

APPLICATION 2nd PARTY REVIEW WORKSHEET

Caseworker Name	Supervisor	Date of Review (mm/dd/yy)	Type	
			<input type="checkbox"/> MAGI	<input type="checkbox"/> NON-MAGI
App #	Program/Class	Disposition Date	CH/Primary Person	
Certification Period: (mm/dd/yy)		Authorization Period: (mm/dd/yy)		
Date of Application:		Ongoing	Retro	Denial/Withdrawal/Inquiry
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. APPLICATION	Y	N	N/A
1. Case set up with correct IA/IS # (Insurance Affordability/Income Support)			
2. Eligibility reviewed for all household members at the time of application			
3. Correct application date keyed into NC FAST			
4. Application Signed			
B. DOCUMENTATION	Y	N	N/A
1. Appropriate case narrative/notes/documentation in NC FAST			
2. All documents/verifications used to determine eligibility uploaded into NCFast			
C. GENERAL INFORMATION	Y	N	N/A
1. Correct date of birth entered in NC FAST			
2. Correct gender entered in NC FAST			
3. Correct SSN entered in NC FAST			
4. Citizenship/alien status verification provided, and verification meets policy requirements			
5. Assistance provided to applicant in obtaining citizenship verification, if needed			
6. Reasonable opportunity policy applied appropriately (citizenship/alien)			
7. Identity verified appropriately			
8. Residency verified appropriately			
9. Correct household composition			
10. Managed Care or Exempt Code entered in NC FAST appropriately			
11. Medicare/Insurance verified and entered in NC FAST appropriately			
12. HCWD premiums calculated correctly			
D. INCOME/BUDGETING	Y	N	N/A
1. Earned income verified appropriately			
a. Wages verified appropriately with employer or income source			
b. Self-employment income verified with appropriate documentation			
2. Self-Attestation (Complete Attestation) accepted on case-by-case basis			
a. Documentation does not exist			
b. Documentation is not reasonably available – (homeless, domestic violence, natural disaster)			
3. Earned income entered in NC FAST correctly (using the income wizard)			
4. Unearned income verified appropriately			
5. Unearned income entered in NC FAST correctly			
6. Electronic verifications and other available records (FNS, WFFA, etc)			
a. OVS (manual or system generated)			
b. TWN (manual or system generated)			
7. Reasonable Compatibility policy applied correctly			
8. Reasonable Compatibility calculator utilized			
9. Income/deductions entered in NC FAST appropriately			
10. Determination shows correct income counted			
11. Budget calculation shown correctly			
E. DISABILITY/BLINDNESS	Y	N	N/A
1. Disability/Blindness established by SOLQ/DDS/DSB			
a. Assessment completed in NC FAST, if not previously established			

b. Disability Onset Date with Re-Exam Date entered in NC FAST			
F. RESOURCES	Y	N	N/A
1. Tax Office checked / Real Property verified appropriately			
2. Register of Deeds checked for additional property/assets			
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			
7. Reasonable Compatibility calculator utilized			
8. Assets calculated correctly			
9. Sanction applied appropriately			
10. Estate Recovery status verified and documented			
G. APPLICATION/FORMS/MISC	Y	N	N/A
1. DHB 5200-ia/5201-ia/- Mail-in/Telephonic Application – Verify signature, name, DOB, gender, and mailing address			
2. NCF-20009 – <i>NC Rights and Responsibilities for Public Assistance</i> (if applicable)			
3. DHB 5079 Breast and Cervical Medicaid Application			
4. DHB 5001N – <i>Use of Social Security Number</i>			
5. DMA 5094 – <i>Rights & Responsibilities</i>			
6. DHB 5095 – <i>Notice of Inquiry</i>			
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 – <i>Notice of Case Status</i> – sent to hospital			
10. DMA 5036 – <i>Record of Medical Expenses</i>			
11. DHB 5043 – <i>Self-Employment Income and Expenses Verification Form</i>			
12. DHB 5046 – <i>Medical Assistance Transportation Rights/Responsibilities</i>			
13. DHB 5047/5119/5024 – <i>Medical Transportation Form/Assessment/Notices</i>			
14. DHB 5097 – <i>Request for Information</i>			
15. DHB 5097 – 2 nd <i>Request for Information</i> (follow-up 12 days if applicable)			
16. 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/HPWD Enrollment Fee			
a. Correct Dates Keyed (Start/Stop)			
b. Manual input stop time for system applied spin off apps – Dates match			
17. DHB 5150A – <i>Passalong Screening</i> (If applicable)			
18. DHB 5152– <i>Residency Declaration</i>			
19. DHB 5202C-ia – <i>Designation of Authorized Representative</i>			
20. National Voter Registration Act (NVRA) issued			
21. DMA 9006 – <i>Managed Care Enrollment</i>			
22. DSS 3431 – <i>Request for Financial Information</i> (if no AVS response after 7 days)			
23. DMA 5155 – <i>Verification of Cash Value of Life Insurance</i>			
24. NC Tracks approved FL2 or verification for Level of Care			
25. DHB 2039 – <i>PHP Notification of Nursing Facility Level of Care</i>			
26. DHB 5122 – <i>Community Spouse Resource Protection Worksheet</i>			
27. DHB 5051/5052/5053 – <i>Estate Recovery Forms</i>			
28. DHB 5203 – <i>Transfer of Assets Evaluation Form</i>			
29. DMA 5057 – <i>Transfer of Assets Explanation</i>			

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/ABD Parent to Child Deeming Budget Sheet</i> (Optional)			
33. CAP-MR2 w/prior approval			
34. CAP indicators identified			
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 – <i>Certification of Need for Institutional Care for Individual Under Age 21</i>			
37. DMA 5135 – <i>Dates of Emergency Services Request for Aliens</i>			
38. DMA 5133 – <i>Emergency Medical Services Request for Information</i> (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			
H. TIMELINESS	Y	N	N/A
1. Case processed within required timeframe (45 th /90 th day)			
I. NOTICES	Y	N	N/A
1. DHB 5002/5003 Notice sent upon application approval			
a. Notice sent timely			
b. Notice sent with correct information, program details, effective date and 60 th 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)			
J. PROCEDURAL REQUIREMENTS	Y	N	N/A
1. Requested necessary information appropriately prior to denial/withdrawal			
2. 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			
6. 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	Y	N	N/A
1. Application re-opened, if required			
L. EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS/ DATE ERROR CORRECTED:			