

Eligibility Review Document – Medicaid / NC Health Choice

(Pages 1-3 may be copied and used to review each case record. Attachments provide information about verifications.)

County:	Auditor:	Date of Review:	Case Name:
Aid Program:	Date of Application:	Date of Disposition:	Approval <input type="checkbox"/> Denial <input type="checkbox"/> Withdrawal <input type="checkbox"/>

Please note that counties may have their own versions of forms or worksheets and/or may have automated forms that the State only provides in a paper format. If you have questions, discuss with Medicaid supervisor or caseworker.

Basic Program Requirements

Yes No N/A

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1. Citizenship/ID documented _____
If non-citizen, alien status verified and documented _____

Required verification of citizenship/alien status should be in the case record and labeled as “Citizenship/Identity Documentation.” See **Attachment 1** for acceptable levels of documentation. **NOTE: Citizenship verification is not a requirement for North Carolina Health Choice.**

Yes No N/A

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2. State Residence Verification _____

The case record should contain two acceptable verifications of State Residence as determined by the county or the applicant’s declaration that he is unable to obtain two sources of verification. This requirement does not apply to institutionalized individuals. See **Attachment 2** for acceptable types of verification.

Yes No N/A

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3. Verification of health insurance coverage _____

If the individual stated that he had health insurance, the information regarding the policy (Company name, policy holder, individuals covered, policy numbers and group/numbers and coverage begin dates) should be documented in the case record. Health insurance information is entered in EIS via form DMA-2041, Third Party Health and Accident Resources Information.

NOTE: If the case had health insurance and was approved for North Carolina Health Choice, the record should contain verification that health insurance was terminated prior to approval of benefits, or, that the policy does not provide comprehensive coverage or does not provide coverage in the area in which the recipient lives.

Yes **No** **N/A**
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4. For Medicaid for the Disabled (M-AD) Cases, disability is verified. _____

The case record should contain one of the following:

- Verification that the individual is receiving Social Security Disability Benefits. If so, the disability requirement is met.
- If applicant/recipient has not been approved for Social Security disability, the case record should contain form DMA-4037, Disability Determination Transmittal indicating that the applicant is disabled, a State Hearing Decision affirming disability, or, verification via State Data Exchange (SDX) that the Social Security Administration finds the individual disabled.

NOTE: Individuals appealing termination of Social Security/ SSI disability may remain eligible for Medicaid. Discuss case with county supervisor.

Yes **No** **N/A**
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5. DMA-5046, Notice of Rights to Transportation is in the Record.

The case record should contain notice that the applicant was notified of his right to assistance with transportation if approved for Medicaid. The form may not be signed for a mail-in application _____

NOTE: Individuals approved for NC Health Choice or Medicaid for Qualified Beneficiaries (MQB) are ineligible for assistance with transportation.

Financial Requirements

Yes **No** **N/A**
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1. Automated income and resource matches completed _____

The case record should contain verification that automated matches were completed. These include matches for Unemployment Benefits, Social Security, SSI, and DOT. If income or resources are listed in the matches the case record should reflect that they were addressed.

Yes **No** **N/A**
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2. Income Verification/Budget computed correctly _____

The case file should contain income verification such as pay stubs, wage verification form, award letters for benefits, etc. Earned income is converted to a monthly amount. Review income conversion and computation. See **Attachment 3** for conversion chart and **Attachment 4** for income levels. Countable income should be reflected in the “Total Countable Monthly Income” field in EIS or the Turnaround Document referenced in the Compliance Supplement.

- For Aged Blind and Disabled applications, the record should contain the DMA-5008A, Adult Budget Sheet or similar document showing how the budget was computed.
- For Medicaid for Infants and Children (MIC) or NC Health Choice applications, the record should contain the DMA 5064, MIC/NCHC Budget Sheet or similar document. Medicaid for Families (M-AF) cases should contain the DMA-5065, MAF Application, (Supplement 2) or similar document.

NOTE: QC has found that many counties use calculator tapes rather than completing a budget sheet. If you have questions, discuss with supervisor.

Yes **No** **N/A**
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3. Deductible cases contain verification of medical expenses _____

For individuals who must meet a deductible (sometimes known as spenddown) before receiving Medicaid, the case record should contain form DMA-5036 (**Attachment 5**), Record of Medical Expenses, or similar form, that documents the amount of the deductible, lists medical bills used to meet the deductible, and shows the deductible was met prior to authorization for Medicaid.

Yes **No** **N/A**
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4. Real Property Verified _____

Medicaid for the Aged, Blind and Disabled case records should contain documentation that tax records and Register of Deeds were checked to verify if the individual owns property. For Family and Children's Medicaid/NC Health Choice cases property checks are not required.

Yes **No** **N/A**
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5. Liquid Assets Verified _____

Liquid assets include cash, bank accounts, certificates of deposit, securities, or any asset which can be converted to cash. Trust funds and life insurance policies are also considered to be liquid assets.

The record should contain verification that liquid assets were verified and whether countable or non-countable for purposes of determining eligibility. See Attachment 4 for resource limits for Medicaid for Families (MAF) and for Aged, Blind, and Disabled (M-AABD)

NOTE: Medicaid for Infants and Children (MIC), Medicaid for Pregnant Women (MPW) and NC Health Choice do not require verification of liquid assets.

Additional Comments:

Attachment 1

ACCEPTABLE FORMS OF DOCUMENTATION OF CITIZENSHIP/IDENTITY FOR US CITIZENS

LEVEL 1

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Passport	May be expired. Not sufficient if issued with limitation(s); however, may be used for ID.
OTHERS: Certificate of Naturalization (N-550 or N-570); Certificate of Citizenship (N-560 or N-561)	

Note: The above documents satisfy the documentation requirement for both citizenship and identity, with limitations noted.

LEVEL 2

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Public Birth Record Shows birth in U.S., D.C., American Samoa, Swain's Island, Puerto Rico ($\geq 1/13/41$), Virgin Islands ($\geq 1/17/17$), Northern Mariana Islands ($> 11/4/86$), Guam ($\geq 4/10/1899$)	<ul style="list-style-type: none"> Data match with the local Register of Deeds or State Vital Records or copy of certified birth certificate is acceptable. Must be issued by the state, commonwealth, territory or local jurisdiction prior to individual's fifth birthday. If born in Puerto Rico or Virgin Islands, individual may be collectively naturalized. See MA-3330/MA-2504 Figure 10 for more information.
DATA MATCH with database of other state agency which is known to verify citizenship	
Final Adoption Decree	Must show name and U.S. place of birth (POB). If adoption not final and state will not issue birth certificate (b.c.) prior to final adoption, obtain statement from the State-approved adoption agency including child's name and U.S. place of birth, and that info is based on original b.c.
Proof of Civil Service	Must show employment prior to 6/1/76.
Military Service Record	Must show a U.S. place of birth.
OTHERS: Certificate of Report of Birth (DS-1350); Consular Report of Birth Abroad of a Citizen of the U.S. (FS-240); Certificate of Birth Abroad (FS-545); United States Citizen Identification Card (I-197 or I-179); American Indian Card (I-872); Northern Mariana Card (I-873)	

LEVEL 3

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Extract of hospital record on hospital letterhead	Must have been created at least 5 yrs before initial Medicaid Date of Application and indicate U.S. Place of Birth. "Souvenir" b.c. issued by hosp not acceptable.
Extract of hospital record on hospital letterhead for Newborns and children under 16 only	Must have been created near the time of birth or 5 years before the initial date of application and indicates a U.S. place of birth.
Life/health/other insurance record	Must show U.S. POB and have been created at least 5 yrs before initial MA DOA

LEVEL 4

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Federal/State Census	For persons born between 1900 and 1950. Must show U.S. Citizen or POB and age. See MA-3330/2504 for info on how to obtain.
OTHERS: (Must have been created 5 yr < MA DOA & show U.S. POB) Seneca Indian tribal census; amended U.S. public birth record (amended > 5 yr after DOB); Statement from attending Dr/midwife who witnessed birth; Admission documents (NHM/SNF, other institutions); Medical record (clinic, dr, hosp – not immunization records!)	
Newborns and Children under 16 only: Medical (clinic, doctor, or hospital) record created near the time of birth or 5 years prior to the Medicaid date of application.	
Written Affidavit	Last resort!! See MA-3330/2504 for specific requirements.

LEVEL 5

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
SOLQ or DATA MATCH w/other state agency	Data match must indicate that an identity has been verified. State On-Line Query (SOLQ) returned with message "SSN verified".
For children under 16, school records	Incl. nursery/daycare, clinic/doctor/hospital records w/DOB;
School, Military (incl dependent) ID or draft record	School ID must have photo.
ID issued by local, state or federal government	Must contain same info as a driver's license.
OTHERS: Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document (must have photo or other personal ID info); Native American Tribal Document; U.S. Coast Guard Merchant Mariner card; Affidavit (see limitations in MA-3330/2504 of Medicaid Eligibility Manual)	

Note: Documentation of citizenship from Levels 2, 3 and 4 also require documentation of ID from Level 5. Use the lowest level only when higher level is not available, does not exist or cannot be obtained w/in 45/90 days and applicant/ recipient states he is a citizen. Type 4 should be used only rarely. See MA-3330/2504 for detailed information regarding documenting citizenship/identity. Copies of documentation should be in the case file.

Attachment 2

STATE RESIDENCY VERIFICATION

To verify residency, the applicant may provide documentation that verifies the address he has listed on his application as his physical or mailing address. Documents from at least two of the following categories may be provided. This means a document or proof must be from two of the categories below.

Example: An item from c. and d. would be acceptable. Two documents outlined in b. are not acceptable.

- a. A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles.
- b. A current North Carolina rent, lease, or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a North Carolina address.
- c. A current North Carolina motor vehicle registration in the applicant's name and showing the applicant's current North Carolina address.
- d. A document verifying that the applicant is employed in North Carolina.
- e. One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h. A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j. Records from a health department or other health care provider located in North Carolina which shows the applicant's current North Carolina address.
- k. A written declaration from an individual who has a social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant's intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- l. A current North Carolina voter registration card.

- m. A document from the U.S. Department of Veteran's Affairs, U.S. Military or the U.S. Department of Homeland Security, verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o. A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

The county retains the right to deny eligibility and/or declare that the documents provided are unacceptable if it is believed that the documentation is false or is found to be unsatisfactory. The county can require that supporting documentation be provided. The county has the authority to determine what is considered satisfactory proof.

Attachment 3

Conversions

Total the gross income for each pay/benefit period. Divide by the number of pay periods. This is the average income.

Convert the average income to a gross monthly amount.

- If received weekly, multiply by 4.3.
- If received bi-weekly, multiply by 2.15.
- If received semi-monthly, multiply by 2.
- If received monthly, use the monthly gross.
- If salaried, and contract renewed annually, divide annual income, etc., by 12.

EXAMPLE: Applicant receives income bi-weekly. On Sept. 7, he received \$300 gross and on 9-21, he received \$300 gross. \$300 plus \$300 = \$600. Divide \$600 by 2 (number of pay periods received and used). This equals \$300 (average income). Convert the \$300 by multiplying \$300 by 2.15 = \$645.00 (countable gross monthly income).

Income Exclusions and Deductions

Medicaid for Aged, Blind and Disabled M-AABD Eligibility Manual Section MA-2250 IX.	Family and Children's Medicaid/ NC Health Choice Family & Children's Eligibility Manual Section MA-3300 XIII.
<ul style="list-style-type: none">• Unearned Income – Deduct \$20.00 General Income Deduction (do not give deduction if only income is VA pension or if budgeting for Long Term Care)• Self Employment/Farm Income – Compute net self-employment by subtracting operational expenses from gross self-employment to determine net income (refer to M-AABD Manual Section MA-2250 VII. D. and E. for procedures)• Student Earned Income Deduction for Blind or Disabled child attending school and working - exclude \$400.00 per month but no more that \$1620.00 per year• Earned Income Deduction – Exclude \$65.00 and ½ of remainder (do not give deduction if budgeting for Long Term Care)• Work Expense Exclusion for the Blind – exclude income attributable to earning the income• Impairment Related Work Expense for the Disabled – exclude expenses which allow a disabled person to work. <p>*Deem spousal or parental income to applicant if applicable. Record should contain budget sheet or computation – refer to M-AABD Manual Section MA-2260.</p>	<ul style="list-style-type: none">• Deduct Earned Income Tax Credit payments from gross earned income• Deduct Standard Work Related Expense of \$90.00 from earned income• Deduct Child Care/Incapacitated Adult Care Costs up to: \$175.00 for each child age 2 or older, or, for incapacitated adult \$200.00 for each child under age 2• Court Ordered Child Support/Alimony – subtract amount actually paid by the parent whose income is counted• Subtract Parent's Income Deemed to a Work First Case <p>* Parental or spousal income is counted in the budget process.</p>

Attachment 4

MEDICAID INCOME/RESOURCE LIMITS Effective 4/1/07

Note: Income Limits are Monthly Dollar Amounts

<i>Family & Children's MA</i>	1	2	3	4	5	6	7	8	Add'l
185% MPW/MIC (under 1)	1575	2111	2648	3184	3721	4257	4794	5330	+537
133% MIC (thru age 5)	1132	1518	1904	2289	2675	3061	3446	3832	+386
100% MIC (thru age 18)	851	1141	1431	1721	2011	2301	2591	2881	+290
MAF-M	242	317	367	400	433	467	500	525	Manual
MAF-C/N	362	472	544	594	648	698	746	772	Manual
Resources: MAF-M	3000	3000	3000	3000	3000	3000	3000	3000	3000
Resources: MAF-C/N	3000	3000	3000	3000	3000	3000	3000	3000	3000
Expanded Medicaid	1	2	3	4	5	6	7	8	
185-200% (Under 1)	1575.01-1702	2111.01-2282	2648.01-2862	3184.01-3442	3721.01-4022	4257.01-4602	4794.01-5182	5330.01-5762	*
133-200% (Age 1-5)	1132.01-1702	1518.01-2282	1904.01-2862	2289.01-3442	2675.01-4022	3061.01-4602	3446.01-5182	3832.01-5762	**
NC Health Choice	1	2	3	4	5	6	7	8	
100-200% (Age 6-18)	851.01-1702	1141.01-2282	1431.01-2862	1721.01-3442	2011.01-4022	2301.01-4602	2591.01-5182	2881.01-5762	***
200-225% (L)	1702.01-1915	2282.01-2567	2862.01-3220	3442.01-3872	4022.01-4525	4602.01-5177	5182.01-5830	5762.01-6482	****
>150% Poverty Level	1277.01	1712.01	2147.01	2582.01	3017.01	3452.01	3887.01	4322.01	+435
Adult Medicaid	1	2							
MAABD-N	851	1141							
MAABD-N 1/3 reduced	568	761							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
MQB-Q	851	1141							
MQB-Q 1/3 reduced	568	761							
MQB-B	851.01-1021	1141.01-1369							
MQB-B 1/3 reduced	568.01-681	761.01-913							
MQB-E	1021.01-1149	1369.01-1541							
MQB-E 1/3 reduced	681.01-766	913.01-1027							
MWD	1702	2282							
MWD 1/3 reduced	1135	1522							
Resources: MAABD	2000	3000							
Resources: MQB/MWD	4000	6000							

* For each additional add 525 to previous minimum and 580 to 200%

** For each additional add 386 to previous minimum and 580 to 200%

*** For each additional add 290 to previous minimum and 580 to 200%

**** For each additional add 580 to previous minimum and 653 to 225%

MEDICAID INCOME/RESOURCE LIMITS Effective 4/1/06

Note: Income Limits are Monthly Dollar Amounts

<i>Family & Children's MA</i>	1	2	3	4	5	6	7	8	Add'l
185% MPW/MIC (under 1)/MAF-D	1511	2035	2560	3084	3608	4132	4656	5180	+525
133% MIC (thru age 5)	1087	1463	1840	2217	2594	2971	3348	3724	+377
100% MIC (thru age 18)	817	1100	1384	1667	1950	2234	2517	2800	+284
MAF-M	242	317	367	400	433	467	500	525	Manual
MAF-C/N	362	472	544	594	648	698	746	772	Manual
Reserve: MAF-M	3000	3000	3000	3000	3000	3000	3000	3000	3000
Reserve: MAF-C/N	3000	3000	3000	3000	3000	3000	3000	3000	3000
Expanded Medicaid	1	2	3	4	5	6	7	8	
185-200% MIC (Under 1)	1511.01-1634	2035.01-2200	2560.01-2767	3084.01-3334	3608.01-3900	4132.01-4467	4656.01-5034	5180.01-5600	*
133-200% MIC (Age 1-5)	1087.01-1634	1463.01-2200	1840.01-2767	2217.01-3334	2594.01-3900	2971.01-4467	3348.01-5034	3724.01-5600	**
NC Health Choice	1	2	3	4	5	6	7	8	
100-200% (Age 6-18)	817.01-1634	1100.01-2200	1384.01-2767	1667.01-3334	1950.01-3900	2234.01-4467	2517.01-5034	2800.01-5600	***
200-225% (L)	1634.01-1838	2200.01-2475	2767.01-3113	3334.01-3750	3900.01-4388	4467.01-5025	5034.01-5663	5600.01-6300	****
>150% Poverty Level	1225.01	1650.01	2075.01	2500.01	2925.01	3350.01	3775.01	4200.01	+425
<i>Adult Medicaid</i>	1	2							
MAABD-N	817	1100							
MAABD-N 1/3 reduced	545	734							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
MQB-Q	817	1100							
MQB-Q 1/3 reduced	545	734							
MQB-B	817.01-980	1100.01-1320							
MQB-B 1/3 reduced	545.01-654	734.01-881							
MQB-E	980.01-1103	1320.01-1485							
MQB-E 1/3 reduced	654.01-736	881.01-991							
MWD	1634	2200							
MWD 1/3 reduced	1089	1467							
Reserve: MAABD	2000	3000							
Reserve: MQB/MWD	4000	6000							

* For each additional add 525 to previous minimum and 567 to 200% ***For each additional add 284 to previous minimum and 567 to 200%

** For each additional add 377 to previous minimum and 567 to 200% ****For each additional add 567 to previous minimum and 638 to 225%

Attachment 5

RECORD OF MEDICAL EXPENSE APPLIED TO THE DEDUCTIBLE

1. CASEHEAD: _____ 2. CASE ID: _____ 3. CO. CASE NO.: _____

4. CERTIFICATION PERIOD: FROM _____ THRU _____

Record medical expenses in the order in which they are incurred:

[illegible]