes, see the `Cúram System Configuration Guide`.

Alternatively, a single product delivery case can be activated manually by a case worker. When activating the product delivery case, eligibility is determined and the case is activated for payment provided it is eligible. If ineligible, and the system has been configured to close all ineligible cases, the product delivery case is closed; otherwise the product delivery case is activated with an ineligible decision and remains open. Manual activation provides support for front office payments, e.g., to provide emergency assistance to persons in need. Once a product delivery case is 'active', benefits for that case can be delivered.

If a case is accidentally activated, it can be suspended and then unsuspended which will cause its status to return to "open", thereby preventing any payments being issued. Payments will only be issued again after the case is approved and activated.

If a user attempts to activate a case while a reassessment is already in progress for that case, the user will be prevented from doing so until the reassessment that is currently in progress has completed. Note that the user will not be blocked indefinitely from activating the case. This 'lockout' time is configurable through the use of the application property `curam.case.reassessment.aggregation.wait.period`, after which time the user will be allowed to activate the case, even if another reassessment is in progress.

Applying Rules to Real World Information to Make Decisions

Agencies use rules to apply legislation to a client's real life circumstances in order to make decisions regarding the client's eligibility and entitlement for care and protection programs. Typically a person must satisfy rules in order to qualify for benefits. For example, to be eligible for income support, a person's income must fall below an income threshold. Rules also can be used to make connections between different pieces of information, for example, to determine the members of a household based on sharing a common address.

Note: The key decision factors feature is deprecated. For more information, see Deprecated features.

Real world information is captured for clients as case evidence in order to determine their eligibility and entitlement. For example, when a person's income amount is recorded and eligibility is checked, a pre-defined eligibility and entitlement rule set that defines the income threshold amount that must be satisfied is applied to the income amount recorded. Based on these results and the results of other rules governing income assistance eligibility, the system determines the person's eligibility and calculates his or her entitlement.

When eligibility is checked, a determination is created that contains a set of decisions that are created over the lifetime of the case, each decision including an effective period of time, eligibility result and an entitlement amount and frequency (if eligible).

In addition to eligibility and entitlement results, the application allows agencies to provide decision details explaining decision results, and also provides the ability to display the key decision factors that were involved in determining eligibility such as a change to total household income. Any changes to the real world information referenced by the eligibility and entitlement rules will automatically result in the rules being re-run against the new information. This can result in a new set of eligibility and entitlement decisions over the lifetime of the case. This can also result in a new set of key decision factors and new decision details. For more information on decisions, key decision factors, and decision details, see "Reading Decisions, Eligibility, Entitlement, and Explanation" on page 13.

Reading Decisions, Eligibility, Entitlement, and Explanation

When a case is approved, activated, reassessed and/or eligibility is checked, eligibility decisions are generated based on the application of pre-defined rules to a client's real-world information. See "Checking Eligibility for Active and In Edit Evidence" on page 12 for information on checking eligibility.

Each decision generated indicates whether a person is eligible or ineligible and displays the person's benefit entitlement over a period of time. Each benefit entitlement consists of the financial and/or non financial results generated when eligibility is checked.

To aid users in understanding the eligibility results, the application provides a number of decision views. Each view gives a user a different level of information that describes how eligibility and entitlement decisions were reached.

The main purpose of decision views is to provide clarity on why a person is or is not entitled to benefits and to help users to understand how the system arrived at that eligibility result. For example, a client may be deemed ineligible for benefits, because he or she mixed up day and month on his or her benefit application. Decision views provide a level of clarity to the process of eligibility and entitlement determination. Providing users with visibility on why the person is or is not entitled reduces the likelihood of benefit fraud and also allows users to give clients a clear picture of their eligibility and entitlement results thus enabling users to do their jobs more effectively.

Each decision includes the client's total entitlement amount. The agency can configure in what frequency the entitlement amount is to be displayed, i.e., monthly, daily, or weekly. For example, the agency may wish to display entitlement amounts in a weekly format of $70 per week instead of a daily format of $10 per day. The frequency at which the entitlement amount is displayed is defined when a product is configured during administration.

A number of views are provided that allow users to understand the decisions made over the lifetime of the case. For example, a graphical view includes key decision factors that have influenced eligibility decisions. Key decision factors help usrs to understand how a client's real-world information impacts their eligibility and entitlement by providing an understandable explanation of the determination results. For example, if a client receiving single mother benefits reports a significant life event such as a marriage, that client may no longer be eligible to receive single mother benefits.

The following are examples of key decision factors: "Susan Smith got married", "head of the household moved out", "Susan Smith turned 19". This allows the agency to determine what a rule means in the real world and provide an explanation of the rule that the user and client can both understand. For information on configuring key decision factors, see "Viewing Decisions over the Lifetime of a Case" on page 14.

The decision details view of an individual decision provides a user-friendly explanation of how the decision was reached. The information displayed to the user can be grouped into categories and the information displayed on a number of different tabs e.g., a Household Information tab might display detailed information on the composition of the household and a Medical Expense tab detailed information on the family's medical expenses. The agency can configure the categories of information and the order that the decision information on each tab is displayed as part of the application administration.

Note that the agency must develop the rules used for determining eligibility and entitlement, displaying decisions, and displaying explanations. For more information, see "Defining Rules and Assigning Them to Products" on page 54.

Viewing Decisions over the Lifetime of a Case

When eligibility decisions are created at various points in the lifecycle of a case, a determination is created that groups these decisions together, allowing a user to clearly see what decisions are associated with a particular determination of client eligibility. The following views are provided to allow users to view determinations and decisions over the lifetime of a case: the current determination view, the determination history view, the graphical determination view, and the decision details view. Each of these views is described in the sections below.

Current Determination and Determination History Views
The current determination view displays the list of decisions for the most recent determination on the case that results from initial case assessment or case reassessment on an active case.

Note: The key decision factors feature is deprecated. For more information, see Deprecated features.

For instance, the determination created during activation of the case or upon subsequent reassessment of the client's eligibility due to a change in circumstance. Information about the date and time on which

reassessment last completed in addition to the date and time when decisions were last updated is displayed. This feature provides the ability to understand not only when reassessment last completed, but also when reassessment has occurred but not resulted in the creation of a new determination and decisions. For example, when new asset evidence is added that does not result in a change to the client's eligibility or entitlement, or to the decision details or key decision factors displayed.

Additional informational messages are also displayed to provide further detail regarding the current status of reassessment within a case. These messages indicate when reassessment is currently in progress, when changes that will result in reassessment have been made but are pending processing, and when reassessment has been deferred to batch processing due to an unanticipated error with online reassessment processing. This information provides the caseworker with an understanding of when reassessment, which is expected to occur due to a change in circumstance, has not yet had a chance to complete due to another reassessment that is in progress versus due to a failure with the reassessment process itself.

An agency can configure whether the informational messages need to be displayed by enabling or disabling the messages by using the configurable validations manager as part of the application administration. For more information, see the Working with Configurable Validations section in the *Configured the System* guide, see the **Working with Configurable Validations** section in the *Configure the System* guide, and the Case-level Reassessment section in the *Inside Cúram Eligibility and Entitlement Using Cúram Express Rules* developer guide.

Within the determination, the decisions are listed over the lifetime of the case. Each decision includes the coverage period for which the decision is effective, the eligibility decision, for instance, eligible or not eligible, and the entitlement amount. The entitlement amount is the amount that the client is expected to be paid for the period in which the decision is effective. The format of the entitlement amount is configured during administration.

The determination history view displays a list of all the determinations on an active case that resulted from initial case assessment or case reassessment. One current determination is displayed that includes the date and time the determination was made, the reason the client's eligibility was determined, and the name of the user who made the determination. All other determinations that are displayed in the history previous determinations that is superseded by the current determination. A determination might be superseded as a result of case reassessment.

For example, a client who was previously ineligible for income support benefits can be found to be eligible due to the loss of his job and the recording of new evidence that places his current income below the income threshold. On reassessment, a new eligibility determination is displayed for the current date that contains the client's eligibility decision. This determination supersedes the previous determination. From both the current determination and determination history view, the user can view a summary of the decision details for each decision in the determination.

Graphical and List Determination View
The graphical view of a determination allows users to clearly see the connection between the eligibility result and the real world information that influences it. This level of visibility highlights the real information that is affecting eligibility and entitlement and plots it across a timeline that spans the lifetime of the case.

Note: The key decision factors feature is deprecated. For more information, see Deprecated features.

For example, if the system determines that a person is ineligible from the case start date because his or her income was $300 and that person's income drops below the required threshold to $200 a week, the system may determine the person to be eligible, and a key decision factor is displayed on the date of the change in income, along with a new decision for the change in eligibility that explains that the person is now eligible because his or her income information has changed.

Allowing the agency to see how the update to the real world information has affected the person's eligibility result empowers users to explain to clients how their circumstances have affected their claims. For example, a client seeming to meet all eligibility requirements for a care and protection program, but who forgot to prove their citizenship, may contact the agency to find out about his or her eligibility status.

By displaying citizenship verification status as a key decision factor, the user can quickly observe the reason for the client's ineligibility status and communicate this to the client.

The graphical view can also be displayed in a flat list view. This view includes all decisions and key decision factors displayed in a list format in chronological order.

Decision Details View

The decision details view displays detailed information about an individual decision within a determination and is accessed by selecting an individual decision from within the list of decisions of a determination. This view consists of multiple tabs that each display information to assist the user in understanding the client's eligibility. For example, a person may be eligible for an income assistance benefit and also a medical expense allowance.

The total amount of entitlement and the household members included in eligibility determination might be displayed on a Summary tab, while another Medical Expense tab might display detailed information on the family's medical expenses that were factored into determining the medical allowance. The decision details view can also be used to display information on why a person was found ineligible.

Cúram ICM provides support for creating decision details views. Decision details rules are used to determine what information is displayed in this view and are configured during administration. For more information on decision details rules, see "Assigning Rules to Products" on page 54. Display categories and decision details rules which include a display order that the system automatically uses to determine the order in which the tabs will appear can be associated with a product. For information on configuring products, see "Configuring Products" on page 47.

Comparing Decisions

Decision comparison functionality is provided which allows users to compare a decision within a determination to a previous decision within the determination. Decision comparison provides the ability for a user to easily understand why client eligibility and entitlement has changed. For example, a user may wish to use the decision comparison to better understand if income was a primary factor in the change to a client's eligibility.

Users can also use the decision comparison functionality to understand why an over or under payment was generated by the system. The decision comparison view allows the user to see the previous and current values of key information used in determining why the client's eligibility has changed, for example, a change in the client's net countable income may have caused the client to become ineligible for benefits.

Note that the agency must develop the decision details rules used for displaying decision comparison information. For more information, see "Defining Rules and Assigning Them to Products" on page 54.

Scheduling Payments and Bills- the Financial Scheduler

Payments and bills are automatically scheduled when a product delivery case is eligible and active. Payments and bills are scheduled, processed, and issued to the primary client or to a case participant who the primary client has nominated as a recipient for a case component. The following subsections provide an overview of the financial processing that occurs when a product delivery case is activated.

For detailed information on financial processing, see the `Cúram Financials Guide`.

Case Nominees and Case Components

A case nominee is a case participant who receives payments or bills. A case nominee is assigned to each case component. Case components for product delivery cases are units of entitlement, typically financial units of entitlement, that are available with a benefit. For example, personal component, child dependent, spousal dependent are units of financial entitlement with a benefit case. A personal component could be offered at a weekly rate of $70. If the product delivery case is found eligible for this case component, the component will be delivered to the client who was nominated to receive this case component. So in this example the nominee may receive $70 payment a week.

A case may have more than one case component associated with it. A nominee can be assigned to one or more of these components. Because there are multiple case components, there can also be multiple case nominees. As such, a component assignment history is maintained for each case component. This keeps track of all the nominees assigned to one component over time.

The default case nominee for all case components is the primary client. A case participant other than the primary client can be nominated to receive benefits for a case component. For example, a person's employer can be nominated to receive a person's benefits. Alternatively, a case participant can be specified as the default nominee. This automatically assigns all case components to the case participant and eliminates the need to assign each component separately. Each time a case component is assigned to a nominee, a delivery pattern from the list of nominee's delivery patterns and a component assignment date must be entered.

Scheduling Payments and Bills

Financial components are used to schedule payments and bills. These financial components define the amount, delivery method, frequency, and period for which a payment or bill is issued to a nominee. Each financial component is used to deliver eligible case components to case nominees. When a product delivery case is activated, these financial components are created.

Financial components are delivered to nominees according to the nominee's delivery pattern. Delivery patterns are used to create financial schedules for each case component delivered. The delivery pattern includes the method and frequency with which the benefit should be delivered to a nominee. For example, a nominee's delivery pattern might indicate that all benefits should be delivered to the nominee by check at the start of every month.

For example, a nominee receives a max personal case component with a weekly rate of $70. According to the nominee's delivery pattern, the nominee receives payments in check form at the start of every month. Based on this delivery pattern and the case component, a financial component is created for the max personal case component. This financial component will be issued by check to the nominee at the start of every month in the amount of $280 (at a rate of $70 per week for the month).

Delivery pattern information is set up for each case nominee. A new delivery pattern can be specified for a nominee as part of nominee component assignment or the default delivery pattern specified for the case is used. Changing delivery patterns for a nominee enables agencies to pay different case components to the same person at varying frequencies. Alternatively, a user can create a new nominee and assign one or more case components to the nominee or set a nominee to be the default nominee on the case to change the component assignment to suit the client's needs. A nominee can also have multiple active delivery patterns for the same period of time.

Depending on how the product delivery case is configured at administration, each financial component may potentially pay indefinitely until such time as circumstances change on the case, or the end date is explicitly set on the case. If the decision on an open ended case is eligible, an open ended financial component is automatically created. Financial components that are set up to pay indefinitely on a case are called open-ended financial components. This open-ended approach is reflected in the decisions on the case and potentially on the resulting financial components. For information on configuring a case to be open ended, see "Configuring Eligibility Determination Processing" on page 48.

Payment and Billing Processing

As payment and billing processing occurs, financial components are generated into instruction line items. Instruction line items are created when financial components are processed. Whereas a financial component is a schedule to pay or bill, an instruction line item is an instance of that schedule, i.e. a payment or bill. For example, a financial component indicates that John Smith is to be paid $25 by check on January 1st. On this date, the financial component is processed into a financial instruction line item. Information carried over from the financial component includes the nominee, the delivery pattern, the amount, and the period of time the payment or bill covers. Where a financial component is a schedule, an instruction line item is the actualization of that schedule.

Financial instruction line items are rolled up into financial instructions. These financial instructions can be generated into payments or bills for nominees. For example, an instruction line item of $100 a month is

created for each month over a three month period. These instruction line items can be rolled up into one payment instruction for $300. The $300 is then paid into the nominee's bank account.

For more information, see the `Cúram Financials Guide.`

Issuing Payments and Bills

Payments and bills are issued for product delivery cases automatically during batch processing or manually by a user. For example, the agency can issue benefit payments automatically when a batch is run at the start of every month. Users can also manually issue benefit payments on cases that have been approved and activated before system batch processing is run. By manually issuing payments, users can issue payments to clients that are paid by methods other than EFT immediately to clients. For example, if a client is eligible from 2 weeks ago, their payment schedule may be set up to be paid weekly by cash in advance. Typically the payment would not be issued immediately, it would be generated during the scheduled financials batch run. However, as the customer is due benefit arrears, the user can issue a front office payment immediately instead of making the client wait until the following week for a payment that is due now.

One-off manual payments can also be issued for benefit products if the system is down and a person is in dire financial need. In this case, the user can issue a check manually to the person without waiting for the scheduled batch job to run. The manual payment can subsequently be recorded on the system.

Setting up Case Deductions

Case deductions are used to allocate a portion of a benefit toward a liability or a third party. Users can set up case deductions from benefit payments as a means of budgeting or to clear an existing debt. There are three types of deduction: applied deductions, un-applied deductions, and third party deductions.

An applied deduction is an agreed monetary amount that is subtracted from a benefit and applied toward an outstanding liability owed by the primary client or another participant. For example, $10 of a person's benefits can be applied toward paying off an overpayment that was issued to the person.

An un-applied deduction is an agreed amount of money that is deducted from a person's benefit payment and used to make a general refund to the agency. For example, if a one-off emergency payment is issued to a person, the agency can deduct the payment from a future benefit payment issued to the person.

A third party deduction is an agreed monetary amount that is deducted from a person's benefit and paid to another participant. For example, $15 of a person's monthly benefits can be applied toward paying off a gas bill owed to a registered utility.

For more information on case deductions, see the `Cúram Deductions Guide.`

Simulating Payments

Payment simulation allow users to preview a payment due for a future date. Payment simulation allows a user to see all payments and deductions due to a participant for a specific date before the payment is issued. A simulation of the payment for that week or for the delivery period of the case is displayed along with nominee details for the cover period.

The reducing balance of the total benefit payment minus any deductions per case component is also displayed. Any tax adjustments defined for the product will be simulated and applied to the benefit payment before any deductions are processed. The user can also save and store payment simulations. This allows the user to compare the effects of each simulation, along with any tax that has been initially deducted from the benefit.

The system automatically stores a list of payment simulations. Users can view a summary of the payment simulations that have been saved from this list. A user can view further detail on each simulation and can also permanently remove all existing saved simulations.

Viewing Financial Transactions

The system automatically maintains a list of all financial transactions on case. Financial transactions are the payments and bills issued for eligible and active product delivery cases. These financials are automatically included on the list of transactions as a result of payment and bill generation.

Transaction details that are displayed on the list include the amount of the processed transaction, the transaction type, e.g., payment, the name of the nominee who receives the payment or bill, the method of payment and payment due date.

Each financial transaction can be expanded to see full payment or billing details including a full breakdown of the amounts issued per eligible case component and any deductions applied to those amounts, e.g. tax deductions applied to payments. For information on financial transactions, see the `Cúram Financials Guide`.

Monitoring Recent Case Transactions

The application provides tools that help users to monitor their recent case transactions. Users can use these tools to see how their cases are progressing and identify which cases require further work.

The system automatically maintains separate lists of each user's recently assigned, recently approved, and recently viewed cases. These lists can be used by users to organize and manage their caseload. For example, users can use their recently assigned case list to identify new cases that are included in their caseload and plan their work accordingly.

A list of related cases is automatically maintained by the system. Users can also manually record case relationships between cases that are related to one another. Case transaction log functionality provides users with a quick summary of events that occur throughout the lifecycle of a case. A case status history is automatically maintained for each product delivery case by the system. The case status history provides an overview of the case processing statuses each product delivery case has gone though during its lifetime.

Monitoring Recently Assigned, Approved, and Viewed Cases

The system automatically maintains lists of a user's recently assigned, recently approved, and recently viewed cases. Each list includes both integrated cases and product delivery cases owned by the user. Case details displayed for each case include the case reference number, the name of the case, and the name of the primary client of the case.

The recently assigned case list displays cases that have been recently assigned to the user. All cases owned by the user or their organization unit, position, or work queue are displayed. An administrator can configure whether cases belonging to a user's organization group are displayed as part of administration.

The system displays the following additional details for each recently assigned case: the date and time on which the case was assigned to the user, the name of the previous case owner assigned to the case, and the case status, e.g., open, approved.

The recently approved case list includes cases recently approved by the user as well as the cases submitted by the user for approval. The name of the user who submitted the approved case is also displayed.

The recently viewed case list allows users to see all cases they have recently viewed. In addition to general case details, the last transaction on the case, the case start date, and case status are also displayed.

Note that the length of time for which the system considers cases to be recently assigned, approved, or viewed can be set by the agency using a number of the application properties. For more information on setting these properties, see the `Cúram Integrated Case Management Configuration Guide.`

Viewing Related Cases

A case relationship is a link between one case and another case. Case relationships are either created manually or automatically during case processing. A relationship can be manually created between two cases for a number of reasons. For example, if a person is receiving two product deliveries fraudulently, a relationship can be created between the two product delivery cases.

Certain case relationships are created automatically during case processing. The following relationships are created automatically by the system:

Integrated Case to Screening
A case relationship is automatically created between an income support screening and an income support integrated case when evidence from a screening is transferred to an integrated case.

Integrated Case to Product Delivery Case
A case relationship is automatically created between an integrated case and a product delivery case when a product delivery case is created within an integrated case.

Product Delivery Case to Product Delivery Case
The system creates a case relationship when an over or underpayment case is created following reassessment. This ensures that there is a historical link between the over or underpayment case and the original product delivery case.

Product Delivery Case to Appeal
The system creates a case relationship record when an appeal is created to appeal a decision on a product delivery case.

Using the Case Transaction Log

The case transaction log is used to view a summary of processing that occurs within a case. A case transaction log is automatically maintained for every case. The case transaction log is automatically updated whenever the system detects a pre-defined instance of processing for a case. For example, if a communication is sent in relation to a case, the system updates the case transaction log to this effect.

Other examples of transactions which cause the case transaction log to be updated include payment suspensions, case creation, and additions and modifications to evidence recorded on a case. In addition to these transactions, the agency can select the specific case processing functions it wants to display in the case transaction log as part of code table administration. For more information on code tables, see the `Cúram System Configuration Guide.`

The case transaction log displays the case transaction event type, for example, "Product Delivery Submitted" and a description of the event. Event descriptions provide the user with additional information about the event. The case transaction event log also displays the name of the user who performed the transaction and the transaction time. Additionally users can view the specific details of a transaction and view their own user details.

Understanding the Case Status History

A case status history is automatically maintained for each product delivery case throughout its lifetime. The case status history provides information on the stages the case has passed through during its lifetime. The series of stages the product delivery case passes through is called the case lifecycle.

Each product delivery case within the integrated case has it's own lifecycle. The main stages in the product delivery lifecycle are case creation, case authorization, case activation, and case closure. Other optional stages in the product delivery case lifecycle include suspending the case and subsequently reactivating the case.

Important information that is displayed for each status change includes the date and time of the status change. Users can use the date and time to determine the exact sequence of case processing in the event that a case passes through multiple statuses on the same date. The case status history also includes the name of the user or system process that caused the status change. Any updates to the case status history are displayed in chronological order i.e., the most recent status change is displayed first.

The following table describes the product delivery statuses in full:

Status	Description
Table 1: Product Delivery Case Type Statuses.	
This table describes the statuses a product delivery case can have.	
Open	A product delivery case status is "open" when the case is first created on the system. Performing certain processes will cause a product delivery status to return to "open" from another status. Unsuspending, reactivating, and rejecting a product delivery case will cause its status to revert to "open".
Submitted	A product delivery case status is "submitted" when it is submitted for approval.
Approved	A product delivery case status is "approved" when the case is approved by an authorized user, e.g., a case supervisor.
Active	A product delivery case status is "active" when the case is activated online by a system user or offline by the batch launcher.
Suspended	A product delivery case status is "suspended" when the case is suspended. Case suspension prevents the generation of future financial payments for the case.
Pending Closure	When a closure date is entered later than today's date, the system sets the status of the case to "pending closure" so it can be closed when the closure date is reached.
Closed	A product delivery case is "closed" when normal business is complete for that case. A case can be manually closed by a system user. The system will automatically close the case when the Evaluate Certification Grace Period or Close Cases Pending Closure batch process is run if the certification grace period expires or if the closure date for a case "pending closure" is reached, respectively. The application can also be configured to automatically close any cases which are found to be ineligible during activation (by default this is turned off).

Delivering Services to Clients through Service Delivery and Referrals

Introduction

This chapter provides an overview of the process of delivering care and protection to clients through service delivery and referrals.

The service delivery process includes creating a service, checking a client's availability to attend the service, finding the best service provider, requesting the service, and paying the client or provider. To ensure that services are successfully meeting the needs of clients, users can also record an outcome for a completed service and evaluate the quality of the service.

The referral process includes referring a client to a suitable provider and following up with the client if required.

Note that service deliveries and referrals processing is highly configurable. For an overview of the configuration options available for services and referrals, see "Configuring Services and Referrals" on page 55.

Creating a Service for a Client

This section describes the process of creating a service for a client. The process includes specifying an appropriate service for one or more clients, defining the service owner, the required number of units of a service, and authorizing a provider rate.

As part of service creation, the service frequency, the client's required participation in the service, and the nominee to receive payments in respect of the service are specified. The service creation process also includes checking a client's availability to attend a scheduled service. For more information, see "Checking a Client's Schedule and Availability to Attend a Service" on page 25.

Specifying an Appropriate Service for a Client

Note: ☐Taxonomy is deprecated. For more information, see Deprecated features.

During service creation, a user specifies an appropriate service to meet the needs of the client. The user can search for a service using a taxonomy search. For information on the services taxonomy, see the Cúram Provider Management Guide. The user then specifies the appropriate service from the list of services returned. For example, a user may select a counseling service to help a client who is in need of counseling sessions.

At least one client must be specified to be the recipient of the service. If there is only one client on the integrated case, the system automatically creates the service for that client by default. Services can be appropriate for one client or for multiple clients. If a service is appropriate for multiple clients, multiple clients can avail of the same service. For example, a user may wish to send a married couple on a marriage guidance course.

Agencies may wish to track each service for each client separately instead of using the one service for all clients. For example, a user may wish to track counseling sessions for individual members of the same family separately. To allow for this, a service can be configured to be automatically created by the system for each client specified for the service. For example, if four members of a family are to receive 10 counseling sessions each, the service can be created once, and the system will automatically create four identical services, one for each client. This allows the counseling sessions for each client to be managed separately.

Assigning Service Ownership

The owner of a service is the user who is responsible for monitoring the client's participation in the service. The owner of a service can be the user who creates the service or any other user on the system. If a service can be owned by any user, the user who creates the service can assign themselves to be the owner or can manually assign ownership of the service to another user.

Depending on how the service is configured, service ownership can be automatically assigned to the user who creates the service, in which case, the user does not have to manually assign an owner. How service ownership is assigned is configured as part of service administration.

Recommending the Required Number of Units of a Service

Users can recommend that a client receive a certain number of units of a service. For example, a client may be required to receive 10 counseling sessions. In certain circumstances, it may not be appropriate for a user to recommend a number of units for certain services. For example, a client may be due to receive Infant Care from 1 January 2011 to 31 January 2011. In this case, the number of units of a service such as Infant Care is always 1 and is defaulted to 1 by the system. This eliminates the need for a user to specify the number of units.

Authorizing the Provider Rate

The provider rate is the amount of money that is paid to a provider for each unit of the service delivered to the client. For example, the rate for one counseling session may be $50. The standard rate at which a provider must be paid is configured for each provider during service administration. This rate can be overridden by case workers. For example, a user may wish to pay a provider a rate above that defined in administration.

Authorizing the provider rate at the case level allows a case worker to override the rate defined for the provider in administration if required. If an authorized rate is specified by a user, the service must be manually approved by a supervisor.

Recommending the Frequency of the Service

Services are usually delivered to clients at particular frequencies. For example, a client may be due to receive part time child care twice a week on a Monday and on a Thursday from 1 January 2011 to 28 February 2011. A user can recommend the frequency of the service. Sometimes it may not be appropriate to specify a frequency for a service. For example, a client may be due to receive 10 physiotherapy sessions between 1 January 2011 to the 28 February 2011. A client can avail of this service at any time during the period so no frequency is required.

Indicating the Client's Required Participation in the Service

Frequently, clients may be required to participate in a service so that they can keep receiving benefits. For example, in order to continue to receive cash assistance, a client may be required to participate in career guidance sessions for two hours once a week or they may have sanctions placed on their benefits. A user can indicate the frequency and the duration, in hours, of a client's required participation in the service.

Specifying a Nominee to Receive Payments in Respect of the Service

The designated payee for payments issued in respect of the service can be specified. For example, a client may receive physiotherapy sessions from his own physiotherapist. In this case, the agency can pay the client in respect of the physiotherapy sessions and the client then pays the physiotherapy provider. If a nominee is not specified, a default nominee will be designated according to the delivery type for the service.

For information on defining nominee functionality for a service, see Service Delivery Configuration

Specifying a Provider and Provider Type

In most cases, a user will specify an appropriate provider or type of provider to deliver the service to the client.

For example, an agency may wish to allow a user to always choose a provider to deliver a service. For example, the agency may have a contract with a particular provider and therefore it is more cost effective to utilize this provider. To cater for different scenarios, service configuration allows the agency to configure the way in which a provider is specified by a user at the case level. For more information, see "Configuring Service Provider Selection" on page 56.

Referring a Client to a Service Provider

This section describes the process of referring a client to an external service provider. The referral process is used to refer a client for a service that is not paid for by the agency. Typically, the providers of these services have no formal contract with the agency. The process includes specifying a referral service, indicating to follow up with a client, and sending notification letters to the client and service provider.

Users can also check a client's availability to attend the service and avail of tools that enable them to find the best service provider. For more information on checking a client's schedule and availability, see "Checking a Client's Schedule and Availability to Attend a Service" on page 25. For more information on finding the best service provider to meet a client's needs, see "Finding the Best Service Provider to Meet a Client's Needs" on page 25.

Specifying a Referral Service

When referring a client for a service, the user specifies an appropriate service to refer the client for. The service specified dictates whether the referral can be created for multiple clients or for a single client. A user can select from a list of referral services registered in CPM or alternatively the user can manually specify an unregistered service.

At least one client is specified as the recipient of the service. If the integrated case has only one client, the system automatically creates the referral for that client by default. To aid users and clients, referral

services can be appropriate for one client or for multiple clients. If a service is appropriate for multiple clients, multiple clients can avail of the same service. For example, a user may decide to refer a married couple for parenting classes.

Recording the Referral Date

An important part of referring a client for a service is to record the referral date. This is the expected date on which the client will meet the provider of the service. If the client does not contact the provider by the date recorded, the application provides the ability for notifications to be sent by the system to users after this date has elapsed to alert them to follow up with the client. For more information, see "Specifying to Follow Up With a Client" on page 24.

Specifying to Follow Up With a Client

Users may wish to follow up on a referral to check if a client contacted a provider or not. To allow for this, users can indicate that they wish to follow up on a particular referral.

To aid users who have many clients to follow up with, system notifications functionality is available. If follow up is required, notifications can be automatically sent by the system to the user to remind him or her to follow up. If a referral date is specified, users can specify the number of days after the referral date after which notifications should be sent. If a referral date is not specified, the user can specify the number of days after the referral creation date after which notifications are to be sent.

If a user does not specify that a client has contacted the provider within the specified time frame, notifications can be sent to the user's supervisor to escalate the issue. For example, a user may refer a client on the 1January 2011 and specify to follow up on the referral in 30 days. An administrator specifies that notifications should be sent to a user's supervisor after 10 days. The user does not follow up on the referral. So, a user notification is sent on the 31 January 2011. A supervisor notification is sent 10 days later on 10 February 2011. For information on configuring notifications, see "Configuring Follow-Up Notifications" on page 57.

Note that referral functionality allows a user to record that a client contacted the provider. If the user specifies that the client has contacted the provider, no follow-up notifications are sent by the system.

Sending Notification Letters to the Service Provider and Client

When a user refers a client to a provider, both the client and the provider are notified of the referral. Clients and providers are notified using notification letters that are sent to the client and provider. The user can record notification text that is displayed in the provider and client referral letters. Notification letters can be issued by one of the following methods: email, *by printing the letter* for posting, or by printing the letter and physically handing it to a client if he or she is sitting with the user.

The notification letters that are sent to clients and providers are based on pre-defined templates. For information on configuring notification templates, see "Configuring Notification Templates" on page 56.

Users have the option of sending notification letters to the client or provider automatically or alternatively, they can send them at a later date by printing and posting them to the client or provider. If the notification letters are sent automatically, the system determines how the notification letters are issued based on the preferred communication method recorded for the participants during registration and on any communication exceptions recorded for them. If a client and/provider has a preferred communication method, such as email, the system automatically issues the notification letter by email.

Communication exceptions are methods that cannot be used for contacting the client or provider. If a communication exception of email exists for a client or provider, the system will not issue notification letters by email. In this situation and if no preferred communication exists, the system will inform the user so that the client and provider can be contacted by a different means, for example, by phone. For more information on how the system determines the notification method to use when notification letters are sent automatically, see "Configuring a Notification Mechanism" on page 57.

Checking a Client's Schedule and Availability to Attend a Service

For both services and referrals, the period of time during which the service should be provided to the client is recorded. A start date must be specified. An end date is optional. Once a start date is specified, a user can check the client's availability for the dates specified.

Any services, referrals or meetings already scheduled for the dates specified are displayed to the user. This ensures that the user does not schedule activities during periods when the client is involved in other activities.

A configuration setting is provided for services which dictates if they should be returned when checking availability. For example, it would not be necessary to include a service that reimburses a client's mileage expenses as this is not a service that a client attends.

Finding the Best Service Provider to Meet a Client's Needs

If the service is provided by an external provider, a suitable service provider must be found in order to successfully deliver the service to the client. A service provider must be found for both services and referrals. When finding a service provider, it is important that the user considers fully the client's circumstances. In addition to cost considerations, it is equally important that services are readily available and easily accessible to clients, that they are of good quality, and that they are a good match to the client's needs.

Referral and service delivery processing allows users to take all these factors into account by providing functionality that helps them to find the best service provider to meet the needs of the client and ultimately assist them in achieving positive outcomes by achieving their goals.

This section describes the process of finding a suitable provider when the providers are registered on the system. The process includes locating the nearest service provider, validating provider credentials, and estimating the cost of a provider.

Locating the Nearest Service Provider

The application provides tools that allow users to locate the nearest service provider to a client. Finding a service provider who is accessible to the client and who also specializes in the client's needs can be a complex task for users. To assist them with this, they can search for a provider based on a number of criteria.

A user can search for a registered provider by name so that if a client requests a particular provider, the user can easily find them. A user can also find providers who are situated close to a client's address and can also filter this search by specifying to only return providers that are located within a specified proximity of the client's address.

The application also provides a specialty search that can also be used to return providers who specialize in particular areas, for example, if the client speaks Spanish, the user can search for all providers who are Spanish speaking.

For all providers returned from a search, a map is automatically displayed so that a user can easily identify their location in relation to the client's address.

Validating Provider Credentials

When deciding on providers, it is also important for a user to consider their credentials in order to evaluate their standard. To assist users, the system automatically keeps a record of important provider information. This information can be used by users to reach a decision about whether a particular provider is suitable to meet the needs of a client. The following information is available:

- Licenses, accreditations, other services that the provider provides, and provider service centers.
- Details of a provider's staff members can be accessed by users. Background check information is also available so that users can ensure that they do not select a provider who, for example, have staff members with criminal convictions recorded against them.

- Incidents recorded against a provider are displayed. For example, a user looking for an appropriate child care provider would not select a provider that has bullying incidents recorded against it. For more information on incidents, see the `Cúram Participant Guide`.
- Investigations that are recorded against providers are displayed. For example, a user may not wish to select a provider who has, for example, a number of licensing violations recorded on the system. For more information on investigations, see "Investigations" on page 43.

Estimating the Cost of a Service

Cost considerations are an important part of planning services for clients. To assist users, the system automatically estimates the cost of a service when it is scheduled for a client. Once a user decides on an appropriate provider, the estimated cost is updated based on the provider specific rates.

The following information, if specified by a user when scheduling the service, is used to calculate the estimated cost:

- Start Date of the service
- End Date of the service
- Number of units that the client is authorized to receive
- Frequency of delivery of the service to the client
- Rate that will be paid to the provider for each unit of service

The rate used in the estimated cost calculation can be one of the following:

1. Custom rate - if a custom rate has been specified for the service this rate is used.
2. Authorized rate - if a user specifies a rate to be paid to a provider this rate is used.
3. Contract service rate - where the service authorization does not specify a service rate, the contract service rate is used.
4. Provider service rate - where no service rate is specified for any of the above, the provider service rate is used.
5. Service rate - where no service rate is specified for any of the above, the service rate set up as part of configuring a service offering is used. The average of the minimum and maximum amount specified is used.

Any flat-rate or utilization contracts that exist for the period specified for the service are automatically displayed. This helps a user to perform cost comparisons between all providers of the service.

Enquiring About a Service and Recording the Provider Response

Enquiries can be made to providers to request a service for a client during a specific time period. Enquiries help to prevent a user from scheduling a service if the provider specified cannot deliver the service during the required time frame. The provider can then respond to the enquiry and indicate if it can provide it or not.

There are three ways in which the agency can make an enquiry: by email, via the web, or over the phone. Enquiries sent by web enquiry can be accessed by the provider within their provider portal account. For information on provider portal accounts, see the `Cúram Provider Management Guide`. When a web enquiry is made, an email is automatically sent to the provider to alert it to the web enquiry. Enquiries made by phone can also be recorded.

Providers can respond to enquiries to indicate whether or not they can deliver the service or they can add a comment or question to the enquiry. Responses to email enquiries are sent by email and the user can subsequently update the enquiry on the system to reflect the provider's response or comment. Responses to web enquiries can be recorded in the provider portal. In this case, the enquiry is updated automatically by the system. An email is sent to the user who sent the enquiry to alert him or her that the provider has responded to the service enquiry.

The way in which an enquiry is made to a provider depends on two things: the preferred enquiry method of the provider, which can be set when registering a provider, and whether the provider has a valid email and provider portal account.

If a preferred enquiry method is specified for a provider, the method specified is the only method that can be used to send an enquiry. If a preferred enquiry method is not specified, an enquiry can only be sent by email if the provider has a valid email recorded on the system. A web enquiry can only be sent if the provider has a provider portal account. If a provider does not have a valid email recorded on the system or does not have a provider portal account, only phone enquiries can be recorded.

Statistics are also automatically provided that highlight the average length of time that it takes a provider to send an initial response to an enquiry and the percentage of enquiries that they have responded to are provided. Statistics help users to identify whether to contact a particular provider and the length of time they may have to wait before they get a response.

Approving a Service Delivery

The application provides a service delivery approval process that allows the agency to approve a service delivery before it is provided to the client. The purpose of this is to ensure that the service details are correct. For example, a case supervisor may wish to manually approve services that are scheduled by novice users. For services which use product delivery processing to determine eligibility, service approval triggers eligibility determination. For services which have no eligibility determination processing, service approval authorizes the client to receive the service.

Approval check functionality is also provided that allows agencies to define that a percentage of services submitted will automatically require approval by a supervisor. For more information, see "Configuring Ongoing Case Management" on page 58.

Submitting a Service Delivery for Approval

A service is submitted for approval by the user after creation. If a service has been configured such that the specification of a provider or provider type is mandatory, the system only allows the service to be submitted once a provider or provider type has been selected.

When the case supervisor or a user with approval privileges submits the service, services that have no eligibility determination processing are automatically approved and the client is authorized to receive the service. For services that use product delivery processing to determine eligibility, the client's eligibility is determined when the service is submitted. If eligible, the service is approved and the client is authorized to receive the service. If the client is ineligible, the service remains in a status of "open" and the client is not authorized to receive the service.

Services that are submitted by a user without approval privileges will require manual approval by a user with the appropriate privileges. The system automatically assigns a task to the user with the required approval privileges. This task includes instructions to the user to either reject or approve the service. Services submitted for approval have a status of "submitted". Note that services for which an authorized rate has been specified always require manual approval by a supervisor.

Approving or Rejecting a Service Delivery

During this stage, the service is either approved or rejected. Typically it is the case supervisor who checks and verifies the service. By approving the service, the case supervisor indicates that he or she is satisfied that the service details are correct. For services that have no eligibility determination processing, once the service is approved, the client is authorized to receive the service. For services that use product delivery processing to determine eligibility, the client's eligibility is determined when the service is approved. If eligible, the client is authorized to receive the service. If the client is ineligible, the service returns to a status of "open" and the client is not authorized to receive the service.

If the service is rejected, the reason why the service has been rejected is entered and the user who submitted the case for approval is notified of the rejection. If rejected, the service status returns to "open" and the service must be resubmitted to progress.

Authorized services have a status of "not started" if the start date of the service is greater than today's date. Authorized services have a status of "in progress" when the start date is effective.

Note that when a service that is provided by a third party provider is approved by a user, an extra level of approval is provided at the CPM level which allows the agency to approve the payment of invoices submitted by the provider before the agency pays the provider in respect of the service.

Viewing Service Approval Requests

Users can frequently have many services awaiting approval from a supervisor. To help users track the number of approval requests sent to their supervisor, the system automatically maintains a list of service approval requests. When a service is submitted and subsequently approved or rejected, the approval request information is recorded. The approval request details include the name of the user submitting the service, the date of submission, the name of the user who approves or rejects the service, and the date of approval or rejection.

Paying Clients and Service Providers

Once a service delivery is approved, service financial processing occurs and payments are made to clients and service providers in respect of the service. This section describes how these payments are processed by the system. Users can also view details of the payments that are issued to clients and providers. This section also describes how the system determines how many units of a service have been delivered to a client and the actual cost of the service to the agency.

Processing Payments

Services provided directly to the client by the agency use standard product delivery processing to determine eligibility and issue payments to the client or other participant for the service. Services provided by a third party provider can be paid for in one of the following ways: using service invoices, using attendance rosters or using flat rate contracts. If payment for the service is based on receipt of a service invoice or attendance roster, the service can either use CPM processing or product delivery processing to issue the payments to the provider, depending on whether the payment amount is based on a custom rate. If payments are based on a custom rate that can change over time, product delivery processing is used to calculate the payment amount and upon receipt of an invoice or roster, issue the payments. If payments are not based on a custom rate, i.e., they are based on a fixed rate, CPM processing is used to issue the payments for the service. CPM processing is also used where payment is based on a flat rate contract.

If eligibility is determined for a service, a service authorization and one or many service authorization line items are automatically created if the client is determined eligible. For services where eligibility is not determined, the service authorization is created after service approval. Each service authorization line item represents a specific date or date range within which the client is authorized to receive the service, as well as the number of units that are authorized. The service authorization line item may also contain a specific provider or provider type from which the participant is authorized to receive the service.

Before a payment can be issued, a service authorization is required for services that are paid for based on receipt of a service invoice or attendance roster. Services where payment is based on flat rate contracts, do not require a service authorization in order to be paid. Users can view eligibility decisions and determinations in respect of a service for a client in the same way that they are viewed for product delivery cases. For more information on viewing eligibility decisions, see "Reading Decisions, Eligibility, Entitlement, and Explanation" on page 13. For detailed information on CPM financial processing and configuring services for delivery, see the `Cúram Provider Management Guide`.

Viewing Financial Transactions in Respect of a Service

The system automatically maintains a list of all financial transactions in respect of a service. Users can use these lists to ensure that the payment arrangements in respect of services are being met by the agency. Financials transactions can be viewed for service providers who are paid by the agency for providing services and for clients who receive payments from the agency in respect of services.

Viewing Payments to Service Providers

The system automatically maintains a list of all payments made to a provider in respect of invoices and attendance rosters submitted by the provider. If invoices are the means by which a provider is paid, invoice details are also displayed in addition to payments.

For services which use product delivery processing to issue payments, other financial transactions that apply to product delivery case financial processing such as deductions, components, delivery patterns, nominees and payment simulations are also displayed for the service.

Note that payments made to a provider under a flat-rate contract are not displayed. This is because, flat-rate contracts do not apply to one service. Since a flat-rate contract can be associated with multiple services, the cost of a particular service that is covered by a flat-rate contract cannot be attributed.

For detailed information on how provider payments are processed, see the `Cúram Provider Management Guide.`

Viewing Payments to Clients

A list of payments made to a client by the agency in respect of a service is automatically maintained by the system. As payments made to a client in respect of a service use product delivery processing, all financial transactions that apply to that service replicate product delivery case financial processing.

For example, the way in which the system processes deductions, components, delivery patterns, nominees, over and under payments, and payment simulations in respect of a service is the same as the way that they are processed for product delivery cases. For more information on product delivery case financial processing, see "Scheduling Payments and Bills- the Financial Scheduler" on page 16.

Determining the Actual Cost of the Service

It is important that agencies are aware of the actual cost of a service. For services provided by a third party, the cost of services is automatically updated each time units of the service are delivered.

The number of units delivered is determined automatically by the system depending on the provider's method of payment. If a provider is paid based on invoices, it is updated each time an invoice is submitted in respect of the service provision, that includes a number of units delivered to a client by the provider. If a provider is paid based on attendance, it is updated each time an attendance roster is submitted, that indicates the number of units that have been delivered to the client. Users can review the service to identify how many units have been delivered to date and how many units remain.

In addition to determining the units of service delivered, the system automatically calculates the actual cost of the service from the payments issued in respect of the service. The actual cost of a service is automatically updated each time a payment is made to a payee in respect of the service.

Making Changes to a Service

A user may need to make changes to a service based on a client's needs. For example, a user may increase the recommended units of service for a client from five to ten or may change some client evidence which affects the client's eligibility and entitlement. Any changes made to a service or to the evidence used to determine eligibility for a service will be automatically reflected in the payment processing mechanism that is used by the service.

For example, any changes made to the number of units, unit amount, authorized or custom rate, start or end date of any service provided by a third party are reflected in the service authorization line items associated with the service. Any changes made to the start date or end date of any service that uses product delivery processing, are also reflected in the product delivery associated with the service.

Note that if a user has to cancel a service, any associated service authorization line items are automatically cancelled. If the service has an associated product delivery, that product delivery is automatically closed.

Completing a Service and Recording an Outcome

Service completion happens when a service has been delivered to the client. Service completion allows the agency to measure how successful the service was in meeting the needs of the client. Service completion also indicates that the service has been delivered and that the client will no longer be participating in the service.

As part of completing a service, the user records the outcome for the service. This helps the user to identify the client's progress and also to decide if the service should be used by the agency to meet client needs in the future. A completed service can have an outcome of "successful" or "unsuccessful". If a service was not successful, the reason why it was unsuccessful is also recorded.

Evaluating the Quality of a Service

Users can evaluate the quality of services delivered to a client. The purpose of service evaluation is threefold: to ensure that the service effectively meets the needs of the client, to aid other users in deciding on a suitable provider, and to help the agency decide whether or not to continue using a particular provider in the future. To provide flexibility to users, a service evaluation can either be performed before or after a service is completed.

As part of service evaluation, provider strengths and weaknesses are evaluated across a number of criteria. For example, a user can evaluate a provider of counseling services for punctuality, facilities, and staff. During the evaluation, a rating of 1, 2, 3, 4, or 5 is indicated by the user for each evaluation area, i.e. punctuality, staff. The system then automatically calculates an average rating of all evaluations submitted by users of the service. This average rating can be used by other users when deciding on a provider and in future discussions on provider quality in general.

The criteria used to evaluate a service provider is configured as part of configuring services. For more information, see "Configuring Services and Referrals" on page 55.

Viewing the Service Delivery Status History

The series of stages the service delivery passes through during its lifetime, i.e., the progression of events for the case, is called the service delivery lifecycle. Each service delivery within the integrated case has it's own lifecycle. The system automatically maintains a status history for the service as it passes through the various stages in its lifecycle.

Each service delivery that is created has a status which describes its progress. There are six service delivery statuses: Open, Submitted, Not Started, In Progress, Completed and Cancelled. Each status changes during service processing. The following table describes each status:

Table 2: Service Delivery Statuses	
Information	**Description**
Open	A service status is 'Open' when first created on the system. A service also has a status of 'Open' if it has been rejected. For services where eligibility is determined, the service also has a status of 'Open' if the client is determined ineligible after the service is submitted or approved.
Submitted	A service status is 'Submitted' following submission of the service and approval is required.

Table 2: Service Delivery Statuses (continued)	
Information	**Description**
Not Started	For services where eligibility is not determined, a service status is 'Not Started' when it is approved by a supervisor or if approval is not required and the start date is greater than today's date. For services where eligibility is determined, a service status is 'Not Started' if the client is determined eligible after submission or approval of the service, and the start date is greater than today's date.
In Progress	For services where eligibility is not determined, a service status is 'In Progress' when it is approved by a supervisor or if approval is not required and the start date is effective. For services where eligibility is determined, a service status is 'In Progress' if the client is determined eligible after submission or approval of the service, and the start date is effective.
Completed	A service status is 'Completed' when the service is manually completed by a user or automatically completed by the system when the last authorized unit of service is delivered.
Canceled	A service status is 'Canceled' when the service is deleted by a user. Only services with a status of 'Open, 'Submitted', and 'Not Started' can be deleted.

The Case Worker Workspace

Introduction

The case worker workspace is the main area where case workers manage their caseload. The case worker workspace is designed to help case workers to carry out their daily work easily and effectively. This chapter provides an overview of the main features of the workspace.

Accessing Caseload

The case worker workspace allows case workers to easily access their caseload. Case workers can access all cases which are directly assigned to them or to groups to which they belong. A list of cases owned by the case worker or by the organization group that the case worker is a member of is automatically maintained. The list of cases allows case workers to access the cases to which they are currently assigned as well as cases that are owned by other organisation groups that they belong to as defined by the agency during administration.

To access cases, case workers can filter the list of cases to only show cases that are currently assigned to them or by their organization group as required. The filter options that are available are dependent on the case ownership strategy set up during system administration. For example, if case ownership is assigned to users and positions, the case worker can filter the list of cases to access all cases assigned to their position within the organization structure.

An option to filter the cases further by specifying to only display cases according to their current status is also provided. For example, if a case worker only wishes to access cases which require follow-up action, the user can specify that only open, approved, suspended, and active cases be returned. The case statuses displayed as filter options reflect the case statuses that the case can have.

The filter criteria specified by the user is automatically stored so that the case worker does not have to enter it again the next time he or she returns to the page. The user can change the display criteria as required.

Viewing Daily Workload Summaries

To assist case workers in their daily work, the case worker workspace allows case workers and their supervisors to view summaries of their daily workload. When a case worker logs into the application, a number of pre-defined summaries are displayed. For example, if defined, a summary of currently assigned cases which may require attention are displayed to the case worker. These allow case workers to see at a glance cases and activities that relate to them and need to be addressed. Each summary provides a snapshot of work for the day and allows for quick access to the information. Case workers can access the full list view for each summary in the relevant area of the workspace and complete the relevant actions on particular information from there.

Case workers and supervisors have the option to change the display of the summaries from the case worker workspace if required. For example, a case worker who rarely uses the case queries summary can turn off the display of the My Case Queries summary if required.

The following summaries are available to case workers:

Quick Links
Quick Links allow for quick access to common actions. Examples of common actions include searching for a case, searching for a person, searching across all participants, and changing the application login password. The operations displayed are configured as part of the application administration.

My Appointments
The My Appointments summary displays appointments recorded in a case worker's calendar. Case workers can use the summary to view activities scheduled for today and next week. Any activities scheduled for today are highlighted to the case worker. Case workers can complete the relevant activities within their case calendar. For information on the case calendar, see "The Case Calendar" on page 33.

My Tasks
My Tasks summary lists the work that is available to the case worker. Each task is listed in order of priority.

My Items of Interest
The My Items of Interest summary lists items of interest recorded by the case worker. For example a case worker record a case that he or she is tracking as an item of interest. The case worker can access each individual item of interest and access his or her list of items from the pod.

My Case Queries
The My Case Queries summary displays a list of the case worker's recorded case queries. For example a case worker may run a query on a case that was previously assigned to him or her. A case worker can access recorded queries from this list and run new queries from the summary as required.

Caseload Summary
The Caseload summary provides a graphical representation of a case worker's open, submitted, suspended, active, approved cases. The graphical view allows case workers to easily track their workload. This axis displayed in the graph is automatically updated according to the number of open, submitted, suspended, active, approved cases. Case workers can also access their case load from the summary

In addition to the summaries provided for case workers, the following summaries are provided specifically for supervisors to track their daily work and the work of their team.

My Work Queues
A supervisor can use this summary to quickly see his or her work queue.

Assigned Workload
A supervisor can use this summary to quickly see a snapshot of the assigned workload of the case workers managed by the supervisor.

Open Workload
> A supervisor can use this summary to quickly see a snapshot of the open workload of the case workers managed by the supervisor. This is the workload that has not been assigned to individual case workers.

My Organization Units
> A supervisor can use the organization units summary view details of his or her organization units.

The Case Calendar

A case calendar is provided to help case workers and clients to schedule and maintain events, activities and meetings that relate to the agency's cases and clients. In particular, the case worker calendar is used to schedule activities and meeting that address the needs of the agency's clients and their families. The case worker calendar provides a view of a client's activities and meetings and also provides access to calendaring information about a client's cases and family members. Calendar activities and meetings can be set monthly, weekly and daily.

A calendar is provided for each integrated case and product delivery case so that associated case events can be displayed in a case worker's calendar. The integrated case calendar is maintained at the integrated case level and is used to track events or activities automatically created by the system as a result of case processing; or manually created by a case worker. Integrated case calendars are also used to schedule meetings for case workers or participants concerning a case or client. Product delivery calendars are used to track case events and meetings created at the product delivery case level.

For information on using the case calendar to track and schedule events, activities, and meetings, see "Using The Case Calendar to Schedule Meetings and Track Case Events" on page 36.

For more information on the different calendars provided by the application, see the `Cúram Calendaring Guide`.

Searching and Querying Cases

The case worker workspace provides features that allow case workers to perform case searches and query cases. Case searches can be performed at the organization level and also at the user level. The user level case search functionality provides access to any cases assigned to the case worker who is currently logged in. The organization level case search accesses any cases existing within the organization regardless of the case worker they are assigned to.

Searching for Specific Case Information

Case search functionality is provided for accessing specific case information across the whole organization.The application provides two types of case search: standard search and enhanced search. A quick search facility is also provided which allows the case worker to perform a quick search by reference number.

The standard case search allows case workers to search for a case by case reference number and/or client reference number. The client reference number is an identification for a person or prospect person, for example, a passport number or medical card number. Searching by client reference number allows the case worker to search for any cases which involve the case participant who the client reference number relates to.

Case workers can also search for cases by case name, case status, or case start and end date. The case search also provides a number of filter options. These options allow case workers to filter the case search to only display cases that have an associated appeal, issue, investigation, and/or service plans. For example, if a case worker searches for benefit products with a status of open and filters the search to only display cases with issues, the search will only display open benefit products that have an associated issue.

The enhanced case search facility allows case workers to specify the same search criteria as the standard case search. The enhanced case search differs from the standard case search in that case workers can specify a client name as additional search criteria. This allows case workers to differentiate between cases for clients with the same name.

The agency can configure if a type of case is listed as a filter option on the case search on a case-by-case basis as part of administration. For more information, see "Configuring Case Types" on page 47.

The type of search facility that is used by the agency is also configured as part of the application administration using an application property. For information on configuring the case search, see the Cúram Integrated Case Management Configuration Guide.

Performing a Quick Search by Reference Number

Quick search facility allows case workers to perform a quick search by reference number from anywhere in the application. Performing a quick reference number search will search across all cases, participants, issues, and incidents. If the reference number entered matches the reference number of any existing cases on the system, the related case is displayed. Additionally, if the reference number matches an identification for a participant who is also associated with a case, the system displays the details of every case that the participant is associated with.

Monitoring Cases Using Case Queries

Case query functionality is provided so that case workers can monitor any cases currently or previously assigned to them. The case worker can choose specific criteria which is important to them and can then save the criteria used in the search as a personal query. This query can be run and rerun without the case worker having to specify the criteria again.

If the standard search facility is used, case workers can query cases by case reference number and/or client reference number, case category and type and case status. Case workers can filter the query further by supplying a time period or a client reference number such as a medical card number or benefit reference number. Case workers can also specify to only query cases which have investigations or cases under appeal. If the enhanced search facility is used, case workers also have the option to query cases by client name.

Recording Items of Interest

Case workers can record items that they have a special interest in. Items of interest include cases, issues, and participants. For example, if a case worker is working on a case that requires a high degree of tracking, he or she can record the case as an item of interest. This allows the case worker to easily and quickly access that case and eliminates the need for the case worker to search for it using the case search facility. A list of recorded items of interest is automatically maintained for each case worker. Case workers can add and remove items of interest from this list. Types of items of interest that can be marked by case workers include cases, issues, and audit plans as well as items that are not case specific such as appeals or participants.

A search facility is provided that allows case workers to search for their items of interest by type. Case workers can filter the search to display all their items of interest or a case worker can filter the item of interest search to displays only items of interest recorded for issues, audit plans, or cases.

Ongoing Case Management

Introduction

The application provides tools that facilitate the ongoing management of the agency's cases. Ongoing case management helps users track their cases and progress them towards achieving sustainable outcomes for their clients. Ongoing case management includes:

- Manually changing the case owner and case supervisor
- Viewing contextual information about a case
- Auditing cases
- Using the case calendar to schedule meetings and track case events
- Managing case tasks

- Ongoing client management
- Recording case notes
- Tracking issues and legal proceedings
- Reassessing case eligibility and correcting payments
- Suspending, closing, and reactivating cases

Manually Changing the Case Owner and Case Supervisor

The initial case owner that is determined by agency's case ownership strategy can be manually assigned to any organization object, i.e., a user, organization unit, position, or work queue by a user. This enables the organization to allow any user or users within an organization unit, position or work queue to work on a case.

Assigning case ownership to an organization object, group, or work queue provides visibility on the case to more than one user. All users in a specified organization unit, position, or work queue will see the case in their list of assigned cases. This reduces the need to reassign a case individually if a user who is normally the case owner is on vacation or has a heavy workload. Instead, all members within the specified organization object will have equal ownership of the case and can progress work on the case.

The case supervisor can either be automatically determined by the system based on the owner of the case or explicitly set by a user. If explicitly set, the case is assigned to the specified case supervisor when it is submitted for approval. If no case supervisor has been explicitly set, the system automatically assigns the supervisor to be the user who the case owner reports to according to the current organization structure.

For more information on users, positions, organization units, and work queues, see the `Cúram Organization Administration Guide`.

Viewing Contextual Information

Contextual information is automatically displayed for cases. Contextual information ensures that when users navigate to different areas within the application, the main case information is always displayed. The information displayed is visually prioritized so that the user can quickly see key information about the case and highlighted items that may require further attention and/or follow-up action.

Viewing Contextual Information for Cases

The following contextual information is available that is common to both integrated cases and product delivery cases: the name of the primary client and photo if it exists, the case status, and case owner. The user can click on each photo to access client contact details if they exist. Users can access summary details for the case owner whether it is an organization group, position, work queue, or user.

Current special cautions that are recorded against the primary client or case members are also displayed for both product delivery and integrated case types. Special cautions are highlighted to the user via a special caution icon. The special caution icon is displayed beside each case member image. For more information on special cautions, see "Special Cautions" on page 44.

Issues and legal proceedings including issues, appeals, and legal actions are also displayed if they exist. Note that appeals and legal actions are only displayed if Cúram Appeals is installed. For more information on issues and legal proceedings, see "Tracking Issues and Legal Proceedings" on page 42. Within the case context panel for an integrated case, the number of issues associated with the integrated case and the number of appeals associated with any issues or product deliveries contained in the integrated case is also displayed.

Viewing Contextual Information for Integrated Cases

Contextual information that is specific to an integrated case includes the members of the primary client's family that have been added to the integrated case and their relationship to the primary client. Users can use either the list view to view the case members in a list or they can use the photo view. When the photo view is used, each case member is represented by a photo if available and the age of the case member in years, months, or days is also displayed.

Any outstanding evidence items to be verified and in edit evidence are also displayed and highlighted to the user. Relationships displayed are inherited from the relationships defined for the person who is the primary client in the participant manager. If no relationship exists between the primary client and a case member, a relationship is not displayed in the case context panel for that case member. If a case member has been involved in an investigation and/or incident and has a role on the incident and/or investigation other than reporter, this is highlighted to the user via an icon. The user has the ability to roll his or her mouse over each icon to view specific details about the incident and/or investigation.

Viewing Contextual Information for Product Delivery Cases

Contextual information that is specific to a product delivery case includes details of the benefit that is being delivered, important dates such as the case start date, the date up to which the case is certified (if certification is applicable to the case), benefit payment dates, and the next case review due date.

An overview of any financials issued on the case is also displayed. If payments have been issued on the case, the last payment amount, the next payment amount, and the payment due dates are displayed. The user can access the individual payment details as required. If a decision is recorded on the case, the date on which the latest case decision was reached is also displayed. The user can access the case decision view from the date displayed to view the decision detail. This displays the current active case decision record created due to case reassessment.

If overpayments or underpayments exist on the case, these are highlighted to the user. The user can roll over the icons to view the details. The case context panel displays the total number of overpayments that are created as a result of a reassessment of the benefit product delivery and overpayments which are not fully repaid, written off, or reversed. If underpayments exist on the case, the total number of underpayments is displayed. The user can drill-down to the over and underpayment list page to view the over and/or underpayment details.

Auditing Cases

A case audit is an examination of the agency's cases by a third party or evaluation by the agency of a case or cases. Case audits help agencies to evaluate performance, enabling them to make decisions on ways to improve performance and affect positive changes in policy and case practice. For example, a Quality Assurance Review audit might be conducted by an agency to evaluate the effectiveness of the delivery of a Food Stamps benefit focusing on a review of the timeliness of actions and verifications completed.

For more information on auditing cases, see the `Cúram Case Audits Guide.`

Using The Case Calendar to Schedule Meetings and Track Case Events

The case calendar is used to schedule meetings and track events and activities to meet the needs of clients and their families. Meetings are appointments scheduled by a user concerning a client or a case to which other users or participants are invited. For example, a meeting may be held to determine the appropriate course of action for a family. An event is an individual milestone of significance to a case.

Events can be automatically created by the system as a result of case processing or manually created by a user. The following events can be created by a user manually: case activities, case referrals, case reviews, and appeals on services. An example of an event automatically created by the system is the case closure event which is created when a case is closed.

A calendar is provided for all events. Each calendar displays the name of the event and the date on which the event occurs in the appropriate date entry.

Scheduling Meetings and Recording Meeting Minutes

Meetings can be scheduled from the case calendar. Meeting minutes can also be recorded for each meeting to capture the meeting details and these can be issued to attendees and other interested parties.

The following provides a summary of the meeting functionality that is provided to enable the agency to easily co ordinate meetings:

- Multiple participants can be invited to attend a meeting.

- Meetings are integrated with tools which allow meeting requests to appear in an attendee's external email account and calendar.
- Any individual who receives a meeting invite can accept or decline the meeting invitation using his or her calendar.
- Meetings can be rescheduled.
- Meetings can be canceled.

Recording Meeting Minutes

Meeting minutes can be recorded and issued to meeting attendees and other interested parties.

The following meeting information can be captured:

- Meeting details such as the meeting subject, location, start and end/time, and name of the person organizing the meeting.
- Meeting notes and decisions.
- Meeting attendance allows the agency to capture information about meeting attendance.
- Meeting actions can be added to the meeting minutes.
- Meeting files can be attached to meeting minutes.
- Meeting summary of the meeting minute information.

Once the meeting minutes are recorded, the meeting organizer or the user who has recorded the meeting minutes can issue them to any person invited to the meeting.

For more information on scheduling meetings and recording meeting minutes, see the `Cúram Calendaring Guide`.

Scheduling Activities

Activities are events related to a case and scheduled for a specific time period. There are two activity types: the standard activity and the recurring activity. A standard activity is a once-off event related to a case and scheduled for a specific time period. A recurring activity is an activity that recurs over a period of time. An example of a standard activity is a once-off meeting between the primary client of a case and a user. An example of a recurring activity is a supervised weekly visit between a child and the child's parents. When a standard or a recurring activity is created, other users or case participants can be invited to it. Each user invited to the activity can accept or decline the invitation.

Activities differ from the meetings functionality described in Section 5.8.2 above in that activities are used to set up a basic event in a user's calendar to schedule time for interaction with participants on a case. A concerning participant such as a primary client can be specified for standard and recurring activities. Users invited to the activity are informed of the activity via task notification. Any time-conflicts between existing activities scheduled for a user and the planned activity are automatically displayed. The user can resolve or ignore any time-conflicts.

Referring Clients for Services

Referrals can be maintained for both product delivery cases and integrated cases from the case calendar. A referral is a request to a service supplier for consultation on a case. For example, a user may schedule a medical examination with a physician who is registered as a service supplier for a person with disabilities.

Note that this feature is only available if the Cúram Provider Management module is not installed. Cúram Provider Management provides enhanced capabilities to allow agencies to deliver services to their clients and make referrals. These enhanced capabilities are discussed in this guide. For further information, see "Meeting Needs through Referrals" on page 4.

Setting up Case Reviews

A review is the examination of case details by another user. A case review can be manually created or automatically generated by the system. The case review is conducted by a user assigned to the case reviewer user role. The system ensures that the case reviewer is informed of the case review via task notification.

Automatic case reviews can be set up to occur at defined frequencies, for example, every 6 months. This frequency can be modified on a case-by-case basis.

Appealing Services

Appeals can be created from within the calendar of a product delivery case. Appeals are used to manage disputes against service providers who are providing services to the agency's clients. The service supplier who is the focus of the dispute and the appeal type is recorded. Example of appeal types include conditions for disqualification, or payment rate. Additionally, an outcome can be recorded when the appeal is complete.

Note that this feature is available if Cúram Appeals is not installed. Cúram Appeals provides enhanced capabilities to allow agencies to document a client's request to appeal decisions made within a case. For further information on Cúram Appeals, see .

System Generated Events

Events can be automatically created by the system during specific case processing. The following table describes these events:

Table 3: System Generated Events.	
This table describes the system generated events created during case processing.	
Event	**Description**
Case Submit for Approval Event	A case submit for approval event is automatically created when a product delivery case is submitted for approval.
Case Review Event	A case review event is automatically scheduled on the date a case is approved. Cases are reviewed based on the review frequency specified for the related product.
Case Approval Event	A case approval event is automatically created when a product delivery case is approved.
Case Rejection Event	A case rejection event is automatically created when a product delivery case is rejected..
Case Decision Event	A case decision event is automatically created on the date a decision is made on a case.
Case Payment Event	A case payment event is automatically created on the date a payment is made on a case
Case Payment Approved Event	A case payment approved event is automatically created on the date a suspended payment on a case is approved.
Suspend Case Payment Event	A suspend case payment event is automatically created on the date a payment is suspended.
Case Closure Event	A case closure event is automatically created when a case is closed.
Pending Closure Event	A pending closure event is automatically created when a case is pending closure.
Case Reactivation Event	A case reactivation event is automatically created when a case is reactivated.

Working with Case Tasks

A task is an instruction to carry out an item of work. Tasks are either manually created by a user or automatically created by the system. They are maintained in a user's workspace as part of workflow. Tasks that relate to a case can also be maintained from the case's task list. For example, a task may be created to approve a case that has been submitted for approval. This task would appear on both the user's inbox and on the case's list of tasks.

Ongoing Client Management

The application provides tools to facilitate the agency in the ongoing management of its clients, their family members and any other parties who are involved with its cases.

Ongoing client management also includes managing case members and case participants, determining the need for a translator to mediate between a client and the agency, and maintaining client contact information. Client contact information includes contracts between the agency and its case members, communications between the agency and any case participant and attachments. Typically attachments are provided to the agency by a client in support of his or her case.

Managing Case Members and Participants

In helping clients and their families achieve self-sufficiency, Cúram Integrated Case Management recognizes the importance of understanding the needs of individual family members in relation to each other. Understanding the social context of the family is essential to identifying and treating the root cause of need. To meet the needs of families, it is often necessary for the different people who provide care and protection to work together towards a common goal. To achieve this, Cúram Integrated Case Management also recognizes the importance of collaboration.

Within an integrated case, each family member is assigned the role of case member. Case members are registered persons added to an integrated case for the purpose of determining their eligibility for benefits and services. If relationships are recorded for the person who is the primary client of the case, users can add all of that person's family members to an integrated case. This eliminates the need for the user to add the family members one at a time. The family members that can be added are automatically derived from the relationships recorded for the person as part of participant management. For information on recording relationships, see the `Cúram Participant Management Guide`.

Any other individuals, organizations, or agencies that interact with the family members are assigned a case participant role. Case participants include any persons, prospects, employers, service suppliers, information providers, product providers, external parties, and utilities affiliated with the case; this includes the case members themselves.

Case participants also include any nominees, contacts, and correspondents on the case. Participant roles are created automatically based on the information entered about the case. For example, when a product delivery case is created, a primary client is added to the case's list of participant roles. The primary client is the person who the case is created for. A participant can have multiple roles on a single case. For example, if a communication is sent to a person, an additional role of 'correspondent' is assigned to the person. If the person is also the nominee who receives the benefit payment, a further role of 'nominee' is assigned to the person. In this example, the person has three participant roles on one case: primary client, correspondent, and nominee.

Clients can also be associated to a case as part of a case group. Different types of case groups may be created, for example, a Benefit group can be used to group the case members that are eligible for assistance and a Financial group can be used to group the members whose income and resources are considered during eligibility determination. Case groups are typically created automatically by the system based on the execution of the eligibility and entitlement rules that are defined for a benefit product.

Determining the Need for a Translator

Occasionally, the agency may require a translator to mediate between a client and a user. Translation services may be required if users working on a client's case are unable to interact with the client in his or her preferred language. A client's preferred language is recorded when the client is registered with the agency. For example, when James Smith is registered with the agency, his preferred language is recorded

as "Spanish" and he cannot speak any other language. In order to interact with the client, the user responsible for managing James Smith's case must be able to interact with James in Spanish or have a translator who can mediate between them.

Determining the need for a translator is evaluated on a case-by-case basis depending on the translation requirements present on an individual case. For example, a client may require translation services on one case but not on another. The need for a translator for a client can be recorded manually by a user or it can be determined automatically by the system. Whether the translation needs for a client are set manually by a user or automatically by the system is dictated by a configuration setting that is set on a case-by-case basis as part of the application administration. For more information see "Configuring Case Types" on page 47.

The need for a translator is automatically determined at various points throughout the lifecycle of a case, e.g. when a new case member is added to a case, or when a case is reassigned to a new case owner. The system determines the need for a translator by checking if the user's language skills match client's preferred language. If they do not match, the system determined that a translator is required. A user may also manually update the translation requirements for a case even if they are initially determined by the system.

If a translator is required for a case participant, users are kept informed of it when they view the case participant details. Additionally, the system displays the preferred language of the participant who requires the translation services.

Maintaining Client Contracts

A contract acknowledges a case member's responsibilities specified under the terms of the contract. Examples of contracts include written contracts and verbal contracts.

A contract can be created for any member of an integrated case except for a member that is a prospect person. The prospect person must first be registered as a person in order for a contract to be created.

Important: Contracts are maintained for integrated cases only.

Maintaining Communications

A communication is a correspondence to or from the agency. Any communication created from a communication list page within a case automatically relates to that case.

Communications can be paper, telephone, or email based. Communication functionality can be integrated with Microsoft Word templates, XSL templates, or email servers.

The correspondent of a case communication is automatically assigned the case participant role of correspondent.

For more information on communications, see the Cúram Communications Guide.

Adding Attachments

An attachment is a supplemental file, e.g., a text document that is attached to a case. The agency can attach scanned documents that provide information in support of a case such as a birth certificate or bank statement. Other examples of case attachments include marriage certificates, invoices, and pay slips. A range of file types are supported including Microsoft Word, Microsoft Excel, and PDF. The system does not restrict the file size of the attachment although the agency may wish to set a limit using an application property. Once the file is attached to the case, it may be accessed by other users who have appropriate security privileges.

Attachments can also be integrated with a content management system through the configuration of application properties as part of administration. If an organization chooses to integrate attachments with a content management system, the file will be stored in and retrieved from the content management system rather than the application database. Information about the attachment can also be stored in the content management system. For example, the reference number of the case in which the attachment was created, the document type, and the date the document was received can be stored along with the document.

For more information on how the application can be integrated with a content management system, see the Cúram System Configuration Guide and the Cúram Content Management Interoperability Services Integration Guide.

Recording Notes

Note: The spell check facility is deprecated. As an alternative you can use the browser spell checker.

Notes are used to provide additional information about a case. For example, a note may be added to a person's product delivery case stating that the person has not been attending meetings and recommending that a home visit be scheduled for the person. Note are recorded in rich text format and can be prioritized and given a sensitivity rating so that the note can only be accessed by users with the correct privileges. A spell check facility is also provided which allows users to spell check important notes. Additionally, the system can generate notes which describe case processing.

A note cannot be overwritten once it has been created on the system. When a note is modified, the system maintains a note history which includes each version of a note, the time and date the note was entered on the system and the user who made the note modifications. The note history also includes the reason for the note, e.g. "created as a result of case suspension".

The system may automatically generate notes at specific stages of the product delivery lifecycle. A note is automatically generated and displayed on the case notes list every time a case is suspended, unsuspended, or reactivated.

Enabling configuration of security whitelist for Rich Text Editor

You can create notes by using content that is pasted from an external source. In certain circumstances, you cannot view the notes because filtering removes any unrecognized formatting tags and the content that is inside the tags. A customizable whitelist defines the set of tags that are supported.

About this task

The whitelist that is installed by default provides support only for tags that are required for features that are provided in the default configuration of the Rich Text Editor. It is possible to customize the whitelist to redefine the set of tags that are allowed, for example to include new tags to support extra markup. Also, when you create a note, an alert indicates when the whitelist filter removes any formatting or content is removed by the whitelist filter. You can then review and reformat the content as necessary by using the Rich Text Editor toolbar options.

Entries in the `whitelist.properties` file must match the following format:

```
tag=attribute1,attribute1
```

For example, the following entries allow content that is entered through the Rich Text Editor to contain `a`,`div`, and h1 tags. Also, a tags are allowed to contain `href` attributes. All other elements and attributes are filtered out.

```
a=href
div=
h1=
```

The allowed HTML elements and attributes are defined in the `whitelist.properties` configuration file, which is in the Resource Store. To customize the whitelist or to disable whitelist filtering, choose one of the options in the following procedure.

Procedure

Choose one of the following options:

- Customize the whitelist and persist the changes permanently to the database:
  - a) Update the `whitelist.properties` file that is in EJBServer\components\CEFWidgets \data\initial\blob.
  - b) Rebuild the database.

- Customize the whitelist through the administration user interface:
  - a) Log on as an administrative user.
  - b) In the Shortcuts panel, click **Intelligent Evidence Gathering** > **Application Resources**
  - c) Search for and edit the `whitelist.properties` resource file.
  - d) Upload the updated `whitelist.properties` file.
  - e) To apply the changes, click **Publish**.
  - f) Restart the server.
- Disable whitelist filtering by choosing one of the following options
  - Update the custom `application.prx` file and set the value of the curam.notes.whitelist.disabled property to `true`.
  - Create a system property to disable the whitelist:
    1. Log on as a system administrative user.
    2. In the Shortcuts panel, click **Application Data** > **Property Administration**.
    3. Create a system property with a **Technical ID** of curam.notes.whitelist.disabled and a **Value** of `true`.
    4. Publish the update.

Certifying Case Evidence

A certification is the validation of case evidence during a set time period. For example, before issuing an illness related benefit payment, certification from a doctor may be required to validate the person's illness.

Certification ensures that only certified cases and certified periods are paid. Certifications are proposed periods of eligibility that are used to validate evidence. For example, if evidence is entered for a six month period but only three out of the six months are certified, the evidence entered for the remaining three months will not be validated until it is certified.

A default certification requirement can be set on benefits as a pre-requisite to product delivery case eligibility. If a certification is required, the case is only active during the active certification period. If there is no certification for the case, the case cannot be activated. For information on setting the default certification requirement, see "Configuring Case Reassessment and Adjustments" on page 49.

Important: Certifications are maintained for benefit product delivery cases only.

Tracking Issues and Legal Proceedings

The application provides functionality that allows the agency to track issues and legal proceedings concerning case participants. Issues and legal proceedings include issues, investigations, appeals, legal actions, and special cautions. By tracking issues and legal proceedings, the agency can evaluate and if necessary, escalate, areas of concern and/or important developments that need special attention.

Issues

Issues are created on cases to manage and resolve problems that are identified during eligibility determination. For example, if the reason given by a client for leaving a job is different to the reason provided by his or her employer, the agency can investigate this further by creating an issue on the case to manage and resolve the discrepancy.

An issue can be created for any member of an integrated case except for a member that is a prospect person. The prospect person must first be registered as a person in order for an issue to be created.

For more information on issue management, see the `Cúram Issue Management Guide.`

Investigations

Investigations are used to inquire into circumstances surrounding an allegation or incident. Agencies receive thousands of reports each year which must be investigated. Examples of types of allegations which require investigation include child maltreatment or fraud.

For example, John Smith is in receipt of Income Assistance as he is unable to work due to a back injury. John's neighbor phones to say that John has been working on a building site for 'cash in hand' and he is aware that he receiving Income Assistance.

Investigations allow agencies to record all relevant details concerning any type of investigation. All information surrounding the allegation is recorded including interviews, assessments, notes and communications sent or received. These provide the agency with the relevant details to complete the findings, record a decision on the investigation and ultimately resolve the allegation or incident.

For more information on Investigations, see the `Cúram Investigations Guide`.

Appeals

Appeals are used to appeal one or more decisions on a product delivery, assessment delivery, or prior appeal case. For example, if a person receives benefits from the agency and the payment amount is reduced, the person can appeal the decision in order to restore his or her full benefit amount. The agency itself can also appeal decisions.

Cúram Appeals

Cúram Appeals is an implementation of appeals processing for three types of appeals: hearing case appeals, hearing review appeals, and judicial review appeals.

A hearing case appeal is an appeal to overturn a decision on a case or a prior appeal. A hearing is held to reach a decision on a hearing case appeal. This hearing is conducted by the agency and overseen by a hearing official who was not involved in the original case.

Like a hearing case, a hearing review appeal is an appeal to overturn a decision on a case or a prior appeal. However, hearing review decisions are decided by a panel of hearing reviewers and not a hearing official. Additionally, only certain case participants can attend a hearing review appeal. A hearing review is sometimes referred to as an appeals council review.

A judicial review is an appeal that is conducted by a court to overturn a decision on a case or a prior appeal. The main difference between a judicial review and other appeal types is that judicial review appeals are conducted by a court and as such, are outside the control of the agency.

For more information on Cúram Appeals, see the `Cúram Appeals Guide`.

Legal Actions

Legal actions are used to manage directives, actions or other activities concerning case participants that are conducted by a legal authority. Examples of directives and actions include hearings, petitions, orders, and requests. For example, a court may order a participant with a history of violence to stay away from the family home. Alternatively, the agency may prepare a petition for a court to detain a participant who has committed an offense. Legal actions can result from another legal action, decision or any other reason that is deemed appropriate by the agency. For example, a legal action such as a temporary custody petition may result in a temporary custody hearing that is scheduled as a result of the petition.

Three main categories of legal action are supported:

- Legal Petition
- Legal Hearing
- Legal Order

Note that the process for managing hearings for both legal action hearings and hearings held for appeals is the same.

For more information on legal actions and appeals, see the `Cúram Appeals Guide`.

Special Cautions

Special cautions can be recorded for case members to highlight any items requiring special attention. This information is recorded to ensure the safety of the person and the agency. Special cautions are typically directly associated with the safety of the person or the safety of others in relation to a person. Categories of special cautions include health alerts, behavioral alerts, and safety alerts.

The list of special cautions can be configured to meet the requirements of the agency. When a special caution is recorded for a case member, a special caution category and type is captured. Special caution types include suicide risk, health, such as allergies, contagious disease, special dietary needs, or safety issues, for example pertinent criminal history such as violent or sexual offender. When a special caution is no longer current, an end date is recorded which saves the special caution on a list of historical cautions.

Users are kept informed of special cautions regarding case members via the special caution icon. When a case member has one or more active special cautions, this icon will be displayed on the person's home page. The complete list of special cautions can be accessed via the icon. Note that special cautions can only be recorded for person participants.

Reassessing Case Eligibility and Entitlement

Real world information about a client is constantly changing and those changes can impact that client's eligibility and entitlement. Case reassessment updates client eligibility and entitlement as circumstances change. Reassessment occurs automatically when evidence is added or modified that may change the result of previously created determination and decisions. Reassessment can also be initiated manually. For example, when a client submits new income information, since that income has been used to determine eligibility for income support, reassessment will occur automatically, resulting in a new determination and decisions based on that income if the client's eligibility or entitlement changes.

Reassessment can also result in the creation of a new determination when changes to evidence only impact decision details or key decision factors. For example, a child in a foster home may be moved to a new facility. This may not impact the child's eligibility and entitlement for care and protection, but is still a key factor in meeting the needs of that child and thus should be kept up-to-date in the overall representation of the explanation of the child's eligibility and entitlement.

When case reassessment results in a new determination, this includes any new decisions, new decision details information, and/or new key decision factors. Information about the date and time on which reassessment last completed as well as the date and time when decisions were last updated is displayed. This provides the ability to understand not only when reassessment last completed, but also when reassessment has occurred but not resulted in the creation of a new determination and decisions, e.g. when new asset evidence is added that does not result in a change to the client's eligibility or entitlement, or to the decision details or key decision factors displayed.

Additional informational messages are also displayed to provide further detail regarding the current status of reassessment within a case. These messages indicate when reassessment is currently in progress, when changes that will result in reassessment have been made but are currently pending processing, and when reassessment has been deferred to batch processing due to an unanticipated error with online reassessment processing. This information provides the caseworker with an understanding of when reassessment, which is expected to occur due to a change in circumstance, has not yet had a chance to complete due to another reassessment that is currently in progress versus due to a failure with the reassessment process itself.

An agency can configure whether or not the informational messages should be displayed by enabling or disabling the messages using the configurable validations manager as part of the application administration. For more information, see the Working with Configurable Validations section in the Configure the System guide and the Case-level Reassessment section in the Inside Cúram Eligibility and Entitlement Using Cúram Express Rules developer guide.

If reassessment is currently in progress within a case, a user will also be prevented from manually initiating reassessment until the reassessment that is currently in progress has completed. Note that the user will not be blocked indefinitely from reassessing the case. This 'lockout' time is configurable through the use of the application property `curam.case.reassessment.aggregation.wait.period`, after

which time the user will be allowed to initiate manual reassessment, even if another reassessment is in progress.

An agency can also configure whether or not automatic reassessment should occur within a closed case as part of the application administration. For more information, see the *Configuring a Reassessment Strategy* section in the *Cúram Integrated Case Management Configuration Guide* related link.

An agency can configure whether or not the informational messages should be displayed by enabling or disabling the messages using the configurable validations manager as part of the application administration.

For more information, see the *Working with Configurable Validations* section in the *Cúram System Configuration Guide* related link and the *Case-level Reassessment* section in the *Developing with Eligibility and Entitlement by using Cúram Express Rules* related link.

Over and Under Payment Processing

When a new determination is created, a comparison is done by the system to see if payments have been processed based on the previous, now superseded decision information. This comparison can result in an over or under payment. When a reassessment results in new decisions, the system automatically compares the new decisions to any existing decisions that have been processed into payments or bills. If the processed amounts are different to the eligibility and entitlement amounts in the new decisions, an over or under payment is created. An overpayment occurs when too much has been paid out on the case. An underpayment occurs when too little has been paid out on the case.

Although new determinations can be created when a case is in a status of "active", "suspended", or "pending closure", over and under payments are not created for a case that has been suspended. Additionally, an agency can prevent new determinations and over and under payments from being created within closed cases by setting an application property as part of administration. For cases that include suspended payments, an over or under payment will still be created when a new determination is created, if necessary. This is due to the fact that the over or under payment may be related to several payments that were made over a period of time, of which some may not be suspended and are therefore valid. Also, the expectation is that agencies will deal with the situation in which a payment has been suspended in a timely manner; otherwise the client will not get paid. If the agency is not in a position to act on a suspended payment quickly or they do not want to create over or under payments on cases with suspended payments, they could choose to suspend the case itself.

Users can view information in the case about the over or underpayments in order to understand what components were involved. For example, a user can view information about an overpayment of $200 and see that the overpayment resulted from an overpayment of $150 for Component A and an overpayment of $50 for Component B. Additionally, the two decisions that resulted in the over or underpayment can be compared. For more information on comparing two decisions, see "Comparing Decisions" on page 16.

Three case types are provided to allow the agency to manage and correct over or underpayments detected during case reassessment: the payment correction case type, the overpayment case type, and the underpayment case type. An overpayment case type is used to correct overpayments only. An underpayment case type is used to correct underpayments only. A payment correction case type can be used to correct either an over or underpayment on a case and unlike the overpayment case and underpayment case types allows users to see the over and underpayment amounts broken down by case component for a nominee. For example, a user can view a breakdown of an overpayment of $400 that is made up of an overpayment of $500 for Component A and an underpayment of $100 for Component B. An agency can configure whether or not a payment correction case should be used as part of application administration. For more information, see the `Cúram Integrated Case Management Configuration Guide`.

An agency may choose to prevent the creation of over or underpayments as a result of the reassessment of a case. For example, if the creation of an overpayment in one case needs to be held for a period of time while a user continues to manage evidence changes for other cases that use the same evidence. Note that development effort is required in order to do this. For more information, see the `Inside Cúram Eligibility and Entitlement Using Cúram Express Rules` developers guide.

Suspending a Case

It may be necessary for the agency to suspend an "active" product delivery case. For example, the agency may suspend a person's benefits if it suspects that the person is committing benefit fraud. When a case is suspended, payments will continue to be paid up until the date of suspension if the organization has configured the application to do so through the use of an application property in the administration application; otherwise no additional payments will be issued until the case is unsuspended and once again approved and activated. An agency may configure whether or not payments should be issued up to the suspension date of a case through the use of an application property in the administration application. For more information on this property, see the `Cúram Integrated Case Management Configuration Guide`.

A suspended case can be unsuspended. If, for example, the agency later discovers that the person suspected of benefit fraud is innocent. In this case, the suspension can be reversed. The status of the unsuspended case returns to "open". Future payments will only be issued after the case is approved and activated again.

Closing a Case

A case can be closed automatically by the system when its certification period expires or if it is found to be ineligible and the system has been configured to automatically close ineligible cases. A case can also be manually closed at any stage during its lifecycle or set to close on a date in the future. The case closure date, actual outcome of the case, and case closure reason is specified.

When a case is closed, reassessment is initiated and a new determination created if required to reflect the final set of decisions for the case. For example, if a case is open ended and has no expected end date specified, upon closure a new determination is created with a final eligible decision effective until the closure date of the case.

If the system has been configured to issue payments up to the date of closure of the case then financial components are recalculated based upon the closure date provided; otherwise existing financial components are closed out and no further payments are issued. An agency may configure whether or not payments should be issued up to the closure date of a case through the use of an application property in the administration application. For more information on this property, see the `Cúram Integrated Case Management Configuration Guide`.

All information and events associated with that case, such as case reviews and case referrals, are also closed and a case communication is printed for the primary client. A case communication is a correspondence to or from the agency that is created within a case. Additional case closure communications can be created for other case participants, such as a service supplier on a case referral.

When a case is set to close on a date in the future, the case enters a grace closure period during which new determinations may be created and reassessment may continue to occur, and the status of that case is set to "pending closure". It will remain in this status until the closure date is reached and the Close Cases Pending Closure batch process is run, or until a user manually closes the case. If the Close Cases Pending Closure batch process is run on a date after the expected date of closure, the closure date is set to the date on which the case was actually closed. If a case is already closed, the case closure date cannot be moved to a future date.

Note that by default, a case that has open tasks associated with it cannot be closed. The agency can allow cases to be closed that have open tasks associated with them by setting an application property as part of administration.

Reactivating a Case

Cases with a "closed" or "pending closure" status can be reactivated. For example, a person's benefits may be discontinued once the person is in regular employment. If that person is made redundant from the new employer, and the person is once again eligible for benefits, the existing product delivery case can be reactivated.

The status of the reactivated case is "open". In order for benefits to be delivered on the case, the case must go through the case approval and case activation stages once again. Benefits will only resume after the case is approved and activated again.

Configuring Integrated Case Management

Integrated cases and product deliveries are configured as case types in administration. Information that is configured for case types includes information that is common to both integrated cases and products. The information that is contained in the following links explains how to deal with and configure Integrated cases.

Introduction

Configuring Integrated Case Management provides an overview of the aspects of Cúram Integrated Case Management that are configured as part of administration. Users can create and manage integrated cases, product delivery cases, services, and referrals when this information is configured.

Integrated cases and product deliveries are configured as case types in administration. Information that is configured for case types includes information that is common to both integrated cases and products. Additionally, information that is specific to products can be configured, such as important information that is used by the system to determine client eligibility and entitlement. The application also enables the dynamic configuration of product case types, rules, and the evidence types used to determine eligibility and entitlement.

For detailed information on individual configuration settings that are provided, see the Cúram Integrated Case Management Configuration Guide.

Configuring Case Types

Integrated cases and product delivery cases are based on case types. Integrated cases are based on integrated case types. Product delivery cases are based on product case types.

This section, Configuring Case Types, provides an overview of the configuration information that is common to integrated cases and product to case types. This information includes defining a name for each case type, configuring a case home page for each case type, and important date settings.

Additionally, a setting is included that allows the agency to create associations between related types of case. For example, the agency might want to group a number of related products. To meet potential translation needs of clients, a setting is also included that enables agencies to determine whether a client's translation requirements are evaluated automatically by the system.

Important case display settings are also provided which determine where case information for the case type is displayed in the application. Agencies can use these settings to control where cases based on the case type are displayed as required.

For detailed information on the individual settings that are described previously, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Products

Products are configured in order for users to create and deliver product delivery cases to address the needs of clients. A product can be a benefit that an agency provides to clients, a liability that the agency bills to clients or businesses, or a payment correction that is used to correct overpayments and underpayments issued to clients.

Benefits are used to provide subsidies to eligible participants in the form of monetary payments. For example, a cash assistance product provides monetary payments to families in need. Liabilities are used to bill and receive payments from liable participants. In addition to liability and benefit products, payment corrections are also configured as products as part of the application administration.

A dynamic product wizard is included that allows administrators to easily configure benefit and liability products. Each step in the wizard represents an important category of information that is configured for each product.

Configuring General Product Information
This Configuring General Product Information subsection provides an overview of general product settings available that determine the basic structure of a product delivery case type.

Date settings can be configured which define the period during which product details are effective. The date settings include a start date and an end date.

The participant types that are eligible for cases based on the product can be defined. Eligible participant types that might be associated with products include person, employer, utility; information provider; service supplier; and product provider.

Product categories are used to group similar products. Examples of product categories include assistance, illness, and financial. These categories are used to define the subset of products that might be added to a given integrated case.

Case reviews can be set to occur at a defined frequency, for example, every 6 months. All cases based on the product inherit the product's case review frequencies.

For detailed information on the settings that are described previously, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Eligibility Determination Processing
The application allows the agency to control aspects of eligibility determination processing. Eligibility determination settings have a large impact on the determination of a client's eligibility for product deliveries and on successfully providing them to eligible clients.

To allow for situations where a client might be receiving a benefit for an unknown period, a setting is provided that determines whether eligibility decisions that are created for a case can be open-ended with no effective end date. A setting also is provided that determines how the system decides whether a new determination result is different from the previous determination result. A setting that determines the summary information that is displayed for each decision within a determination is also provided. A setting also is provided that determines whether reassessment can occur within closed cases.

For detailed information on the settings that are described previously, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Delivery Patterns
One or more delivery patterns can be configured for a product. These delivery patterns are available for selection at the case level when a nominee's preferred delivery pattern is assigns for a particular case component.

Delivery patterns define the default frequency and payment method by which financials are issued to a nominee on cases based on this product, for example, weekly by check.

Note: Delivery patterns can be added on a case-by-case basis.

Each product can be assigned a default delivery pattern that is assigned automatically to the nominee when a case is first created. The default delivery pattern that is assigned to the product is provided as guidance, but does not have to be the preferred delivery pattern of the nominee. The following delivery pattern information can be defined for each product delivery pattern: maximum amount, default pattern, cover pattern, delivery method, and frequency.

For detailed information on the settings that are described previously, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Product Provisions and Assigning them to Locations
The application allows agencies to configure product provisions and associate those provisions with locations. An example of a product provision is a benefit offered to eligible persons on behalf of the agency.

The agency itself is considered a product provider if it provides products directly to its clients. Product providers are selected from product provider participants that are registered on the system as part of the **Participant Manager**.

Product provision settings include the start dates and end dates of the period during which the product provision is active, the estimated cost, a payment method (for example, cash), a payment frequency (for example, the first day of every month).

Product provisions can be delivered from one or more locations to suit the needs of the different eligible persons. For example, a training provision can be offered at different training center locations. Information that is recorded for the product provision locations includes the cost of the provision at the location and the period during which the provision is offered at the location. A case's product provision location can be changed dynamically to any of the provision locations stored for that case's parent product.

For detailed information on the settings that are described in the previous description, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Benefit Deduction Information
Benefit products have a number of settings that affect all deductions that are made from cases that are based on that benefit product. These settings apply to both third-party deductions (deductions that are made from a participant's benefits to make payments to a third party, such as a utility company) and standard deductions (any other deduction from a participant's benefit payment).

For detailed information on these settings, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Liability Information
The application provides two configuration settings that apply to liability products only. The first setting that is provided determines if over allocation is allowed on the cases based on the liability product. Another setting that is provided determines whether reassessments on a liability product are either normal or reconciled.

Over allocation allows for the processing of payments of amounts of money that are greater than the amount that was billed for. For example, if an employer is billed $100, and a payment is received from that employer for $120, if over allocation is set up for the liability product, the full $120 can be allocated toward the $100 creating a $20 over allocation.

A normal reassessment is a reassessment that does not attempt to reconcile any payments that are received against the liability amounts. Normal reassessment creates an overpayment or underpayment based solely on changing circumstances. Reconciled reassessment creates an overpayment or underpayment based on changing circumstances and related payments received and over allocation payments.

For detailed information on these settings, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Case Reassessment and Adjustments
Settings are provided that allow the agency to control how case reassessment processing works and how adjustments to payments are made. The settings that are provided cover case reassessments and case adjustments.

Case reassessment settings are used to determine whether overpayment cases, underpayment cases, or payment correction cases need to be created automatically when an overpayment or underpayment is discovered on reassessment.

Adjustment settings allow agencies to correct a client's financial account, so that the system does not attempt to generate a compensating overpayment or underpayment. For example, adjustment

functionality allows the agency to apply appropriate taxes to payments issued in respect of a benefit product.

When adjustment is required for liabilities, if an agency is billed monthly for a service, that the agency has one month to send payments toward the bill. If the agency does not send in payments within the month, surcharges are applied to the outstanding bill.

Two additional case reassessment settings are provided for products that use the application Rules: the re-rate frequency and the date list. The date list is a list of dates for which eligibility and entitlement need to be established and can either be a pattern date list or an event date list.

The re-rate frequency applies to products that use a pattern date list where a change in circumstance exists. It is used by the assessment engine to compile the list of dates on which the rules engine is called to create case decisions.

For detailed information on these settings, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Certification Requirements
Certification requirement settings are used to indicate whether the product requires some form of certification for eligibility determination. Certification settings include a setting to specify whether certification is required, the frequency at which a participant provides certification, and the grace period to allow a participant to retain eligibility after certification expires.

For detailed information on these settings, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Bonus Payments
Bonus payments are one-time payments that are issued to benefit recipients. An example of a bonus payment is a back-to-school bonus that is given to a parent to help alleviate the expense of new school materials. Criteria for a bonus payment is set up for product case types.

For detailed information on configuring bonus payments, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Absence Reasons
Absence reasons can be configured for all products. Absence reason functionality allows agencies to configure a list of absence reasons that are relevant to a particular program.

For example, an agency can configure absence reasons that are acceptable for a client who is absent from attending a scheduled on-the-job training activity to prove work requirements for receiving Income Support. An example of an acceptable absence reason is 'sickness.'

By recording absence reasons, administrators can specify whether a client absence from a scheduled activity is payable or deductible. An absence reason can be configured to be both payable and deductible.

For detailed information on configuring absence reasons, see the *Cúram Integrated Case Management Configuration Guide*.

Setting Product Time Constraints
Product time constraints are the time limits applied to products. They relate to time limit functionality.

For example, a time constraint can be added to a product defining the maximum amount of time after an eligibility decision is reached that a claimant has to appeal the decision.

For detailed information on configuring product time constraints, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Payment Corrections
A payment correction is an initially configured product that is used to bill participants who were overpaid or pay participants who were underpaid. The agency can configure benefit and liability products such that

a payment correction case is created automatically each time that the system detects an over or underpayment during case reassessment.

General settings that are configured for each payment correction case include the start date, home page, type, and review frequency. Additional details that can be configured include options that are related to where the payment correction cases based on this type are displayed in the application in addition to a case ownership strategy. Financial details that can be specified include adjustment details, deduction details, cost, and whether over allocation is allowed.

For detailed information on configuring payment corrections, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Rate Tables
Rate tables are used to maintain values that can vary over time. An example of a rate is a Gross Income limit based on the number of people in a household. Since rate tables can be created and maintained independently, this option allows for a more flexible approach to rates that apply to products.

Rate tables can be used for values that are effective during set time periods. For example, the reassessment of a case might call upon values in the past, where the rates have changed considerably, and these values can be stored on a rate table.

A rate table can contain an indefinite number of rows and columns that determine the number of cells. The values of individual rates are stored in these cells. Also, subrows and subcolumns can be added to each individual row and column. A rate table also can be cloned and used as a basis for a new rate table.

Each rate table has a type and effective date.

Note: If two rate tables are created for the same type, then the effective date of the rate tables continues until midnight of the day before the effective date of the next rate table.

Rate tables are described in detail in Appendix A of the *Cúram Integrated Case Management Configuration Guide*.

Applying System Wide Changes to Cases
Agencies are often faced with the need to change how eligibility and entitlement are determined. For example, if a rate changes as a result of a change in legislation, an administrator must change the rate by using the rate table feature described in **Configuring Rate Tables**.

After this change is published, the change is accounted for when case reassessment next occurs within any product delivery case based on a product that uses the rate to determine eligibility and entitlement. For example, when reassessment is initiated manually within the case or when financials are generated.

Because these types of system-wide changes likely are to affect many cases, the application also provides the ability to identify and reassess all cases affected by the change. Upon publication of a change to a rule set, rate table, data configuration, or product configuration (such as a change to a product period or to the rule set associated with a product period), the system captures information about the change that occurred.

A series of batch processes then can be run and automatically identify and reassess all cases that have a dependency on the change made. The batch processes also process multiple changes together during reassessment; for example, a change to a rate table in addition to a change to a rule set.

If the result of reassessment differs from the current determination result for the case, then a new determination is created. For products that are configured to not allow the reassessment of closed cases, no reassessment occurs if the case is closed.

If reassessment already is initiated within an individual case, then that case is not reassessed as part of the run of the batch processes.

Configuring Payment Groups

Payment groups provide the ability to group products or programs for which the payments need to be rolled up during financial processing. The system rolls up the payments of products that belong to a payment group into a single payment provided the conditions for roll-up are satisfied.

The payments for all remaining products that are not associated with any payment group then are rolled up into a single payment. For more information on the criteria for rolling up the payments, see Information Used to Roll Up Financial Instruction Line Items.

Creating payment groups can be useful in a scenario where the agency does not want payments from various programs to be rolled up into a single payment instruction.

For example, James Smith is eligible to receive $100 per week from the Child Support program, $150 per week from the Income Support program, and another $100 from the Carer's Allowance program. If no payment groups are configured, these payment instruction line items are rolled up into one payment instruction of $350. However, if the agency does not want the Child Support payments to be rolled up with the payments for the Carer's Allowance Program, they can prevent this payment from occurring by creating a payment group.

In this scenario, the agency can create a payment group and add the Income Support and Carer's Allowance programs to it. The system then generates two payment instructions - one for $100 for the Child Support program and another for $250, which includes the rolled-up payments from the Income Support and Carer's Allowance programs.

Configuring Case Evidence

To capture evidence types at the case level, each evidence type must first be configured, then activated, and associated with a case type. Associating an evidence type with a case type allows that evidence type to be captured at the case level for any cases that are based on that case type.

Note: EvidenceFlow is deprecated. For more information, see Deprecated features.

When an evidence type is configured to be captured on an integrated case type, that evidence can be captured on any integrated case of that type and is also accessible from the product deliveries within the integrated case.

The application allows administrators to configure dynamic, non-dynamic or both evidence types.

Administrators can also design and link rules that determine eligibility and entitlement to the evidence types during rules definition and assignment. For more information, see "Defining Rules and Assigning Them to Products" on page 54.

Configuring Evidence Types - The Dynamic Evidence Editor

Basic information about each evidence type is defined during administration. This information includes the name of the evidence type, its logical name, and the name of the related group of security identifiers that are generated in respect of the evidence type.

Then, administrators can group these generated security identifiers any way they want. However, if they want to grant a user read, create, and maintain rights for an evidence type, the administrator can add the group name defined to the user's role. For information on assigning security identifiers to users, see the *Cúram System Configuration Guide*.

An effective from date also is specified which allows flexibility for the evidence type to change over time. For example, an agency can configure an evidence type to reflect legislation that says that says the agency must capture a participant's dental records, but from January 1, the agency needs to capture a participant's medical records. From January 1, the medical record evidence type automatically supersedes the dental record evidence type. The system automatically stores a version history of the evidence type records that are effective over time and displays the correct evidence pages related to the evidence type to the caseworker at run time.

After basic information is defined about the evidence type, a new version of the evidence type is created by default. Administrators then can modify the evidence type metadata by using the Dynamic Evidence

Editor. This process effectively designs all of the evidence pages that relate to the evidence type. In general, the editor is used to:

- Define all of the attributes that appear on the evidence pages.
- Define all of the evidence pages that relate to the evidence type.
- Set up validations on each evidence type, for example, if a user enters hair color, the caseworker also must enter eye color, or identify duplicate date ranges.
- Set up parent and child evidence relationships. For example, Alien Sponsor evidence is child of Alien evidence.
- Design how the evidence page looks in the user interface. For example, an administrator can drag fields on to an application page cluster, show one pane on a particular evidence page but not another.

For detailed information on configuring dynamic evidence by using the Dynamic Evidence Editor, see the *Cúram Dynamic Evidence Configuration Guide*.

Activating Dynamic Evidence

After an evidence type and its related pages are defined, the evidence type is activated to make it available to be associated with case types. Activating an evidence type also generates corresponding rule classes that are based on that evidence type, domain definitions, security identifiers, and evidence property files, and validates the evidence type data defined by using the editor.

The rules classes that are generated allow rules developers to refer to the evidence attributes and enables them to write eligibility and entitlement legislation rules by using the CER (Cúram Express Rules) Editor. For more information, see "Defining Rules and Assigning Them to Products" on page 54.

Associating Evidence Types with Cases

After an evidence type is defined and activated, that evidence type can be associated with a case. Dynamic evidence types can be associated with multiple integrated cases and products simultaneously.

As part of associating an evidence type with a case, the evidence type category and sort order is specified. A quick link setting is provided which allows an administrator to specify whether the evidence type and the category to which it is assigned is available as an item in the preferred menu list on the evidence workspace. The preferred menu list allows users quick access to the evidence types they frequently need to access daily.

The sort order is used to determine the order in which the evidence type is listed in the evidence workspace. If a sort order is not specified, the evidence type is listed alphabetically.

Evidence types are displayed in the evidence dashboard that is used by users to capture evidence. This display allows for easy access to the evidence pages associated with a particular case type. Each evidence category can contain one or more configured evidence types.

Setting Evidence Approval Checks

Evidence approval checks are used to determine whether the evidence that is modified by a user can be approved automatically or whether it requires manual approval by a supervisor. The percentage that is specified indicates the rate of evidence changes that require manual approval, the remainder get approved automatically.

Evidence approval checks can be set up at the following four levels of application administration: organization unit, user, position, and product level. At the organization unit, position, and user levels, it must be specified whether the check ends to apply to a single product or all products. If no evidence approval checks exist at the user level, the system then looks for approval checks for the position to which the user belongs. If no evidence approval checks exist at the position level, the system looks for approval checks for the organization unit to which the user belongs. If none exists here, the system checks the evidence approval checks at the product level.

(deprecated) Configuring the `EvidenceFlow` View

A number of system application properties are included that allow an administrator to configure the `EvidenceFlow` view. These properties allow an administrator to dictate both the default evidence type to

display in the `EvidenceFlow` view and the time that the system takes to reload the bottom pane of the `EvidenceFlow` view when a tile, for instance, a cover, within the `EvidenceFlow` changes.

A number of other system application properties are included that allow the administrator to dictate the interval of time that the `EvidenceFlow` waits when the administrator detects changes to evidence and also to dictate whether `EvidenceFlow` logging and `EvidenceFlow` validation is enabled. For more information on these properties, see the *Cúram Integrated Case Management Configuration Guide*.

Defining Rules and Assigning Them to Products

Cúram Integrated Case Management provides a way for agencies to convert the real world scenarios that face clients into a language that can be interpreted and used to determine the benefits available to clients. The Cúram Express Rules (CER) language can be used to meet this goal. CER aligns the business and technical representation of rules into a single expression.

This feature means that legislation can be directly converted into rules that can be interpreted to make decisions about client needs. CER also provides a representation of rules that allow users to understand how legislation impacts the decisions made that affect the lives of clients. For more information, see the *Cúram Express Rules Reference Manual*.

Legislation is complex; therefore, the rules that express this legislation are complex. To make the designing of rules more efficient, a range of tools are provided to assist users, rules designers, and product administrators in working together to dynamically design rules, link these rules to a client's real world information, and assign them to care and protection products to determine client eligibility. The remainder of this section describes these tools in more detail.

Dynamic Rules Design - The CER Editor
The CER (Cúram Express Rules) Editor is a dynamic tool that is used to define and validate CER rules. The main feature of the CER Editor is the canvas in which rules expressions are designed. This canvas provides a visual representation of rules that can be understood by rules designers and business users.

New rules expressions can be created in this canvas by using a menu bar that contains common rules logic (such as an 'if-then' statement that determines the age limit of a child) in addition to customized logic that suits agencies.

For example, the CER Editor offers quick ways to create rules expressions that relate to household and financial units. In addition to the CER Editor canvas, short-cuts are provided to create new rules classes, to group these classes in folders, and to validate rules expressions.

For more information on how to use the CER Editor, see the *Working With Cúram Express Rules* guide.

Linking Rules to Evidence
In order for rules to be applied to a client's real world information, those rules must be linked to the evidence and non-evidence entities that are used to capture that information. Cúram Integrated Case Management provides a simple and dynamic way of linking Cúram Express Rules (CER) rules to both evidence- and non-evidence-based data.

These links are established through the creation of a CER data configuration - xml maintained dynamically, which links the rule class to an evidence type or non-evidence entity. For example, the rule class for determining income amounts would be linked to the income evidence type.

Assigning Rules to Products
Rule sets that are created by using the Cúram Express Rules (CER) editor can be categorized and assigned to products. Rule set categories provide administrators with a facility for filtering and sorting rule sets.

Three types of rule sets apply to the determination of client eligibility and entitlement for care and protection products:

- Eligibility and entitlement rules are normally related to or defined by legislation. These rules are the rules that are needed for the system to know whether a client is eligible, and if so to what the client is entitled.

- Key decision factor rules are used to provide visibility on key pieces of real world information that changed as part of eligibility and entitlement processing. By assigning a key decision factor rule set to a

product, the significant factors that were involved in determining the client's eligibility, such as a change in total household income, can be displayed in the graphical representation of the determination that is created as a result of the eligibility and entitlement rule set associated to the product. Users can use this information to understand more about why an eligibility and entitlement determination turned out as it did.

- Decision details rules are used to provide an explanation of how eligibility and entitlement were determined. These rules can be designed by an agency as required to display any information that is desirable to display to users, for example, a list of countable assets or a hyperlink to supporting information. Custom pages can be designed to display the information that is determined by these rules. Users can use these decision details rules to match their understanding of the real world information to the system's determination of eligibility and entitlement.

The assignment of rules sets to products is done through the creation of a product period. The product period defines the time frame over which rule sets are applicable for the product. An example of a product period is the 2010 calendar year.

Product periods can be open-ended, that is, only one product period need be defined for a product, and can be applied indefinitely. When a product period is defined, the administrator can associate rules (eligibility and entitlement, key decision factor, and decision details rules) to the product period. Administrators must assign an eligibility and entitlement rule to a product period and can optionally assign key decision factor and decision details rules. As part of assigning rules to products, an administrator can also specify the value of product attributes that are used in eligibility determination processing. For more information, see "Configuring Eligibility Determination Processing" on page 48. Only published rules are used to determine eligibility and entitlement within a case.

For detailed information on assigning rules to products, the settings that are used in eligibility determination processing, and publishing rules see the *Cúram Integrated Case Management Configuration Guide.*

Configuring Services and Referrals

The **Configuring Services and Referrals** section provides an overview of the information that is configured for services and referrals to create and deliver them.

This section provides an overview of the information that is configured for services and referrals to create and deliver them at the integrated case level.

Note that the services used by service delivery and referral processing are configured in CPM as service offerings. Service offerings are the templates on which individual services that are created at the integrated case level are based.

Note: The services used by service delivery and referral processing are configured in CPM as service offerings. Service offerings are the templates on which individual services created.

For detailed information on configuring services and referrals, see the *Cúram Provider Management Guide.*

Configuring Services

A number of settings are provided that allow an administrator to configure the information that can be recorded by a user when the user creates and manages services that are based on a particular service offering. Settings are provided that dictate if the service is appropriate for multiple clients and if the automatic creation of multiple service deliveries is allowed.

Individual settings also exist on the service offering that dictate if a provider or provider type is mandatory or optional when a user creates a service. For more information on this setting, see "Configuring Service Provider Selection" on page 56.

Administrators also can define whether a service frequency and client participation frequency and duration can be specified on service creation. A default service frequency also can be specified and this frequency can be overridden manually by a user.

Additionally, a number of settings that dictate the delivery and the financial processing for the service are provided. An administrator can specify whether a user must record the required number of units of a service that must be delivered to a client. A setting also is provided that dictates if a user can specify an

authorized rate. If this parameter is set, a user can manually override the rate to be paid to a provider for providing the service. Administrators also can define the delivery type for the service that dictates what financial processing is used.

Configuring Service Provider Selection
A numb of settings are available that determine how a service provider is selected at the case level. Use this information to learn which options are available for configuring provider and provider type selection.

The following table describes the settings that are available that determine how a service provider is selected at the case level:

Table 4: Options Available for Configuring Provider and Provider Type Selection	
Setting	**Description**
Provider Mandatory	The user must select a provider. The caseworker is not given the option to select a provider type.
Provider Type Mandatory	The user must select a provider type. The caseworker is not given the option to select a provider.
Provider or *Provider Type Mandatory*	The user is given the option to select either a provider or a provider type. Either a provider or a provider type must be selected.
Provider or *Provider Type Not Required*	The user is not presented with the option to select a provider or a provider type.
None Specified	The user is given the option to select a provider or a provider type. Provider or provider type is optional.

Configuring Service Inquiries
The application provides two system administration properties that dictate whether email notifications need to be sent in respect of service inquires

- A system administration property `curam.serviceenquiry.SendProviderEmailNotifications` allows an administrator to dictate whether email notifications are sent to a provider when a service inquiry is created or updated that relates to one of its services.

- The `curam.serviceenquiry.sendCaseWorkerEmailNotifications` property allows an administrator to dictate if email notifications are sent to the user who owns the service inquiry when the service inquiry is responded to by a provider.

Configuring Referral Services
Referral service configuration includes defining the information that can be specified when the referral is created, such as whether the referral service is appropriate for multiple clients.

Additionally, the notification templates that are used to produce the referral notifications that are issued to the client and the provider are configurable. The application also provides a strategy that determines the notification mechanism that is used by the system to send notification letters automatically based on the participants' preferred communication methods and communication exceptions if they exist

Configuring Notification Templates
The templates on which referral notification letters are based are in service administration. However, if a template is not configured, a default pro forma template is provided and used for letter creation. Default templates are in within system administration. New templates can be defined here and then associated with the service as part of CPM service administration.

Configuring Follow-Up Notifications

The application provides two system administration properties that dictate if and when follow-up notifications are sent by the system.

- The property `curam.referral.FollowUpApplicableForOrganization` allows an administrator to dictate if follow-up is required for referrals.

- The property `curam.referral.SendEmailNotifications` allows an administrator to dictate if email notifications are sent to clients and providers.

- The property `curam.referral.EscalationFollowUpWarningDays` allows an administrator indicate the number of days after which a supervisor notification needs to be sent.

Configuring a Notification Mechanism

The application provides a strategy that is used by the system to determine the means by which notification letters are sent to providers and clients. The strategy works with any communication exceptions and preferred communications recorded for the provider, the client or both during registration.

If hardcopy and email are communication exceptions, the client and provider cannot be notified automatically. If a provider or client does not have any communication exceptions, the means by which the system sends the notification letter depends on the client's, the provider's or both preferred communication method.

If email is the preferred communication method and an email address is recorded for the client and provider, the letters are attached to emails and sent. If an email address is not recorded, or hardcopy is the preferred communication method, the system sends the letter to a printer for posting. The default printer that is specified for a user in administration is used as the target printer. For information on user administration, see the `Cúram Organization Administration Guide`.

Note: If multiple clients are listed on the referral, each client receives a notification.

If no preferred communication is specified for the provider and client and both address and email details exist, the application provides two system administration properties that allow agencies to specify whether the client and provider letters end to be sent either by email or sent to a printer for posting.

- The property `curam.referral.DefaultClientCommunicationMethod` dictates whether provider letters need to be sent by email or sent to a printer for posting.

- The property `curam.referral.DefaultProviderCommunicationMethod` dictates whether the client letters need to be sent either by email or sent to a printer for posting.

Configuring Case Ownership

The application provides an initial case ownership strategy that can be overridden by the organization as required. An organization can override the default case ownership strategy as required depending upon its requirements to assign case ownership to any user, organization unit, position, or work queue. An administrator also can define a case ownership strategy on a case-by-case basis that uses workflow.

A Case Ownership Strategy setting is included that allows an administrator to define a case ownership strategy for cases based on a particular type that uses workflow. If an ownership strategy is defined for a case type, this setting defines how the initial case owner for the case is determined. For example, an administrator can specify that a particular type of integrated case is assigned to a specific work queue

For information on assigning case ownership to users and organization groups, see the `Cúram Organization Administration Guide`.

For further information on the default case ownership strategy that is provided by the application and configuring case ownership, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Case Milestones

Milestones are used to track the completion of significant events or tasks during the lifecycle of a case, for example, to track the submission, approval, and activation of a case. All case milestones are based on an associated milestone configuration, which is configured as part of administration. To support the manual

and automatic creation of milestones within a case, it also is necessary to set up an association between a milestone configuration and the case type.

Each milestone has an expected start and end date during which the important event is scheduled to start and complete and an actual start and end date. In its initial configuration Cúram Integrated Case Management provides functions to set up milestones.

Note: Some development is required to create milestone deliveries at the case level.

For milestones that are created automatically by the system, the expected start date and expected end date might not be changed unless the milestone is configured to allow the dates to be changed. A milestone also can be configured to require that a milestone waiver request is submitted for approval before the expected start date and expected end date can be changed.

Milestone waiver request approval check settings determine the percentage of submitted waiver requests for a milestone of a particular type that need to be reviewed by a case supervisor. For example, an approval check can be set up on a milestone that requires 60 percent of all submitted requests to be approved; 40 percent does not require approval.

Milestone waiver request approval checks can be set up at the organization and user level for all milestone types or for a milestone of a particular type. User configuration settings take precedence over organization unit settings. In other words, when a waiver request is submitted for approval by a user, the system first checks the user's milestone waiver request approval check settings, then checks the milestone waiver request approval check settings for the organization unit to which the user belongs. The system can determine at any point in this process that the milestone waiver request requires approval.

For detailed information on case milestone settings, see the *Cúram Integrated Case Management Configuration Guide*.

Configuring Ongoing Case Management

The application provides a number of settings that allow agencies to configure ongoing case management operations. These settings include setting properties that allow the agency to control the number of entries that appear in the case transaction log case and properties that dictate recent case actions, and case closure.

As part of ongoing case management configuration, the application also provides functions that allow the agency to configure the case search and case approval. Case search configuration allows the agency to control the type of search that is used when the agency is searching for cases at the case level: standard or enhanced.

Case approval can be configured by using case approval checks. Administrators can also configure the automatic approval of cases by user role. Approval checks determine the percentage of cases or services that are reviewed by a case supervisor. For example, a case approval check can be set up such that 50 percent of cases that are submitted for approval require manual approval. The other 50 percent are approved automatically. At the organization unit and user levels, it must be specified whether the case approval check needs to apply to a single product or to all products. Setting it at the service level governs all service providers that deliver that service (across all users).

For more information on configuring ongoing case management, see the *Cúram Integrated Case Management Configuration Guide*.

Securing Cases

Introduction

Case security allows the agency to secure case information. When a user attempts to access case information, case participant information, or perform operations on a case, the system checks the user's security access to ensure that he or she has the appropriate user rights. A user's security access is set up as part of security administration. The user's security rights determine what case information can be accessed, viewed, and changed by users. Certain users may not have the same access as other users. For

example, case supervisor users may be permitted to approve cases and a trainee user user may be restricted from approving cases because of his or her lack of experience. Case security is provided at various levels within the application.

Each level is geared towards securing a particular aspect of a case. The organization can use one or a combination of these levels of security to enable or restrict a user's ability to perform the following activities:

- Perform general case operations
- Accessing fields
- Perform operations on specific programs and features
- Access case and client information based on location
- Access sensitive case information

This chapter provides an overview of each aspect of a case that can be secured using the levels of security available.

Securing General Case Operations

A user's ability to perform general case operations is set up as part of system administration using function security. General case operations that are accessible from the client include registering a person and creating a case, approving a case, and suspending payments.

Function security governs user access to all functions accessible from the client application. A user's ability to perform case operations is governed by the user's security role, security group, and the security identifiers assigned to the operations during system administration. This data is set up in a hierarchy. The user's security role is the top level of the hierarchy, the user's security group is at the second level, the security identifiers and case operations, which are defined by function identifiers, are at the third and fourth levels respectively.

The hierarchy includes the protected resources that a user can access such as functions, fields, products, assessments, outcome plans, investigations, and appeals.

The hierarchy includes the protected resources that a user can access such as functions, fields, assessments, outcome plans and investigations.

For more information on securing user access to all server functions, see the `Cúram System Configuration Guide`.

Protecting Fields from General User Access

Fields can be protected from general user access using field security. Field level security determines whether users can view information in specific fields. For example, the organization may wish to restrict access to a client's salary details from junior case workers. The client's salary details can be protected from general user access.

For more information on protecting fields from general user access, see the `Cúram System Configuration Guide`.

Securing Case and Client Information Based on Location

Access to case and client information can be secured based on the user's location and the location of the user's position in the organization.

Location based security is used to authorize a user's ability to access case and client information based on his or her location within the organization. A user can access case information only if the user's location is successfully compared to either the location of the case owner if the case owner is a user or the location of the primary client of the case.

For more information on location based security, see the `Cúram Location Administration Guide`.

Securing Operations for Specific Programs and Features

The application provides a level of security that allows the organization to secure case operations for specific programs. Program security authorizes a user to approve, maintain, create, and/or view program information. The purpose of program security is to provide an extra layer of security for cases that facilitate the authorization and delivery of benefits. For example, an organization may wish to restrict user access to certain types of programs to only a certain set of users in the location that also have the required security identifiers.

Program security is set up on a product by product basis. When a user attempts to perform certain processes associated with a product delivery case, the system determines whether or not the user has the necessary security identifiers for the secured program. This additional layer of security is also available for additional case functionality such as services, assessments, investigations, appeals, payment corrections, and outcome plans.

Securing Access to Sensitive Case Information

Sensitivity security determines user access to sensitive information. This is done by comparing the user's sensitivity level to the element's sensitivity level (sensitivity levels range from 1-5 with 5 being the highest level). Sensitivity ensures that only users who can be trusted with certain information can access that information. For example, certain cases may be high profile. The data on such cases would have a high sensitivity level. Only users with the same high sensitivity level could access the case information.

Case notes are assigned a sensitivity level whereby only users with a sensitivity equal to or higher than the sensitivity level for the case note can view the note details. Additional sensitivity security is available for services and outcome plans: all services, and the actions and attachments within an outcome plan are assigned sensitivity levels. In order for a user to have access to the specific service or action and attachment within an outcome plan, the user must have a sensitivity level equal to or higher than the specific data.

For more information on location based security, see the `Cúram Location Administration Guide`.

Conclusion

Summary

The following is a summary of the main concepts covered in this guide:

- Cúram Integrated Case Management enables agencies to meet the needs of clients and their families in numerous ways until the ultimate goal of client self-sufficiency is reached.
- Cúram Integrated Case Management meets the needs of clients in two main ways: through the delivery of benefits using product delivery cases and though the delivery of services and referrals to services.
- The case worker workspace provides tools that help case workers to efficiently balance their work and quickly access important case information.
- Ongoing case management tools allow users to manage case participants, perform audits on cases, manually change case ownership, and track important issues and legal proceedings regarding case participants.
- Many aspects of ICM are fully configurable. This includes the products, evidence, and rules that determine client eligibility and entitlement as well as services and referrals to services.
- Case security is used to secure access to important case and client information.

Additional Information

Additional information on the topics covered in this guide are covered in several related documents:

Cúram Evidence Guide
   This guide covers the basic concepts of evidence functionality.

Cúram Outcome Management Guide
This guide covers the basic concepts of outcome management.

Cúram Financials Guide
This guide covers the basic concepts of financial processing.

Cúram Provider Management Guide
This guide covers the basic concepts of provider management functionality.

Cúram Appeals Guide
This guide covers the basic concepts of appeals functionality.

Cúram Calendaring Guide
This guide covers the basic concepts of calendaring functionality.

Cúram Deductions Guide
This guide covers the basic concepts of deductions functionality.

Cúram Verifications Guide
This guide covers the basic concepts of verifications functionality.

Cúram Integrated Case Management Configuration Guide
This guide describes the configuration options available within Cúram Integrated Case Management.

Working with Cúram Express Rules
This guide provides step by step instructions on how to create Cúram Express Rule rule sets and how to use the Cúram Express Rules Editor to add business and technical logic to a rule set.

How to Build a Product
This guide provides sample-based instructions on how to build a product. It starts off with a simple product sample, and builds upon complexity using varying product samples.

Cúram Dynamic Evidence Configuration Guide
This guide describes the configuration options available within Cúram Dynamic Evidence.

Cúram System Configuration Guide
This guide describes the basic concepts of system configuration.

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