

RECERTIFICATION 2nd PARTY REVIEW WORKSHEET

Caseworker Name	Supervisor	Date of Review (mm/dd/yy)	Type	
			☐ MAGI	☐ NON - MAGI
IAC/ISC and PDC #	Program/Class	Disposition Date	CH/Primary Person	
IAC/ISC:				
PDC:				
Certification Period: (mm/dd/yy)		Authorization Period: (mm/dd/yy)		
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			
2. All documentation/verifications used to determine eligibility uploaded into NCFast			
C. GENERAL INFORMATION	Y	N	N/A
1. Correct household composition entered			
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			
5. DHB-5085 - <i>Important Information About Your Rights and Responsibilities for Medicaid at Recertification</i>			
6. Reverification of Immigration Status Completed (if applicable)			
D. INCOME/BUDGETING	Y	N	N/A
1. Earned income verified appropriately:			
a. Wages verified appropriately with employer/source			
b. Self-employment income verified appropriately			
2. Self-Attestation (Complete Attestation) on Case-by-Case basis when:			
a. Documentation does not exist, or			
b. Documentation is not reasonably available (homeless, victim domestic violence, or natural disaster)			
3. Earned income entered in NC FAST correctly (Using the income wizard)			
4. Available electronic verification and other available records (FNS,WFFA, etc)			
a. OVS (manual or system generated)			
b. TWN (manual or system generated)			
5. Unearned income verified appropriately			
6. Unearned income entered in NC FAST correctly			
7. Reasonable Compatibility policy applied appropriately			
8. Reasonable Compatibility calculator utilized			
9. Income deductions applied appropriately			
10. Determination reflects the correct income counted			
11. Budget calculation shown correctly			
E. DISABILITY/BLINDNESS	Y	N	N/A
1. Disability/Blindness established by SOLQ/DDS/DSB			
a. Disability Onset Date with Re-Exam Date entered in NC FAST (if applicable)			
b. Re-Assessment completed in NC FAST and sent to DDS (when required)			
c. DDS Re-exam determination received, and NC FAST updated accordingly			
F. RESOURCES	Y	N	N/A
1. Tax Office checked with Real Property verified appropriately			
2. Register of Deeds checked			

3. AVS used appropriately – if no response, waited until 8 th the day before requesting information from the a/b			
4. Other assets verified appropriately:			
a. Life Insurance (including cash value, if applicable)			
b. Pre-need Burial Agreement (revocable/irrevocable)			
c. Burial Plots			
d. Vehicles			
5. All assets entered into NC FAST appropriately (both countable and non-countable resources)			
6. Reasonable Compatibility policy applied appropriately			
7. Reasonable Compatibility calculator utilized			
8. Assets calculated correctly at recertification			
9. Evaluate for New Transfer of assets (if applicable)			
G. RECERTIFICATION/FORMS/MISC	Y	N	N/A
1. DHB 5043 – <i>Self-Employment Income and Expenses Verification Form</i>			
2. DHB 5046 – <i>Medical Transportation Rights and Responsibilities</i>			
3. DHB 5097 – <i>Request for Information</i> (allowing 30 days to return)			
4. DHB 5097 – <i>Request for Information Follow up</i> (allowing 12 days if applicable)			
5. NCFAS 20020 – <i>Medical Assistance Renewal Notice</i> (allowing 30 days to return)			
6. DHB 2187 – <i>Notice of Potential Change in Medicaid Eligibility</i> sent 180 days prior to recertification			
7. DHB 2187 – <i>Notice of Potential Change in Medicaid Eligibility</i> sent 60 days prior to reduction or termination			
8. DHB 5008A – <i>PLA Budget Sheet</i> (Optional)			
9. DHB 5008B – <i>LTC Budget Sheet</i> (Optional)			
10. DHB 5008C/5008E <i>Income Allowance/Deeming</i> (Optional)			
11. DSS 3431 – <i>Request for Financial Information</i> if AVS does not send back known response (allow 30 calendar days)			
12. DHB 5150A <i>Passalong Screening</i> (If applicable)			
13. DMA 5155 – <i>Verification of Cash Value of Life Insurance</i>			
14. Copy of FL2 or verification for Level of Care			
15. PML documented in NC FAST			
16. FL2/Updated Plan of Care (annual)			
17. DHB 2039 – <i>PHP Notification of Nursing Facility Level of Care</i>			
18. CAP indicators identified			
19. DHB 2050 – <i>Voluntary Request to Terminate Medicaid</i> provided and returned signed if termination requested			
20. Assistance offered with linking and delinking ePASS accounts			
21. National Voter Registration Act (NVRA) compliance			
22. DHB 5203 – <i>Transfer of Assets Evaluation form</i> (If applicable)			
23. DHB 5181 – <i>Calculating Penalty Period</i> (If applicable)			
24. DHB 5113 – <i>Notification of Right to Request an Undue Hardship</i> (If applicable)			
H. TIMELINESS	Y	N	N/A
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			
I. NOTICES	Y	N	N/A
1. DHB 5002/5003 Notice sent upon recertification approval			
a. Notice sent adequate/timely			
b. Notice sent with correct information, program details, effective date, and 60-day hearing dates			
2. DSS 8110 – <i>Notice of Modification, Termination or Continuation of Public Assistance</i> (automated) sent to a/b			
a. Notice sent adequate/timely			

b. DSS 8110 correct and mailed with correct hearing dates and language (automated)			
3. DHB 5016-ia – <i>Notification of Eligibility of PML</i>			
4. Notice sent to authorized representative with correct language			
J. PROCEDURAL REQUIREMENTS	Y	N	N/A
1. Requested necessary information appropriately prior to termination/change in benefits			
2. Returned mail received/forms re-sent and allowing a 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 Eligibility for all applicable programs, including spin off evaluation to other agency departments			
5. Correct income/deductions entered in NC FAST			
6. Medical expenses verified appropriately			
7. Medical expenses entered correctly in NC FAST			
8. Correct authorization date(s) applied			
9. NC FAST eligibility decisions reviewed and confirmed			
10. Forced eligibility used, when necessary, per policy			
11. Eligibility extended, when necessary, per policy			
12. PML budget in NC FAST			
13. Child Support Referral keyed in system			
K. MAGI RECERTIFICATION RESULTING IN TERMINATION OF PROGRAM OR REDUCTION IN BENEFITS:	Y	N	N/A
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 prior)			
3. DHB 5085 Important Information About Your Rights and Responsibilities for Medicaid at Recertification sent to a/b for month of the certification period			
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.:	Y	N	N/A
1. Date of DHB 2187			
2. 30 th calendar day date from DHB 2187 notice (Utilize the Time Standards Chart)			
3. Whether a/b alleged disability within 30 calendar days of the DHB 2187			
4. Agency records reviewed for previous disability allegations			
M. MAGI TERMINATION/REDUCTION – If alleged disability/applied MAD, continue:	Y	N	N/A
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			
3. Date of the MAD application			
N. MAGI TERMINATION/REDUCTION – If a protection period applies, complete the next section:	Y	N	N/A
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			
O. RECERTIFICATION RE-OPEN	Y	N	N/A
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)			
P. POST-ELIGIBILITY FOLLOW-UP (If previous action was an application approval)	Y	N	N/A
1. Absent Parent information requested at previous application approval; Child Support Cooperation on record; NCFAST updated			
2. Third Party Insurance (TPI) requested at previous application approval; TPI and HMS Referral on record; NCFAST updated			
Q. EXPLANATION OF ERRORS/TRAININGS/RECOMMENDATIONS/CORRECTIVE ACTION DETAILS/			
DATE ERROR CORRECTED:			