

**APPLICATION  
2<sup>nd</sup> PARTY REVIEW WORKSHEET**

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

A. APPLICATION	Y	N	N/A
1. Case set up with correct IA/IS # (Insurance Affordability/Income Support)			
2. All household members reviewed for eligibility at app			
3. Correct application date keyed into NC FAST			
B. DOCUMENTATION	Y	N	N/A
1. Appropriate case narrative/notes/documentation in NC FAST			
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. Applicant assisted with obtaining verification of citizenship, 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/source			
b. Self-employment verified appropriately			
c. Self-Attestation (Complete Attestation)			
2. Earned income entered in NC FAST correctly (income wizard)			
3. Unearned income verified appropriately			
4. Unearned income entered in NC FAST correctly			
5. Electronic verifications of income used, if available (OVS/TWN)			
6. Reasonable Compatibility policy appropriately applied			
7. Reasonable Compatibility calculator utilized			
8. Income/deductions entered in NC FAST appropriately			
9. Determination shows correct income counted			
10. Budget calculation shown correctly			
11. Request to apply for UIB, VA, and/or Retirement/Survivors (post eligibility with 12-calendar day follow-up)			
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/Re-Exam Date entered in NC FAST			
c. Request to apply for Social Security disability benefits (post eligibility with 12-calendar day follow-up)			
2. SSA Appeal verified			

<b>F. RESOURCES</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. Tax Office & Register of Deeds checked/Real Property verified appropriately			
2. AVS used appropriately			
3. Other assets verified appropriately, i.e. – life insurance/burial/vehicles			
4. All assets entered in NC FAST appropriately (both countable and non-countable resources)			
5. Reasonable Compatibility policy applied appropriately			
6. Reasonable Compatibility calculator utilized			
7. Assets calculated correctly			
8. Sanction applied appropriately			
9. Estate Recovery verified appropriately			
<b>G. APPLICATION/FORMS/MISC</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. DHB 5200-ia/5201-ia/ – Mail-in/Telephonic Application – Verify signature/name/DOB/gender/mailing address			
2. DHB 5079 Breast and Cervical Medicaid Application			
3. DHB 5001N – Use of Social Security Number			
4. DMA 5094 – Rights & Responsibilities			
5. DMA 5095 – Notice of Inquiry			
6. DHB 4037/5028-ia, 5009 – Disability packet to DDS			
7. DHB 2043/DMA 2046/5055/5202A-ia – TPR forms			
8. DMA 5020 – Notice of Case Status – sent to hospital			
9. DMA 5036 – Record of Medical Expenses			
10. DHB 5043 – Self-Employment Income and Expenses Verification Form			
11. DHB 5046 – Medical Assistance Transportation Rights/Responsibilities			
12. DHB 5047/5119/5024 – medical transportation form/assessment/notices			
13. DHB 5097 – Request for Information			
14. DHB 5097 – Request for Information (follow-up 12 days)			
15. DHB 5098-ia – Your Application for Medicaid is Pending (Stop Processing Time)			
16. DMA 5152/5153 – Residency Declaration			
17. DHB 5202C-ia – Designation of Authorized Representative			
18. DMA 9006 – Managed Care Enrollment			
19. DSS 3431 – Request for Financial Information if AVS does not send back known response – (request on the 8 <sup>th</sup> day after no AVS verification returned)			
20. DMA 5155 – Verification of Cash Value of Life Insurance			
21. NC Tracks approved FL2 or verification for Level of Care			
22. DHB 2039 – PHP Notification of Nursing Facility Level of Care			
23. DHB 5122 – Community Spouse Resource Protection Worksheet			
24. DMA 5051/5052/5053 – Estate Recovery Forms			
25. DMA 5057 – Transfer of Assets Explanation			
26. DMA 5008A – PLA Budget Sheet (Optional)			
27. DMA 5008B – LTC Budget Sheet (Optional)			
28. DMA 5008C/5008E – Spouse and Dependent Income Allowance Worksheet/ABD Parent to Child Deeming Budget Sheet (Optional)			
29. CAP-MR2 w/prior approval			
30. CAP indicators identified			
31. Child support referral in system when Absent Parent information known (otherwise, post eligibility with 12-calendar day follow-up)			
32. DMA 5045 – Certification of Need for Institutional Care for Individual Under Age 21			
33. DMA 5135 – Dates of Emergency Services Request for Aliens			
34. DMA 5133 – Emergency Medical Services Request for Information (Hospital)			
35. DHB 8020-ia sent			
36. When third party insurance known, referral to HMS completed and TPI entered in NC FAST (otherwise, post eligibility with 12-calendar day follow-up)			
37. DSS 1473 – Request for State Appeal			

<b>H. TIMELINESS</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. Case processed within required timeframe (45 <sup>th</sup> /90 <sup>th</sup> day)			
2. DHB 5002/5003 sent			
a. Sent timely			
b. Sent with correct information, details on program, effective date and 60 <sup>th</sup> hearing date			
3. DHB 8109 sent upon denial/withdrawal			
a. Sent timely			
b. Sent with correct information and 60 <sup>th</sup> hearing date			
4. DHB 5016-ia – Notification of Eligibility for PML			
5. Notice sent to authorized representative			
<b>J. PROCEDURAL REQUIREMENTS</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
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 decisions checked			
8. Forced eligibility used appropriately			
9. Pregnancy verification/self-attestation accepted			
10. PML budget in NC FAST			
11. Date appeal reversal received/keyed			
<b>K. APPLICATION RE-OPEN</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. Application re-opened, if required			
<b>L. EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS/ DATE ERROR CORRECTED:</b>			