

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

| Caseworker Name          | Supervisor      | Date of Review           | Type                          |                                      |
|--------------------------|-----------------|--------------------------|-------------------------------|--------------------------------------|
|                          |                 |                          | <input type="checkbox"/> MAGI | <input type="checkbox"/> TRADITIONAL |
| IAC/ISC and PDC #        | Program/Class   | Disposition Date         | CH/Primary Person             |                                      |
| IAC/ISC:                 |                 |                          |                               |                                      |
| PDC:                     |                 |                          |                               |                                      |
| Certification Period:    |                 | Authorization Period:    |                               |                                      |
| -                        |                 | -                        |                               |                                      |
| Renewal                  | Date of Recert: | Termination              | Date of Termination:          |                                      |
| <input type="checkbox"/> |                 | <input type="checkbox"/> |                               |                                      |

| A. RECERTIFICATION  | 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 recertification  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. RECERTIFICATION 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 household composition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Managed Care or Exempt Code entered in NC FAST appropriately   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Medicare/Insurance verified and entered in NC FAST appropriately   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HCWD premiums calculated correctly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. DHB-5085 Important Information About Your Rights and Responsibilities for Medicaid at Recertification                | <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. Available electronic verification of income used (OVS/TWN)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Unearned income verified appropriately   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Unearned income entered in NC FAST correctly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reasonable Compatibility policy applied appropriately  | <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 applied 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"/> |
| 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. Disability Onset Date/Re-Exam Date entered in NC FAST  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Re-Assessment completed in NC FAST and sent to DDS (when required)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. DDS Re-exam determination received and NC FAST updated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. SSA appeal verified, if applicable   | <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 – if no response, waited until 8 <sup>th</sup> day before requesting information from the a/b | <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"/> |

|   |                          |                          |                          |
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| 6. Reasonable Compatibility calculator utilized   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Assets calculated correctly at recertification   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>G. RECERTIFICATION/FORMS/MISC</b>  | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. DHB 5043 – Self-Employment Income and Expenses Verification Form   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DHB 5046 – Medical Transportation Rights and Responsibilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. DHB 5097 – Request for Information (30 days to return)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DHB 5097 – Request for Information follow up allowing 12 days if applicable  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NCFAS 20020 – Medical Assistance Renewal Notice (30 days to return)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DHB 2187 – Notice of Potential Change in Medicaid Eligibility sent 180 days prior to recertification   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DHB 2187 – Notice of Potential Change in Medicaid Eligibility sent 60 days prior to reduction or termination   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DMA 5008A – PLA Budget Sheet (Optional)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. DMA 5008B – LTC Budget Sheet (Optional)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. DMA 5008C/5008E Income Allowance/Deeming (Optional)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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 and allow 30-calendar days if the 1 <sup>st</sup> DHB 5097 or 12-calendar days for all subsequent DHB 5097s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. DMA 5155 – Verification of Cash Value of Life Insurance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Copy of FL2 or verification for Level of Care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. PML budget in NC FAST   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. FL2/Updated Plan of Care (annual)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. DHB 2039 – PHP Notification of Nursing Facility Level of Care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. CAP indicators identified   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. DHB 2050 – Voluntary Request to Terminate Medicaid provided and returned signed if termination requested  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Offered assistance with linking & delinking ePASS accounts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>H. TIMELINESS</b>  | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. Recertification initiated within the 10th month of the 12-month certification period   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recertification completed by the last day of the certification period  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If recertification not initiated/completed timely, certification period was extended as required by policy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I. NOTICES</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. DHB 5002/5003 Notice sent, when applicable   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Notice sent adequate/timely  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Notice sent with correct information, details on program, effective date, and 60-day hearing dates   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DSS 8110 sent, when applicable   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. DSS 8110 correct and mailed with correct hearing dates   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DHB 5016-ia – Notification of Eligibility of PML   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Notice sent to authorized representative/correct language  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>J. PROCEDURAL REQUIREMENTS</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. Requested necessary information appropriately prior to termination/change in benefits  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Returned mail received/forms re-sent and allowed new 30-day period, when applicable  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. Evaluated for all programs (spin off evaluation to other agency departments)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Correct income/deductions entered in NC FAST   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Medical expenses verified appropriately  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Medical expenses entered in NC FAST correctly  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Correct authorization date(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 9. OVS/TWN verification completed         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. NC FAST eligibility decisions checked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Forced eligibility used appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Eligibility extended if required      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. PML budget in NC FAST                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Child Support Referral in system      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>K. MAGI RECERTIFICATION RESULTING IN TERMINATION OF PROGRAM OR REDUCTION IN BENEFITS:</b>  | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 1. DHB 2187 Notice of Potential Change in Medicaid Eligibility sent to a/b at least 60 days prior to termination/reduction  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DHB 5100 SSI Termination/Suspension sent to a/b (155 days/5 months)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. DHB 5085 Important Information About Your Rights and Responsibilities for Medicaid at Recertification sent to a/b for month of certification period  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>L. MAGI TERMINATION/REDUCTION – If a/b alleged disability, complete the next section; If a/b did not allege disability, indicate N/A in sections L., M., and N.:</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. Date of DHB 2187   |                          |                          |                          |
| 2. 30 <sup>th</sup> calendar day date from the DHB 2187 (Utilize the Time Standards Chart)  |                          |                          |                          |
| 3. A/b alleged disability within 30 calendar days of the DHB 2187   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Agency records reviewed for previous disability allegation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>M. MAGI TERMINATION/REDUCTION – If alleged disability/applied MAD, continue:</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. 30th calendar day date from the date the a/b alleged disability  |                          |                          |                          |
| 2. A/b made an MAD application within the 30-calendar day date of the DHB 2187  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Date of the MAD application  |                          |                          |                          |
| <b>N. MAGI TERMINATION/REDUCTION – If a protection period applies, complete the next section:</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. A/b has been deemed disabled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Case narrative in NC FAST updated with Disability Determination and MAD application outcome  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If MAD application denied for not being disabled, a/b has requested a disability hearing within 60 days of denial and the hearing was still pending  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If MAD application denied for not being disabled, a/b has requested a disability hearing within the 10-business day date on the MAGI termination/reduction DSS 8110  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If MAD application denied for not being disabled and the MAGI termination/reduction is within the 60-day hearing date for the MAD denial, the case has been flagged for potential continuation of MAGI benefits if the a/b requests a hearing by the 60-day hearing date (i.e., MAD 60-day hearing date has not expired at MAGI termination/reduction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Case narrative in NC FAST updated with hearing request   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If appealed, a hearing date has been scheduled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hearing date   |                          |                          |                          |
| 9. A/b appeared for their DDS hearing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Case narrative in NC FAST updated with hearing information  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Date hearing determination rendered by DDS Hearing Officer   |                          |                          |                          |
| b. Result of hearing outcome (Disabled or Not Disabled)   |                          |                          |                          |
| 11. If a/b within a protection period, current benefits were preserved per policy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Protection period evaluation, consideration, and result is documented in NC FAST  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>O. RECERTIFICATION RE-OPEN</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. A/b provided the requested information within the 90-day reopen period for procedural terminations (failure to provide for both MAGI and Non-MAGI)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If re-opened, benefits were continued with the appropriate certification period start date (no break in coverage, if eligible)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>P. POST-ELIGIBILITY FOLLOW-UP (if previous action was an application approval)</b>   | <b>Y</b>                 | <b>N</b>                 | <b>N/A</b>               |
| 1. Absent Parent information requested at previous application approval; Child Support Cooperation on record; NCFASST updated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Application for UIB, VA, and/or Retirement/Survivors requested at previous application approval; A/b cooperation/compliance on record; NCFASST updated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Application for Social Security Disability (SSA) requested at previous application approval; A/b cooperation/compliance on record; NCFASST updated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Third Party Insurance (TPI) requested at previous application approval; TPI and HMS Referral on record; NCFASST updated  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q. EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS/  
DATE ERROR CORRECTED:**