



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Recipient Services EIS

1985 Umstead Drive – 2512 Mail Service Center - Raleigh, N.C. 27699-2512
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director
(919) 857-4019

October 24, 2002

Re: Monitoring Under the Exit Plan

Dear County Director of Social Services:

Several counties may have received notification to submit records for monitoring under the application processing procedures implemented October 1 due to the dismissal of the Alexander Consent Order. Counties that failed 3 or more times from January 2002 through September 2002 must be monitored. The monitoring process is outlined in MA-3217/MA-2305.

Every January, the monitors determine which counties will be monitored in the coming year based on the failures in the report cards and if waivers were granted for those failed report cards. However, since the application processing changes were implemented effective October 2002, the decision on which counties would be monitored was determined in October based on report card failures from January 2002 through September 2002. The cases to be pulled for the monitors will be pulled 12 months prior to the month monitoring is begun or no earlier than January 2002. This also means that applications disposed under old application processing rules will be monitored based on the application processing rules in effect when the application was taken.

Attached is a list of the counties who will be monitored due to 3 or more failures. These counties will be contacted at some point in the coming months to send their records to the Application Monitoring Section.

Those counties who failed once or twice may seek a waiver of the report card failure. By seeking a waiver of the report card failure, the county may postpone the monitoring until 2004. However, even though a waiver request is approved, the Lead Monitor can decide to monitor a county since each county must be monitored at least every other year.

While these failures were based on the report cards prior to the implementation of the Exit Plan, follow the procedures in MA-3225, III. and MA-2306, III. to determine if a request for report card waiver is appropriate. The deadline for submission of a waiver request is November 6. If you have

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already submitted a waiver request for the failure and received response that the waiver was approved, then send a letter or fax to Jon York, Field Staff Supervisor, indicating this information. If you miss this deadline, then your county will be monitored. The fax number is (919) 715-8548. The mailing address is 2512 Mail Service Center, Raleigh, NC 27699-2512.

Also attached to this letter are copies of the forms that will be used by the monitors to review the case records. As indicated in MA-3225, IV.A. and MA-2306, IV.A., the counties will only receive copies of the forms when the monitors cite a record for an improper action.

We hope this information is helpful. If you have any further questions, please contact your Medicaid Program Representative.

Nina Yeager

[This letter was written by Marjorie Morris, Chief, Medicaid Eligibility Unit.]

Counties to be monitored in the first year of monitoring (October 2002 through December 2003)

Alamance	Caswell	Chatham
Granville	Guilford	Hyde
Iredell	Mecklenburg	Nash
New Hanover	Orange	Pamlico
Rockingham	Swain	Transylvania
Watauga		

Counties that failed the Report Card once or twice from January 2002 through September 2002

Alexander	Anson	Avery
Beaufort	Bertie	Buncombe
Burke	Caldwell	Carteret
Catawba	Cherokee	Chowan
Clay	Craven	Cumberland
Currituck	Dare	Davidson
Davie	Durham	Graham
Greene	Halifax	Henderson
Hoke	Jones	Lenoir
Lincoln	Macon	McDowell
Mitchell	Moore	Northampton
Onslow	Pasquotank	Pitt
Randolph	Robeson	Rowan
Sampson	Tyrrell	Union
Vance	Wake	Warren
Wilkes	Wilson	Yancey

County:

Monitor:

Date Record Read:

**APPLICATIONS MONITORING
REVIEW DOCUMENT FOR WITHDRAWALS**

I. Identifying Information

Days Pending:

A. Applicant's Name:

B. Aid Program/Category:

C. Case ID:

D. Co. Case No.:

E. Date of Application:

F. Date of DSS-8109:

G. Briefly document reason for withdrawal and attach a copy of narrative/documentation:

IF NONCOMPLIANCE IS IN SECTION II.A, THE APPLICATION WILL BE CITED AS IMPROPER.

II. Improper Withdrawals

A. A withdrawal is considered to be proper if:

C **NC**

1. DSS or DDS did not suggest or encourage the a/r to withdraw. (NOTE: If DSS did suggest withdrawal, and it was to the a/r's advantage to withdraw and reapply at a later date, do not cite noncompliance.)

Explain:

2. The agency did not encourage withdrawal by requiring the a/r to provide information that was not necessary to determine eligibility or for which the agency was ultimately responsible or by making a request that was not easily understandable or other verification factors in violation of program policy. (Do not cite noncompliance if withdrawal was based on an unrelated issue.)

Explain improper action:

C

NC

3. The agency did not give incomplete or incorrect eligibility advice at the time of withdrawal that led the a/r to withdraw. (Do not cite noncompliance if withdrawal was based on an unrelated issue.)

Explain improper action:

4. The agency explained all potential alternatives to withdrawal relevant to a/r's situation. (attach pertinent documentation)

Indicate alternatives not addressed:

5. The agency accepted the a/r's statement as verification of eligibility when appropriate.

Explain action:

6. The agency did not suggest the a/r withdraw his application because he had applied in another aid program/category.

Explain improper action:

7. The agency offered assistance.

Explain situation:

8. The agency documented the reason(s) for withdrawal.

Explain action:

B. Improper Withdrawal Cured

-

If noncompliance is documented in II.A. 1-8 above, the case will be cited as proper for purposes of monitoring if the case file or EIS establishes that, on the date the withdrawal being reviewed, the a/r had been approved, or had an application pending, for all possible lesser/equal benefits covered by the withdrawn application for which ineligibility has not been documented. This condition applies only if the approval/pending application for lesser/equal benefits is based on the original signed application under review by the monitors as a withdrawal. (NOTE: EIS actions must be taken prior to the case being pulled in the sample.)

Explain situation:

IF NONCOMPLIANCE IS DOCUMENTED IN SECTION III., THE APPLICATION WILL BE CITED FOR DISCOURAGEMENT.

III. MONITORING PROCESSING TIME

C **NC**

A. On the date of application, the agency did not discourage an application in a different aid program/category.

Document applicant's situation:

B. The agency documented the options, advantages and disadvantages of each program.

Explain:

C. The agency documented the reason the a/r did not apply for other programs for which the a/r was potentially eligible or referral was made to apply or an application was taken.

Explain:

IV. MONITORING PROCESSING TIME

A. Date of application: Actual: Per EIS:

B. Date notice mailed: Actual: Per EIS:

C. Total days pending: Actual: Per EIS:

D. Excluded time due solely to deductible, disability decision, medical record, FL2/MR2, CAP Plan of Care.

1. Date DMA-5098 or DMA-5099 was mailed:

2. Date the application was withdrawn:

3. Number of days to be excluded:

E. Calculation of adjusted total days pended.

1. Enter the total number of days from C. (Actual)

2. Enter the number from D.3 (information delay)

3. Subtract line 2 from line 1

4. Total adjusted days pending:

County:

Monitor:

Date Record Read:

**APPLICATIONS MONITORING
REVIEW DOCUMENT FOR DENIALS**

I. Identifying Information

Days Pending:

A. Applicant's Name:

B. Aid Program/Category:

C. Case ID:

D. Co. Case No.:

E. Date of Application:

F. Date of DSS-8109:

G. Reason:

IF NONCOMPLIANCE IS DOCUMENTED IN SECTION II., THE APPLICATION WILL BE CITED AS IMPROPER.

II. Denial

A. Proper Denial

C

NC

The agency documented ineligibility for all benefits covered by this application.

Explain if not: _____

B. Improper Denial Cured

If noncompliance is documented in II.A above, the case will be cited as proper for purposes of monitoring if the case file or EIS establishes that, on the date of the denial being reviewed, the a/r had been approved, or had an application pending, for all possible lesser/equal benefits covered by the denied application for which ineligibility has not been documented. This condition applies only if the approval/pending application for lesser/equal benefits is based on the original signed application under review by the monitors as a denial. (Note: EIS action must be taken prior to the case being pulled in the sample.)

Explain situation:

C. Denial for missing information

C **NC**

- 1. The agency requested information allowing 12 calendar days between initial request and second request.
Explain if not:
- 2. The agency only requested information that was needed to determine eligibility.
Explain if not:
- 3. The agency requested information that was agency responsible verification.
Explain if not:
- 4. The information requested was not in the case record by time of denial.
Explain if not:

IF NONCOMPLIANCE IS DOCUMENTED IN SECTION III., THE APPLICATION WILL BE CITED FOR DISCOURAGEMENT.

III. Discouragement at Application

C **NC**

- A. On the date of application, the agency did not discourage an application in a different program/category. Document applicant's situation:
- B. The agency documented the options, advantages and disadvantages of each program for which the applicant was potentially eligible. Explain:
- C. The agency documented the reason the a/r did not apply for other programs for which the a/r was potentially eligible or a referral was made to apply or an application was taken. Explain:

IV. Monitoring Processing Time

- A.** Date of application: Actual: Per EIS:
- B.** Date notice mailed: Actual: Per EIS:
- C.** Total days pending: Actual: Per EIS:
- D.** Delay due solely to deductible, disability decision, medical records, FL2/MR2, CAP Plan of Care.

Applicant's Name:

1. Date DMA-5098 or DMA-5099 was mailed: .
2. Date the last information was received:
3. Number of days to be excluded:

E. Calculation of adjusted total days pending.

1. Enter the total number of days from C. (Actual)
2. Enter the number from D3. (information delay)
3. Subtract line 2 from line 1 (total adjusted days pending)
4. Total adjusted days pending:

V. DDS CASES

C

NC

1. From the DD Screen, is the disability determination begin date correct?

Explain if not:

2. If days were excluded, were correct dates entered on the DDS screen for the exclusion?

Explain if not:

a. Exclusion begin date:

b. Exclusion end date:

County:

Monitor:

Date Record Read:

**APPLICATIONS MONITORING
REVIEW DOCUMENT FOR INQUIRIES**

I. Identifying Information

- A. Applicant's Name:
- B. Aid Program/Category:
- C. Co. Case No.:
- D. Date of Office Visit:

IF NONCOMPLIANCE IS DOCUMENTED IN ANY OF THE FOLLOWING SITUATIONS, THE INQUIRY WILL BE CITED FOR DISCOURAGEMENT.

II. Inquiry Review

- C** **NC**
- The DMA-5094, Notice of Your Right to Apply for Benefits, was explained, signed and given.
Date of DMA-5094:
Explain if no:
 - The reason for inquiry was documented (attach copy of DMA-5095 and other pertinent information, such as narrative, face sheet, etc.)
Explain if no:
 - The DMA-5095 indicated by check marks and/or in narrative format the programs explained, the options explained, and the advantages of each program or option for which the potential a/r could qualify. (This information may be attached to the DMA-5095.)
Explain if no:
 - The DMA-5095 documented why the applicant did not sign an application and all facts supporting that decision which were provided by the client. (This information may be attached to the DMA-5095.) (NOTE: If client refuses to give reason for not making an application, the IMC must document the refusal to explain.)
Explain if no:
 - The agency allowed the individual to apply without requiring the client to first apply for other benefits (eg., Social Security, unemployment insurance benefits, VA, DSS services).
Explain if no:
 - The agency allowed the individual to apply without requiring the client to first provide verification. (eg., enumeration, income verification, IV-D cooperation information, reserve information).
Explain if no:
 - The agency gave correct and complete information about relevant programs and options.
Explain if no:

County:

Monitor:

Date Record Read:

**APPLICATIONS MONITORING
REVIEW DOCUMENT FOR APPEAL REVERSALS**

I. Identifying Information

A. Applicant's Name:

Phone No:

Applicant's Address:

B. Aid Program/Category: _____

C. Case ID:

Co. Case No.: _____

D. Date of Application:

E. 45th/90th Day:

Date Appeal Reversal Became Final:

F. Reason for Reversal:

**IF NONCOMPLIANCE IS DISCOVERED IN SECTION II. A-C, THE APPEAL REVERSAL
WILL BE CITED AS IMPROPER:**

II. Verification

C

NC

A. The appeal reversal was reopened within five (5) workdays of the date the Notice of Decision was final.

Date signed by Hearing Officer:

If appealed, date of Chief Hearing Officer's Decision:

Date notice was final:

Date reopened:

B. If additional information was necessary, such information was requested within five (5) workdays of the date of the final decision.

C. The application was processed within five (5) workdays from receipt of last piece of necessary information.

Date information received:

Date Processed:

IF NONCOMPLIANCE IS DOCUMENTED IN SECTION IV., THE APPLICATION WILL BE CITED FOR DISCOURAGEMENT.

IV. Discouragement at Application

C **NC**

- A. On the date of application, the agency did not discourage an application in a different program/category.

Document the applicant's situation:

- B. The agency documented the options, advantages and disadvantages of each program for which the applicant was potentially eligible.

Explain:

- C. The agency documented the reason the a/r did not apply for other programs for which the a/r was potentially eligible or a referral was made to apply or an application was taken.

Explain:

V. DDS CASES

C **NC**

- A. From the DD Screen, is the disability determination begin date correct?

Explain if not:

- B. If days were excluded, were correct dates entered on the DDS screen for the exclusion?

Explain if not:

1. Exclusion begin date:

2. Exclusion end date: