APPLICATION 2nd PARTY REVIEW WORKSHEET

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		_	·						NI / A
		-					Y	IN	N/A

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a. Assessment completed in NC FAST, if not previously established

	b. Disability Onset Date with Re-Exam Date entered in NC FAST			
	DURCES	Υ	N	N/A
	Tax Office checked / Real Property verified appropriately			
2.	-5			
3.	AVS used appropriately			
	a. Correct date range requested (Ongoing and/or Retroactive)			
	b. DHB 5097 sent on the 8 th day if information needed			
4.	All assets verified appropriately			
	a. Life Insurance Policies (cash value, if applicable)			
	b. Pre-need Burial Agreement (revocable/irrevocable)			
	c. Burial Plots			
	d. Vehicles			
5.	All assets entered in NC FAST appropriately (both countable and non-countable resources)			
6.	Reasonable Compatibility policy applied appropriately			
	Reasonable Compatibility calculator utilized			
	Assets calculated correctly			
	Sanction applied appropriately			
	Estate Recovery status verified and documented			
	ICATION/FORMS/MISC	Υ	N	N/A
	DHB 5200-ia/5201-ia/- Mail-in/Telephonic Application - Verify signature,	•	14	14/7
	name, DOB, gender, and mailing address			
2.	NCF-20009 – NC Rights and Responsibilities for Public Assistance (if applicable)			
3.	DHB 5079 Breast and Cervical Medicaid Application			
4.	DHB 5001N - Use of Social Security Number			
5.	DMA 5094 – Rights & Responsibilities			
6.	DHB 5095 – Notice of Inquiry			
7.	DHB 4037/5028-ia, 5009 – Disability packet to DDS			
8.	DHB 2043/DMA 2046/5055/5202A-ia - TPR forms			
	a. Referral to HMS Completed			
	b. TPI entered into NC FAST (if known)			
	c. If TPI unknown; follow up within 12 calendar days post-eligibility			
9.	DMA 5020 - Notice of Case Status - sent to hospital			
	DMA 5036 – Record of Medical Expenses			
	DHB 5043 – Self-Employment Income and Expenses Verification Form			
	DHB 5046 - Medical Assistance Transportation Rights/Responsibilities			
	DHB 5047/5119/5024 - Medical Transportation Form/Assessment/Notices			
	DHB 5097 – Request for Information			
	DHB 5097 – 2 nd Request for Information (follow-up 12 days if applicable)			
	DHB 5098-ia – Your Application for Medicaid is Pending (Stop Processing Time)			
	Medical Bills for Deductible/Disability Determination/Medical Records Emergency			
	dates/FL2 or CAP Plan of Care/Undue Hardship Documentation/HCWD Enrollment Fee			
	a. Correct Dates Keyed (Start/Stop)			
17	b. Manual input stop time for system applied spin off apps – Dates match		-	+
	DHB 5150A – Passalong Screening (If applicable)			1
	DHB 5152- Residency Declaration DHB 5202C in Presidentian of Authorized Representative			
	DHB 5202C-ia – Designation of Authorized Representative			
	National Voter Registration Act (NVRA) issued			
	DMA 9006 - Managed Care Enrollment DSS 3431 - Request for Financial Information (if no AVC regions after 7 days)			
	DSS 3431 – Request for Financial Information (if no AVS response after 7 days)			1
	DMA 5155 - Verification of Cash Value of Life Insurance			
	NC Tracks approved FL2 or verification for Level of Care			
	DHB 2039 – PHP Notification of Nursing Facility Level of Care			1
	DHB 5122 – Community Spouse Resource Protection Worksheet			1
	DHB 5051/5052/5053 - Estate Recovery Forms			<u> </u>
	DHB 5203 – Transfer of Assets Evaluation Form		-	-
29.	DMA 5057 – Transfer of Assets Explanation			<u> </u>

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30. DHB 5008A – <i>PLA Budget Sheet</i> (Optional) 31. DHB 5008B – <i>LTC Budget Sheet</i> (Optional) 32. DHB 5008C/5008E - <i>Spouse and Dependent Income Allowance Worksheet</i> / <i>ABD Parent to Child Deeming Budget Sheet</i> (Optional) 33. CAP-MR2 w/prior approval 34. CAP indicators identified			
32. DHB 5008C/5008E - Spouse and Dependent Income Allowance Worksheet/ABD Parent to Child Deeming Budget Sheet (Optional) 33. CAP-MR2 w/prior approval			
Worksheet ABD Parent to Child Deeming Budget Sheet (Optional) 33. CAP-MR2 w/prior approval	_		
33. CAP-MR2 w/prior approval			
34 CAP indicators identified			
54. CAT maleators rachtinea			
35. Child Support Referral			
a. Entered in system if Absent Parent information is known			
b. If unknown, Follow-up within 12 calendar days post-eligibility			
36. DMA 5045 – Certification of Need for Institutional Care for Individual Under			
Age 21			
37. DMA 5135 - Dates of Emergency Services Request for Aliens			
38. DMA 5133 - Emergency Medical Services Request for Information (Hospital)			
39. DHB 8020-ia <i>Medicaid Eligibility Corrections Form</i> (if applicable)			
40. Third Party Liability			
a. Entered into NCFAST (if known)			
b. HMS referral keyed and documented in NCFAST			
c. If unknown, Follow-up within 12 calendar days post eligibility	+		
41. DSS 1473– Request for State Appeal	+		
42. Offered assistance with linking and delinking ePASS accounts	_		
	V	NI NI	NI/A
1. TIMELINESS	Y	N	N/A
1. Case processed within required timeframe (45 th /90 th day)	\ \/		NI/A
I. NOTICES	Υ	N	N/A
DHB 5002/5003 Notice sent upon application approval	_		
a. Notice sent timely	_		
 Notice sent with correct information, program details, effective date and 60th hearing date 			
2. DHB 8109 sent upon denial/withdrawal			
a. Notice sent timely			
b. Notice sent with correct information and 60 th hearing date			
3. DHB 5016-ia – Notification of Eligibility for PML			
4. Notice sent to authorized representative with correct language (if applicable)			
I. PROCEDURAL REQUIREMENTS	Υ	N	N/A
Requested necessary information appropriately prior to denial/withdrawal	T	T	
Case placed in correct program and/or classification and NC FAST benefit history reflects correct program/classification			
3. Evaluated for all programs (spin off applications/denials to other agency			
departments – if applicable)	 		
4. Medical expenses verified appropriately			
5. Medical expenses entered in NC FAST correctly			
Correct authorization date(s)			
7. NC FAST eligibility decision checked			
8. Forced eligibility used appropriately			
9. Pregnancy verification/self-attestation accepted			
10. PML budget in NC FAST			
11. Date appeal reversal received/keyed			
K. APPLICATION RE-OPEN	Υ	N	N/A
Application re-opened, if required			
Application re-opened, if required EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS	~ /		

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