RECERTIFICATION 2nd PARTY REVIEW WORKSHEET

Caseworker Name	Supervisor	Date of Review	Туре		
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IAC/ISC and PDC #	Program/Class	Disposition Date	CH/Pr	rimary Person	
IAC/ISC:					
PDC:					
Certificati	on Period:	Autho	rization Period:		
-			-		
Renewal	Date of Recert:	Termination	Date o	f Termination:	

1. Appropriate case narrative/notes/documentation in NC FAST Image C. GENERAL INFORMATION Y N 1. Correct household composition Image Image 2. Managed Care or Exempt Code entered in NC FAST appropriately Image Image 3. Medicare/Insurance verified and entered in NC FAST appropriately Image Image 4. HCWD premiums calculated correctly Image Image Image D. INCOME/BUDGETING Y N N// 1. Earned income verified appropriately with employer/source Image Image Image a. Wages verified appropriately with employer/source Image Image Image Image c. Self-employment verified appropriately Image Image Image Image Image 2. Earned income entered in NC FAST correctly (income wizard) Image Image Image Image Image 3. Available electronic verification of income used (OVS/TWN) Image Image </th <th>A. RE</th> <th>CERTIFICATION</th> <th>Υ</th> <th>Ν</th> <th>N/A</th>	A. RE	CERTIFICATION	Υ	Ν	N/A
B. RECERTIFICATION DOCUMENTATION Y N N// 1. Appropriate case narrative/notes/documentation in NC FAST Image: Case narrative/notes/documentation in NC FAST Image: Case narrative/notes/documentation in NC FAST 2. GENERAL INFORMATION Y N N// 1. Correct household composition Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST appropriately Image: Case or Exempt Code entered in NC FAST correctly (income wizard) Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code entered in NC FAST correctly Image: Case or Exempt Code	1.	Case set up with correct IA/IS # (Insurance Affordability/Income Support)			
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6. Reasonable Compatibility policy applied appropriately	4.	Unearned income verified appropriately			
	5.	Unearned income entered in NC FAST correctly			
7. Reasonable Compatibility calculator utilized	6.	Reasonable Compatibility policy applied appropriately			
	7.	Reasonable Compatibility calculator utilized			
8. Income deductions applied appropriately	8.	Income deductions applied appropriately			
9. Determination shows correct income counted					
10. Budget calculation shown correctly	10	. Budget calculation shown correctly			
	E. DI		Υ	Ν	N/A
1. Disability/Blindness established by SOLQ/DDS/DSB	1.	Disability/Blindness established by SOLQ/DDS/DSB			
a. Disability Onset Date/Re-Exam Date entered in NC FAST		a. Disability Onset Date/Re-Exam Date entered in NC FAST			
b. Re-Assessment completed in NC FAST and sent to DDS (when required)		b. Re-Assessment completed in NC FAST and sent to DDS (when required)			
c. DDS Re-exam determination received and NC FAST updated		c. DDS Re-exam determination received and NC FAST updated			
2. SSA appeal verified, if applicable	2.	SSA appeal verified, if applicable			
F. RESOURCES Y N N//	F. RE	SOURCES	Υ	Ν	N/A
1. Tax Office & Register of Deeds checked/real property verified appropriately					
 AVS used appropriately – if no response, waited until 8th day before requesting information from the a/b 	2.				
3. Other assets verified appropriately (i.e., – life insurance/burial/vehicles)	3.	Other assets verified appropriately (i.e., – life insurance/burial/vehicles)	l		
4. All assets entered in NC FAST appropriately (both countable and non-countable resources)	4.	All assets entered in NC FAST appropriately (both countable and non-countable			
5. Reasonable Compatibility policy applied appropriately	5.	Reasonable Compatibility policy applied appropriately			
6. Reasonable Compatibility calculator utilized					
7. Assets calculated correctly at recertification	6.				

1. Recertification initiated within the 10th month of the 12-month certification period Image: certification completed by the last day of the certification period 2. Recertification completed by the last day of the certification period Image: certification period 3. If recertification not initiated/completed timely, certification period was extended as required by policy Y N 1. DHB 5002/5003 Notice sent, when applicable Image: certification adequate/timely Image: certification adequate/timely Image: certification adequate/timely 3. Notice sent adequate/timely Image: certification adequate/timely Image: certification adequate/timely Image: certification adequate/timely 3. Notice sent with correct information, details on program, effective date, and 60-day hearing dates Image: certification adequate/timely Image: certification adequate/timely 4. DSS 8110 sent, when applicable Image: certification adequate/timely Image: certification adequate/timely Image: certification adequate/timely 5. DSS 8110 correct and mailed with correct hearing dates Image: certification adequate/timely Image: certification adequate/timely Image: certification adequate/timely 6. DHB 5016-ia - Notification of Eligibility of PML Image: certification addition ad	G. RE	CERTIFICATION/FORMS/MISC	Y	Ν	N/A
3. DHB 5097 - Request for Information (30 days to return) Image: Constraint of the information follow up allowing 12 days if applicable 4. DHB 5097 - Request for Information follow up allowing 12 days if applicable Image: Constraint of the information follow up allowing 12 days if applicable 5. NCFAST 20020 - Medical Assistance Renewal Notice (30 days to return) Image: Constraint of the information follow up allowing 12 days if applicable 6. DHB 2187 - Notice of Potential Change in Medicaid Eligibility sent 60 days prior to reduction or termination Image: Constraint of the information if AVS does not sent back known response (request on the 8th day after no AVS verification returned and allow 30-calendar days if the 1th DHB 5097 or 12-calendar days for all subsequent DHE 50975) 10. DMA 50086 - PLA Budget Sheet (Optional) Image: Constraint of the information if AVS does not sent back known response (request on the 8th day after no AVS verification returned and allow 30-calendar days if the 1th DHB 5097 or 12-calendar days for all subsequent DHE 50975) 11. DMS 5155 - Verification of Cash Value of Life Insurance Image: Constraint of Case (annual) 12. DMA 5155 - Verification of Nursing Facility Level of Care Image: Constraint of Case (annual) 13. Copy of FL2 or verification of Nursing Facility Level of Care Image: Constraint of Case (annual) 14. DHB 2039 - PHP Notification of Nursing Facility Level of Care Image: Constraint of Case (annual) 14. DHE 2050 - Voluntary Request to Terminate Medicaid provided and returned signed if termination requested					
4. DHB 5097 - Request for Information follow up allowing 12 days if applicable Image: Control of	2.	DHB 5046 – Medical Transportation Rights and Responsibilities			
5. NCFAST 2002 - Medical Assistance Renewal Notice (30 days to return) Image: Construct 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 Image: Construct of Potential Change in Medicaid Eligibility sent 60 days prior to reduction or termination 8. DMA 5008A - PLA Budget Sheet (Optional) Image: Construct of Potential Change in Medicaid Eligibility sent 60 days prior to reduction or termination 9. DMA 5008B - LTC Eudget Sheet (Optional) Image: Construct of Potential Change in Medicaid Eligibility sent 60 days 9. DMA 5008B - LTC Eudget Sheet (Optional) Image: Construct of Potential Change in Medicaid Eligibility sent 60 days 9. DMA 5008B - LTC Eudget Sheet (Optional) Image: Construct of Potential Change in Medicaid Eligibility sent 60 days 9. DMA 5008B - LTC Eudget Sheet (Optional) Image: Construct of Potential Change in Medicaid Potential Change in Medicaid Potential Change in Medicaid Eligibility Sent 180 days of all subsequent DHB 50975) 10. DMA 5155 - Verification of Case I Laws of Care Image: Construct of Care 11. DMA 5039 - PHP Notification of Nursing Facility Level of Care Image: Construct of Care 12. DMH 2050 - Voluntary Request to Terminate Medicaid provided and returned signed if termination requested Image: Consect Construct of Care <td>3.</td> <td>DHB 5097 – Request for Information (30 days to return)</td> <td></td> <td></td> <td></td>	3.	DHB 5097 – Request for Information (30 days to return)			
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	14.	Child Support Referral in system			

	GI RECERTIFICATION RESULTING IN TERMINATION OF PROGRAM OR DUCTION IN BENEFITS:	Y	Ν	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)			
	DHB 5085 Important Information About Your Rights and Responsibilities for			
	Medicaid at Recertification sent to a/b for month of certification period			
sec	GI TERMINATION/REDUCTION – If a/b alleged disability, complete the next tion; If a/b did not allege disability, indicate N/A in sections L., M., and N.:	Y	N	N/A
	Date of DHB 2187			
2.	30 th calendar day date from the DHB 2187 (Utilize the Time Standards Chart)		1	1
	A/b alleged disability within 30 calendar days of the DHB 2187			
	Agency records reviewed for previous disability allegation			<u> </u>
	GI TERMINATION/REDUCTION – If alleged disability/applied MAD, continue:	Y	Ν	N/A
	30th calendar day date from the date the a/b alleged disability		1	1
	A/b made an MAD application within the 30-calendar day date of the DHB 2187			
3.	Date of the MAD application			
	GI TERMINATION/REDUCTION – If a protection period applies, complete the ct section:	Y	Ν	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			
	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. RE	CERTIFICATION RE-OPEN	Y	N	N//
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			
D	start date (no break in coverage, if eligible)			
	ST-ELIGIBILITY FOLLOW-UP (if previous action was an application approval)	Y	Ν	N/#
1.	Absent Parent information requested at previous application approval; Child Support Cooperation on record; NCFAST updated			
2				
	Application for UIB, VA, and/or Retirement/Survivors requested at previous application approval; A/b cooperation/compliance on record; NCFAST updated			
	Application for Social Security Disability (SSA) requested at previous application approval; A/b cooperation/compliance on record; NCFAST updated			
4.	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: