

**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:

A. RECERTIFICATION	Y	N	N/A
1. Case set up with correct IA/IS # (Insurance Affordability/Income Support)			
2. All household members reviewed for eligibility at recertification			
B. RECERTIFICATION DOCUMENTATION	Y	N	N/A
1. Appropriate case narrative/notes/documentation in NC FAST			
C. GENERAL INFORMATION	Y	N	N/A
1. Correct household composition			
2. Managed Care or Exempt Code entered in NC FAST appropriately			
3. Medicare/Insurance verified and entered in NC FAST appropriately			
4. 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. Available electronic verification of income used (OVS/TWN)			
4. Unearned income verified appropriately			
5. Unearned income entered in NC FAST correctly			
6. Reasonable Compatibility policy applied appropriately			
7. Reasonable Compatibility calculator utilized			
8. Income deductions applied appropriately			
9. Determination shows correct income counted			
10. Budget calculation shown correctly			
E. DISABILITY/BLINDNESS	Y	N	N/A
1. Disability/Blindness established by SOLQ/DDS/DSB			
a. Disability Onset Date/Re-Exam Date entered in NC FAST			
b. Re-Assessment completed in NC FAST and sent to DDS (when required)			
c. DDS Re-exam determination received and NC FAST updated			
2. SSA appeal verified, if applicable			
F. RESOURCES	Y	N	N/A
1. Tax Office & Register of Deeds checked/real property verified appropriately			
2. AVS used appropriately – if no response, waited until 8 <sup>th</sup> day before requesting information from the a/b			
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 at recertification			

<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						
2. DHB 5046 – Medical Transportation Rights and Responsibilities						
3. DHB 5097 – Request for Information (30 days to return)						
4. DHB 5097 – Request for Information follow up allowing 12 days if applicable						
5. NCFASST 20020 – Medical Assistance Renewal Notice (30 days to return)						
6. DHB 2187 – Notice of Potential Change in Medicaid Eligibility sent 180 days prior to recertification						
7. DHB 2187 – Notice of Potential Change in Medicaid Eligibility sent 60 days prior to reduction or termination						
8. DMA 5008A – PLA Budget Sheet (Optional)						
9. DMA 5008B – LTC Budget Sheet (Optional)						
10. DMA 5008C/5008E Income Allowance/Deeming (Optional)						
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)						
12. DMA 5155 – Verification of Cash Value of Life Insurance						
13. Copy of FL2 or verification for Level of Care						
14. PML budget in NC FAST						
15. FL2/Updated Plan of Care (annual)						
16. DHB 2039 – PHP Notification of Nursing Facility Level of Care						
17. CAP indicators identified						
18. DHB 2050 – Voluntary Request to Terminate Medicaid provided and returned signed if termination requested						
<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						
2. Recertification completed by the last day of the certification period						
3. If recertification not initiated/completed timely, certification period was extended as required by policy						
<b>I. NOTICES</b>				<b>Y</b>	<b>N</b>	<b>N/A</b>
1. DHB 5002/5003 Notice sent, when applicable						
2. Notice sent adequate/timely						
3. Notice sent with correct information, details on program, effective date, and 60-day hearing dates						
4. DSS 8110 sent, when applicable						
5. DSS 8110 correct and mailed with correct hearing dates						
6. DHB 5016-ia – Notification of Eligibility of PML						
7. Notice sent to authorized representative/correct language						
<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						
2. Returned mail received/forms re-sent and allowed new 30-day period, when applicable						
3. Case placed in correct program and/or classification and NC FAST benefit history reflects correct program/classification						
4. Evaluated for all programs (spin off evaluation to other agency departments)						
5. Correct income/deductions entered in NC FAST						
6. Medical expenses verified appropriately						
7. Medical expenses entered in NC FAST correctly						
8. Correct authorization date(s)						
9. OVS/TWN verification completed						
10. NC FAST eligibility decisions checked						
11. Forced eligibility used appropriately						
12. Eligibility extended if required						
13. PML budget in NC FAST						
14. Child Support Referral in system						

<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			
2.	DHB 5100 SSI Termination/Suspension sent to a/b (155 days/5 months)			
3.	DHB 5085 Important Information About Your Rights and Responsibilities for Medicaid at Recertification sent to a/b for month of certification period			
<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			
4.	Agency records reviewed for previous disability allegation			
<b>M. MAGI TERMINATION/REDUCTION – If alleged disability/applied MAD, continue:</b>		<b>Y</b>	<b>N</b>	<b>N/A</b>
1.	30 <sup>th</sup> 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			
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			
2.	Case narrative in NC FAST updated with Disability Determination and MAD application outcome			
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			
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			
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)			
6.	Case narrative in NC FAST updated with hearing request			
7.	If appealed, a hearing date has been scheduled			
8.	Hearing date			
9.	A/b appeared for their DDS hearing			
10.	Case narrative in NC FAST updated with hearing information			
	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			
12.	Protection period evaluation, consideration, and result is documented in NC FAST			
<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)			
2.	If re-opened, benefits were continued with the appropriate certification period start date (no break in coverage, if eligible)			
<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			
2.	Application for UIB, VA, and/or Retirement/Survivors requested at previous application approval; A/b cooperation/compliance on record; NCFASST updated			
3.	Application for Social Security Disability (SSA) requested at previous application approval; A/b cooperation/compliance on record; NCFASST updated			
4.	Third Party Insurance (TPI) requested at previous application approval; TPI and HMS Referral on record; NCFASST updated			

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