

**APPLICATION
2nd 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	
	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All household members reviewed for eligibility at app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Correct application date keyed into NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DOCUMENTATION	Y	N	N/A
1. Appropriate case narrative/notes/documentation in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. GENERAL INFORMATION	Y	N	N/A
1. Correct date of birth entered in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Correct gender entered in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Correct SSN entered in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Citizenship/alien status verification provided, and verification meets policy requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant assisted with obtaining verification of citizenship, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reasonable opportunity policy applied appropriately (citizenship/alien)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identity verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Residency verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Correct household composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Managed Care or Exempt Code entered in NC FAST appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medicare/Insurance verified and entered in NC FAST appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. HCWD premiums calculated correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. INCOME/BUDGETING	Y	N	N/A
1. Earned income verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Wages verified appropriately with employer/source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Self-Attestation (Complete Attestation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Earned income entered in NC FAST correctly (income wizard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Unearned income verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unearned income entered in NC FAST correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Electronic verifications of income used, if available (OVS/TWN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reasonable Compatibility policy appropriately applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Reasonable Compatibility calculator utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Income/deductions entered in NC FAST appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Determination shows correct income counted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Budget calculation shown correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Request to apply for UIB, VA, and/or Retirement/Survivors (post eligibility with 12-calendar day follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DISABILITY/BLINDNESS	Y	N	N/A
1. Disability/Blindness established by SOLQ/DDS/DSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Assessment completed in NC FAST, if not previously established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Disability Onset Date/Re-Exam Date entered in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Request to apply for Social Security disability benefits (post eligibility with 12-calendar day follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSA Appeal verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

38. DSS 1473 – Request for State Appeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Offered assistance with linking & delinking ePASS accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. TIMELINESS	Y	N	N/A
1. Case processed within required timeframe (45 th /90 th day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DHB 5002/5003 sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Sent timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sent with correct information, details on program, effective date and 60 th hearing date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DHB-8109 sent upon denial/withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Sent timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sent with correct information and 60 th hearing date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DHB 5016-ia – Notification of Eligibility for PML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Notice sent to authorized representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. PROCEDURAL REQUIREMENTS	Y	N	N/A
1. Requested necessary information appropriately prior to denial/withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Case placed in correct program and/or classification and NC FAST benefit history reflects correct program/classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evaluated for all programs (spin off applications/denials to other agency departments – if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical expenses verified appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical expenses entered in NC FAST correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Correct authorization date(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. NC FAST eligibility decisions checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Forced eligibility used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pregnancy verification/self-attestation accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. PML budget in NC FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Date appeal reversal received/keyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. APPLICATION RE-OPEN	Y	N	N/A
1. Application re-opened, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS/ DATE ERROR CORRECTED:			

