



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DAVE RICHARD
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

April 18, 2017

Re: Eligibility Review Document for County Single Audit

Dear County Director of Social Services:

The Department of State Treasurer and Office of State Auditor have worked with the Division of Medical Assistance to update the Single Audit tool. This tool will assist the auditors with Medicaid eligibility elements during the audit process as required by federal law. The tool includes the eligibility elements that are used to determine Medicaid and North Carolina Health Choice (NCHC) eligibility.

The attached document has been approved by management of all three offices and will be used as a supplement to the current audit requirements. The document is included in the Medicaid and NC Health Choice compliance supplements which provide guidance for the audit process. The first seventeen pages are the actual review document which the auditor can copy and use for each case reviewed. The attachments provide guidance in verifying the eligibility review items.

Please share this information with your Medicaid and NCHC supervisory staff. The auditors may be calling upon them for assistance in understanding budgeting or verification of eligibility factors due to differences in the way counties use forms and storage of information in the case file. Your assistance in this effort is most appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Richard".

Dave Richard

Attachments

Eligibility Review Document – Medicaid/NC Health Choice

(Pages of the Eligibility Review Document may be copied and used to review each case file. Attachments provide information about some verifications.)

County:	Auditor:	Date of Review:	Case Name:
Aid Program:	Date of Application: Certification period:	Date of Disposition:	Approval <input type="checkbox"/> Denial <input type="checkbox"/> Withdrawal <input type="checkbox"/> Expire <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. NCFAST system also has screens that replace the paper versions of forms. Counties may have an image document system for paper images; therefore, when the term “case file” is used in document, DMA is referring to image system or NCFAST.

Basic Program Requirements		
	Guidance	Auditor Notes
<p>General Guidance regarding evidence, electronic verifications and reports:</p> <p>For each individual selected for sample, all evidence supporting the eligibility determination should be reviewed to ensure that information was accurately and completely input into the NC FAST system for consideration in the determination process. The auditor should ensure that all information entered the system was appropriately used to determine eligibility, and re-determine eligibility. If the auditor determines that the information was not accurate or was not complete or if the auditor determines that necessary evidence was not obtained, an error should be noted in the process and the eligibility of the recipient must be re-determined in its entirety to ensure that the recipient was eligible to receive Medicaid benefits. Please note, it is not an option to run the participant through NC FAST again. The audit should re- determine the eligibility. For everyone, there is an Evidence Dashboard in NCFAST. All the types of evidences for eligibility are shown on the Evidence Dashboard. If an evidence type is highlighted, caseworker has selected and input evidence. The case file/NCFAST must contain some type of verification and/or notes for the evidence. Verification may be (1) electronic, (2) electronic and paper, or (3) electronic and scanned image.</p> <p>Electronic matches are required at applications and redeterminations.</p> <ul style="list-style-type: none"> • ACTS OVS - used as verification of IV-D Child Support • Asset Verification System (AVS) – verification of financial accounts, such as bank accounts, IRAs, Keogh • Bendix OVS/OLV- used as verification of Social Security, verification of Medicare • DMV OVS- used as verification of residency, verification of vehicles, verification of personal property • ESC OVS for Unemployment Insurance- used as verification of residency, verification of wages, verification of unemployment insurance • SDX OVS for SSI- used as verification of Supplemental Security Income (SSI), verification of disability, • SOLQ OVS/OLV- used as verification for date of birth, verification of citizenship/identity, verification of Social Security, lead to bank account, verification of Social Security Number, verification of disability, verification of blindness, verification of Medicare <p>PARIS VA Match Report in XPTR (or XNET) is run quarterly by DHHS IT Applications Management Section for ongoing cases to be used to compare information to what may or may not be reported by the beneficiary.</p> <p>Register of Deeds is checked by caseworker to verify real property. Register of Deeds information can generally be found online in counties.</p>		

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Age requirement	<p>Documentation is date of birth entered. Verification of age should be in case file only if discrepancy in electronic matches or other information.</p> <p>Auditor should: Verify date of birth in NC FAST matches the required electronic or manual documentation.</p>	
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Citizenship/Identity documented and verified	<p>See Attachment 1 for acceptable levels of documentation.</p> <p>County DSS must assist applicants in securing satisfactory documentary evidence of citizenship/qualified alien status in a timely manner if not verified by electronic match. See Attachment I, Level 2 – 5 for the types of documents required.</p> <p>Medicaid must be approved to applicants who declare themselves to be citizens, nationals of the United States or individuals having satisfactory immigration status during a 90-day Reasonable Opportunity Period (ROP) pending verification.</p> <p>The ROP is 95 calendar days from the initial request for information sent to the applicant – 90 days plus 5 days. If at the end of the ROP, citizenship/immigration status has not verified, beneficiary must be terminated.</p> <p>Timely notice should be sent within 10 days of receiving a “task” in NCFast to terminate if verification not provided. Case should be closed on effective date identified in notice.</p> <p>The Auditor Should:</p> <ul style="list-style-type: none"> ▪ Verify that the appropriate documentation exists in the case file. ▪ If documentation does not exist in the case file, determine if payments made for the applicant were during the ROP timeframe referenced above. 	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	If non-citizen, alien status verified and documented		

					<ul style="list-style-type: none"> ▪ If documentation does not exist, determine case was terminated by the “termination date” referenced in the notice sent to applicant. <p>SOLQIC in OVS is one source of verification.</p> <p>Note: Verification of citizenship status is not applicable for automatic newborn coverage.</p> <p>.</p>	
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	State Residence verified	<p>This is required only for applications. The case file should contain two acceptable verifications of State Residence as determined by the county.</p> <p>See Attachment 2 for acceptable types of verification.</p> <p>If two sources of verification are not available, the applicant may sign the DMA-5153, North Carolina Residency Applicant Declaration, that they do not have two of the documents listed. See Attachment 2</p> <p>Auditor Should: Verify that there are two sources of acceptable verification or completed declaration (DMA-5153) in the applicant’s case file to verify state residence.</p>	
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Household Composition and Relationship documented	<p>Household Composition and Relationship should be entered correctly in NCFast as this determines whether NCFast counts income.</p> <p>Participants’ file may contain paper applications, birth certificates, Federally Facilitated Marketplace application, or other documentation of household composition/relationship. These documents will be in the county’s image system or in NCFast document image system.</p> <p>Auditors should: Verify that the household and relationship information on the image documents were correctly entered in to NCFast,</p>	

5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Living Arrangement (physical type of place where individual resides)	<p>Living Arrangement must be entered correctly in NCFAST.</p> <p>For Adult Medicaid individuals in private living arrangements (place other than institution) 1/3 reduction must be considered, if applicable, as this would determine income level used to determine if countable income exceeds income limits.</p> <p>If beneficiary asserts they are not head of household and live with someone else, documentation in case file should show he/she pays their fair share of living expenses. Examples of the documentation would be:</p> <ul style="list-style-type: none"> ▪ Written statement from head of household that applicant is responsible for their fair share of household expenses, ▪ Applicant lives with relatives and there is an agreement that applicant/beneficiary pays for all the food in exchange for his/her shelter expense or vice versa, ▪ The applicant/beneficiary is paying for his/her shelter cost, ▪ There is proof in the case file that applicant/beneficiary pays their share of expenses such as utility bill with receipt paid by applicant/beneficiary <p>Auditors should:</p> <ul style="list-style-type: none"> ▪ Review documentation/notes in case file to determine if applicant/beneficiary pays fair share of household expenses. ▪ Ensure that amounts shown on documentation were correctly entered in NCFAST. <p>For Private-living arrangement, no verification required. Accept client's statement.</p> <p>For Long Term Care (LTC) and Community Alternatives Program (CAP) documentation of an approved FL-2 or Service Request Form must be in case file. Appropriate Level of Care (FL-2) is shown in NCTRACKS or Client Services Data Warehouse (CSDW). Auditor should have caseworker verify FL2 data in NC Tracks or CSDW.</p> <p>For PACE, agreement must be in file – image or paper copy. Auditor should verify agreement in file.</p>	
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					For Long Term Care and CAP applicants, if there is a community spouse, spousal resource assessment is completed by caseworker at application. Auditor should verify Community Spouse Resource Protection assessment was completed.	
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Social Security Number (Enumeration)	<p>The file should show that applicant provided or applied for a Social Security number (SSN).</p> <p>SOLQ OVS is a source of electronic validation of SSN.</p> <p>If no SSN in NC FAST, verify that SSN or application for SSN was requested on DMA-5097 after approval of application. DMA-5097 gives 12 days and, if not provided, timely notice sent to terminate. Case should be terminated by effective date shown on notice.</p> <p>This does not apply to undocumented aliens or newborns eligible for automatic newborn coverage for Medicaid.</p> <p>The auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that the participant has a SSN in the case file, ▪ The SSN in NCFast matches the documentation provided in the application, ▪ If no SSN, that one was being applied for and any payments made were during the application period, ▪ If no SSN, that the case was terminated by the termination date in the timely notice and no payments for the applicant were made after the date. 	
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Pregnancy	<p>For pregnant woman coverage, self-attestation of pregnancy must be accepted.</p> <p>Auditor should view pregnancy evidence and due date in NC FAST.</p> <p>If pregnancy woman alleges more than one unborn, verification required for the number of unborns. If not provided, only allow one unborn when determining eligibility.</p>	

8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Disability	<p>For Medicaid for the Disabled (MAD) cases, disability is verified.</p> <p>Individuals receiving Supplemental Security Income (SSI) who have been determined disabled by the Social Security Administration are automatically eligible for Medicaid. County case workers have no responsibility in this SSI eligibility.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify continued SSI eligibility either through reports generated from OVS or OLV, direct verification from OVS or OLV, or written documentation in the case file from Social Security Administration. ▪ If SSI terminated, during the year, verify county determined ongoing eligibility for other Medicaid programs. <p>If there is an individual receiving SSI but does not show on the SDX OVS/OLV, see Forced Eligibility in Financial Requirements, Section 10, below.</p> <p>If a disabled individual does not receive SSI, the auditor should determine the case file contains one of the following:</p> <ul style="list-style-type: none"> • Verification that the individual is receiving Social Security Disability Benefits. If so, the disability requirement is met. SOLQ OVS and Bendex OVS are electronic sources of verification for Social Security. • If applicant/beneficiary has not been approved for Social Security disability, the auditor must verify the case file contains the information from Disability Determination Services showing DDS determined the individual is disabled or a State Hearing Decision affirming disability. <p>NOTE: Individuals appealing termination of Social Security/SSI based on disability may remain eligible for Medicaid. Auditor Should verify case is on appeal at SSA.</p>	
9.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Blindness	For Medicaid for the Blind (MAB) cases, blindness is verified.	

					<ul style="list-style-type: none"> • When an applicant/Beneficiary is receiving Social Security due to blindness other than on a presumptive basis, blindness criteria is met for MAB. • When an applicant is receiving Social Security on a presumptive basis of blindness, a determination of blindness is required. • An individual alleging blindness who does not receive Social Security due to blindness must have his blindness determined by Division of Services for the Blind. <p>For individual whose blindness is currently established, case file should contain SOLQ OVS/OLV, an approved DSB-2202, Report of Eye Examination, or individual is shown on North Carolina Register for the Blind.</p> <p>Auditor should determine that the case file contains one of these verifications.</p> <p>NOTE: Individuals appealing termination of Social Security based on blindness previously determined by Division of Services for Blind, Disability Determination Services or SSI may remain eligible for Medicaid.</p> <p>Auditor should verify case is on appeal at SSA or DSB.</p>	
10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Medicare	<p>Verification of Medicare is required for applicants/beneficiary receiving benefits under programs/products identified as MQBB, MQBE, and MQBQ.</p> <p>Auditor should verify the case file contains evidence by Medicare showing on SOLQ OVS, Bendex OVS report or a copy of the Medicare card</p>	
11.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Cooperation by Applicant/Beneficiary with IV-D Child Support	<p>Information on a non-custodial parent is not required prior to an eligibility determination on application. Once the application has been approved, the county DSS should send the DMA-5097, Request for Information, allowing the beneficiary 12 calendars days to provide information.</p> <p>If no information is provided on the non-custodial parent, case should terminate by date shown on timely notice.</p>	

					<p>Auditor Should:</p> <ul style="list-style-type: none"> ▪ Verify that casefile contains information on the non-custodial parent. ▪ If no information, verify that Medicaid payments were made prior to the termination date shown on the notice. ▪ Verify that the case was terminated as of the date shown on the notice to applicant. <p>If IV-D Child Support Unit notifies county DSS of non-cooperation with IV-D, beneficiary must be terminated as of date shown on timely notice.</p> <p>Auditor should determine if county has been notified of non-cooperation with IV-D and if so, the beneficiary should be closed on effective date identified in termination notice.</p>	
Financial Requirements						
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Liquid Assets Verified	<p>Liquid assets include but are not limited to:</p> <ul style="list-style-type: none"> • cash • bank accounts • certificates of deposit • securities, trusts, and annuities • retirement plans, IRAs, and 401-K plans • stocks, bonds, dividends • revocable burial contracts • cash value of life insurance • other assets which can be converted to cash <p>To verify liquid resources for individuals receiving benefits under MAA, MAB, MAD, or MQB, NCFASST should indicate that Asset Verification System (AVS) inquiry was completed.</p> <p>If the AVS tab is blank, auditor should consider this an error. NOTE: The auditor should require the caseworker to run AVS. If any results are returned, the auditor should include the balance of the account(s) found in resources, if the caseworker did not already include the balance of the account(s).</p>	

				<p>For individuals receiving Social Security, SOLQ OVS/OLV will indicate that the Social Security check is deposited to a bank account or a Direct Express card; this is a lead that a bank account or financial account may exist that must be considered a countable resource.</p> <p>When a bank account or Direct Express card is indicated, but the assets were not included justification should be evidenced by caseworker notes.</p> <p>The file should contain verification that liquid assets were verified (paper or electronic verification). All liquid assets should be entered in NCFAST, whether categorized as countable or non-countable for purposes of determining eligibility.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that the AVS inquiry was completed for individuals receiving benefits under MAA, MAB, MAD or MQB. ▪ The auditor should review the SOLQ OVS/OLV to look for any indication of additional assets not reported. ▪ Determine that there is justification in the caseworker's notes that satisfies auditor judgement when a bank account or Direct Express card is indicated but assets were not included. ▪ Ensure that all information in NCFAST agrees with all documented verifications in case file. <p>If there are liquid assets that should have been included but were not, the auditor should count this as an error and the caseworker should redetermine eligibility.</p> <p>NOTE: Medicaid for Infants and Children (MIC), Medicaid for Pregnant Women (MPW) and NC Health Choice do not have resource requirements or limits and do not require verification of assets. This requirement is n/a for programs.</p> <p>Auditor should:</p>	
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					<p>If case is Long Term Care, CAP, or PACE, the auditor should look for transfers of significant value, either in a lump sum or the aggregate by bank statement or notes in the case file. If the auditor finds transfer, the auditor should go to case file and determine if caseworker conducted sufficient investigation of the transfer. If the caseworker did not address, the audit should cite as an error. Caseworker will need to redetermine eligibility. See MA-2240 in the Adult Medicaid Manual.</p>	
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Vehicles and Other Personal Property Verified	<p>Count the value of property such as boats, motors, campers, trailers, farm and garden equipment, equipment from a discontinued business, mobile home, motor home, houseboat, licensed or unlicensed vehicle, etc. as an available resource if it cannot be excluded.</p> <p>DMV OVS/OLV must be completed and in case file.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that DMV OVS/OLV was completed and documented in case file. ▪ Verify that the information from DMV OVS/OLV has been entered correctly in NCFAST. <p>Auditor should:</p> <p>If case is Long Term Care, CAP, or PACE, the auditor should look for transfers of significant value, either in a lump sum or the aggregate by DMV or notes in the case file.</p> <p>If the auditor finds transfer, the auditor should go to case file and determine if caseworker conducted sufficient investigation of the transfer. If the caseworker did not address, the audit should cite as an error. Caseworker will need to redetermine eligibility. See MA-2240 in the Adult Medicaid Manual.</p>	
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Real Property	<p>The requirement for real property verification is only applicable to Medicaid for the Aged, Blind, Disabled and MQB programs.</p>	

					<p>Case file should contain documentation that Register of Deeds was checked to verify if the individual owns property.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that the Register of Deeds was checked and documented in case file. ▪ Verify that information obtained from the Register was entered correctly into NCFAST. <p>Auditor should:</p> <p>If case is Long Term Care, CAP, or PACE, the auditor should look for transfers of significant value, either in a lump sum or the aggregate by Register of Deeds or notes in the case file.</p> <p>If the auditor finds transfer, the auditor should go to case file and determine if caseworker conducted sufficient investigation of the transfer. If the caseworker did not address, the audit should cite as an error. Caseworker will need to redetermine eligibility. See MA-2240 in the Adult Medicaid Manual.</p>	
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Total Resources	<p>The auditor should verify that the total amount for all countable resources was computed accurately in NCFAST.</p> <p>See Attachment 4 for resource limits for Medicaid for Families (MAF) and for Aged, Blind, Disabled (MAABD).</p>	
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Deductibles	<p>Deductible cases contain verification of medical expenses.</p> <p>For individuals who must meet a deductible (sometimes known as spenddown) before receiving Medicaid, the case file should contain the NCFAST medical deductible screen or DMA-5036 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.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that documentation exists in the file/NCFAST that medical expenses were verified by the caseworker or notes indicate that the caseworker verified medical bills were incurred for an allowable service. (See MA-2360 in the Adult Medicaid Manual and MA-3315 in the Families 	

					and Children’s Medicaid manual for allowable medical expenses to meet a deductible.) Auditor should: <ul style="list-style-type: none"> ▪ Verify that information was entered correctly in NCFAST. 	
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Self-Employment Income Verified	<p>The case should contain verification of self-employment income.</p> <p>Verification of self-employment operational expenses should be present in case file, if any were reported and verified. Verifications of self-employment income and operational expenses may be tax returns, business records or other verification.</p> <p>Countable self-employment income is converted to a monthly amount.</p> <p>Auditor should verify that the income conversion and computation was done in accordance with policy manuals. See Attachment 3 for reference to appropriate manuals and sections of the manual and Attachment 4 for income levels.</p> <p>Countable income as calculated by the caseworker should be reflected in NCFAST.</p> <p>Auditor should verify that the accurate income amount was entered in NCFAST.</p>	
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Other Earned Income Verified	<p>The case should contain verification of earned income. Earned income includes but is not limited to:</p> <ul style="list-style-type: none"> • Wages • Earnings from babysitting • Foster care payments above state maximum rates for beneficiaries who serve as foster parents <p>Employment Security Commission (ESC) OVS/OLV must be completed and in case file.</p>	

				<p>For wages reported by the applicant/beneficiary, the case file must indicate that the caseworker compared the applicant's self-attestation of the amount of wages to amount of wages computed based on electronic verification in the form of the ESC OVS/OLV or The Work Number (an electronic system verification for some employers), if available.</p> <p>If the electronic source of verification of wages and the self-attestation of wages were both equal or below the income limit, the applicant/beneficiary is considered income eligible.</p> <p>If the electronic source and the self-attestation of wages were both above the income limit, the applicant/beneficiary is considered income ineligible. The caseworker should have denied the application. The caseworker should have terminated ongoing eligibility.</p> <p>If the verification from either the self-attestation or the electronic source is higher than the income limit and the other is below the income limit, they are not reasonably compatible. The auditor should verify that the caseworker requested verification of earned income via DMA-5097, Request for Information. Applicant must have been given 12 calendar days for each DMA-5097. If information was not provided by applicant, denial notice sent to deny application. For a redetermination, the auditor should verify that the caseworker requested verification via DMA-5097.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that the OVS/OLV was completed and in case file. ▪ Verify that the caseworker compared applicant's self-attestation of wages to the electronic verification of wages. ▪ Verify that the caseworker prepared and sent DMA-5097 in the case of incompatible income verification and self-attestation as described above. ▪ Verify that case was terminated by date of termination cited in notice if applicant did not respond to DMA-5097. 	
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					<ul style="list-style-type: none"> ▪ Verify that the appropriate eligibility determination was assessed by the caseworker. ▪ Ensure that all information in NCFAST agrees with all documented verifications in case file. <p>If there is earned income that should have been included but was not, the auditor should count this as an error and the caseworker should redetermine eligibility.</p> <p>Countable earned income is converted to a monthly amount.</p> <p>Auditor should verify that the income conversion and computation was done in accordance with policy manuals. See Attachment 3 for reference to appropriate manuals and sections of the manual and Attachment 4 for income levels.</p> <p>Countable income as calculated by the caseworker should be reflected in NCFAST.</p> <p>Auditor should verify that the accurate income amount was entered in NCFAST.</p>	
8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Unearned Income	<p>Unearned income includes but is not limited to:</p> <ul style="list-style-type: none"> • Social Security (also known as RSDI) • Supplemental Security Income (SSI) • Veteran’s Administration Benefits • Unemployment Insurance • Alimony • Child Support • Private Disability, Pensions, Retirement Benefits <p>Electronic matches must be completed in OVS/OLV and in case file:</p> <ul style="list-style-type: none"> • SOLQ OVS/OLV for Social Security • Bendex OVS/OLV for Social Security • SDX OVS for SSI 	

					<ul style="list-style-type: none"> • ESC OVS for Unemployment Insurance • ACTS OVS for IV-D Child Support <p>Case file should indicate verification of unearned income (paper or electronic).</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Verify that electronic matches were completed and documented in casefile. ▪ Ensure that all information in NCFAST agrees with all documented verifications. <p>If there is unearned income that should have been included but was not, the auditor should count this as an error and the caseworker should redetermine eligibility.</p> <p>Countable unearned income is converted to a monthly amount. Auditor should verify that the income conversion and computation was done in accordance with policy manuals. See Attachment 3 for reference to appropriate manuals and sections of the manual and Attachment 4 for income levels.</p> <p>Countable income as calculated by the caseworker should be reflected in NCFAST.</p> <p>Auditor should verify that the accurate income amount was entered in NCFAST.</p>	
9.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Total Countable Income	<p>Auditor should verify that the total amount for all countable income was computed accurately in NCFAST.</p> <p>Auditor should verify that the total countable income after deductions was within income levels. See Attachment 3 for</p>	

					reference to appropriate manuals and sections of the manual and Attachment 4 for income levels.	
10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Forced Eligibility	<p>Forced Eligibility is a manual process of determining eligibility outside of NCFAST. It is considered risky as the business rules of eligibility are not run for Forced eligibility.</p> <p>If NCFAST shows a Forced Product, then reason forced eligibility was used by the caseworker must be documented in the case record.</p> <ul style="list-style-type: none"> ○ Forced Eligibility is used in NCFAST in the following situations: Change in State/Federal Policy, ○ Government/Court Mandate, ○ Monitor’s Citation, ○ Monitor’s Citation/Reserve Reduction, ○ Correction of Eligibility Prior to Conversion, ○ QC Citation, ○ SSI Emergency Certifications, <p><u>Traditional Medicaid:</u></p> <ul style="list-style-type: none"> ▪ Spend Down applications with spouses that share expenses. <p><u>Adult:</u></p> <ul style="list-style-type: none"> ☐ Long Term Care Children (MIC Child in facility longer than 12 months). ☐ Spouses sharing room. ☐ HCWD Premium. ☐ LTC when opting for a reduced Community Spouse Income Allowance. ☐ HCWD with CAP. ○ Supervisor Approved Emergency and Approved Process Change for remedy ticket resolutions. <p>Note: The use of forced eligibility is a temporary solution and should not be used routinely. NCFAST sends out weekly communication when county worker will no longer have to use the “forced” product for an eligibility area.</p> <p>Forced Eligibility may be used for SSI cases other than in two situations listed above which are SSI Retro and SSI Emergency Certs. For Medical Assistance, the end date should be entered as the last day of the month.</p>	

				<p>Medical Assistance Forced Eligibility should be completed individually for each person on a case together.</p> <p>Supervisor approval for using Forced Eligibility is required.</p> <p>When forced eligibility was used due to a Help Desk Remedy Ticket submission approved resolution, the auditor should review the documentation.</p> <p>Auditor should:</p> <ul style="list-style-type: none"> ▪ Review notes in NCFAST/case file and verify that an explanation exists as to why forced eligibility was is used. ▪ Verify that the use of the forced eligibility was approved by a supervisor. ▪ Verify that the reason for the forced eligibility follows the allowable reasons listed above and in the Job Aid in NCFAST HELP. ▪ Verify that the Help Desk Remedy Ticket is documented in the casefile and the Ticket is valid. ▪ Review the file or NCFAST and determine that all requirements to determine eligibility were followed and the eligibility determination was accurate. 	

Eligibility Review Document – Medicaid
Citizenship/Identity
Attachment 1 – Updated 4/1/2017

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); American Indian Card (I-872); Tribal documentation issued by a Federally Recognized Tribe such as Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document (must have photo or other personal ID info); Born in US to mother authorized for Medicaid for the delivery	

LEVEL 1

SSA Citizen/Identity Match	A data match consistent with SSA information
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Note: Level 1 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., and U.S. territories	<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 recorded by the state, commonwealth, territory or local jurisdiction prior to individual's fifth birthday. • If born in Puerto Rico, the Virgin Islands, or the Northern Mariana Islands, the individual may be collectively naturalized. See MA-3330/MA-2504 Figure 10 for more information.
DATA MATCH with database of other state or federal agency	Agency must be 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 Employment	Must show employment prior to 6/1/76.
Military Service Record	Must show a U.S. place of birth.
DOHS Systematic Alien Verification for Entitlement (SAVE) program	May be used to verify citizenship of naturalized citizens.
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); Child adopted outside the U.S. (IR-3); Child coming to the U.S. to be adopted (IR-4); United States Citizen Identification Card (I-197 or I-179);	

LEVEL 3

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Extract of hospital record on hospital letterhead	Must have been created at least 5 yrs before initial MA DOA and indicate U.S. POB. "Souvenir" b.c. issued by hospital not acceptable.
Life/health/other insurance record	Must show U.S. POB and have been created at least 5 yrs before initial MA DOA.
Early school records showing a U.S. place of birth	Must show name of child, date of school admission, DOB, POB, and name and POB of applicant's parents.
Religious records recorded in U.S. within 3 mos. of birth	Must show birth in the U.S. and either DOB or individual's age at time record was made. Entries in family bible are not recorded religious records.

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 at least 5 years before initial MA DOA & show U.S. POB) U.S. State Vital Statistics official notification of birth registration; Delayed U.S. public birth record (delayed > 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 at least five years prior to the Medicaid date of application.	
Written Affidavit	Last resort!! See MA-3330/2504 for specific requirements.

DOCUMENTATION OF IDENTITY – LEVEL 5

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
SOLQ or DATA MATCH w/other state agency	Data match must indicate that an identity has been verified. SOLQ returned with message "SSN verified".
For children under 16, school, clinic, doctor, hsp. records	School records Include nursery/daycare. All must show date of birth.
School, Military (incl dependent) ID or draft record	School ID must have photo.
Driver's license	Must have photograph or other identifying information such as name, age, sex, race, height, weight, eye color.
ID issued by local, state or federal government	Must contain same info as a driver's license.
Affidavit (for newborns, children <16 and disabled individuals in residential care facilities only)	All affidavits must be signed under penalty of perjury. If in a residential care facility, the facility director or administrator may attest to the disabled individual's identity.
OTHERS: U.S. Coast Guard Merchant Mariner card; Three or more corroborating documents such as high school and college diplomas, marriage certificates, divorce decrees, property deeds/titles, and employee id cards.	

Note: Documentation of citizenship from Types 2, 3 and 4 also require documentation of ID from Type 5. Type 4 should be used only rarely.

See MA-2506/3332 for detailed information regarding documenting citizenship/identity. Obtain copies of all documentation. Place in the Citizenship/Identity file.

ATTACHMENT 2 STATE RESIDENCY VERIFICATION

Updated 4/1/2017

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.

If an applicant does not have two documents, he/she must sign a DMA-5153, North Carolina Residency Applicant Declaration, declaring that he/she cannot provide said documents. Other evidence that verifies residence must be considered.

A lawfully present non-citizen for whom residency cannot otherwise be verified can meet the N.C. residency requirement by providing a DMA-5152, North Carolina Residency Declaration, from his/her employer, clergy, or other person with personal knowledge of intent to reside in N.C. or that the applicant entered N.C. to seek employment or with 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 – Updated 4/1/2017

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.

- a. If received weekly, multiply by 4.3.
- b. If received bi-weekly, multiply by 2.15.
- c. If received semi-monthly, multiply by 2.
- d. If received monthly, use the monthly gross.
- e. 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).

NOTE: Actual previous month's income is used in determining eligibility for Medicaid for Pregnant Women (MPW)

Income Exclusions and Deductions

Medicaid for Aged, Blind and Disabled M-AABD Eligibility Manual Section MA-2250 IX.	Non-MAGI Family and Children's Medicaid/ 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 than \$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 MA-2260.</p>	<ul style="list-style-type: none"> • Deduct Earned Income Tax Credit payments from gross earned income • For <u>MAF-C</u> only, deduct 27.5% Earned Income Deduction from gross earned income (if over limit, deduct Standard Work Related Expense and Child Care/Incapacitated Adult care costs, if more) • 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 4A MEDICAID INCOME/RESERVE LIMITS

Revised effective 4/1/2016

<i>Medically Needy</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	Manual
<i>Adult Medicaid</i>	1	2							
MAABD-N	990	1335							
MAABD-N 1/3 reduced	661	891							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1485	2003							
HCWD 150% 1/3 reduced (unearned)	991	1336							
HCWD 200%	1980	2670							
HCWD 200% 1/3 reduced	1321	1781							
MQB-Q	990	1335	1680	2025	2370	2715	3061	3408	347
MQB-Q 1/3 reduced	661	891	1121	1351	1581	1811	2041	2272	232
MQB-B	990.01-1188	1335.01-1602	1680.01-2016	2025.01-2430	2370.01-2844	2715.01-3258	3061.01-3673	3408.01-4089	*****
MQB-B 1/3 reduced	661.01-793	891.01-1069	1121.01-1345	1351.01-1621	1581.01-1897	1811.01-2173	2041.01-2449	2272.01-2727	*****
MQB-E	1188.01-1337	1602.01-1803	2016.01-2268	2430.01-2734	2844.01-3200	3258.01-3666	3673.01-4133	4089.01-4601	*****
MQB-E 1/3 reduced	793.01-892	1069.01-1202	1345.01-1513	1621.01-1823	1897.01-2134	2173.01-2444	2449.01-2755	2727.01-3067	*****
MWD	1980	2670							
MWD 1/3 reduced	1321	1781							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7280	10930							
Reserve: HCWD	23844	23844							
Reserve: MWD	4000	6000							
***** For each add'l add 347 to previous minimum and 416 to 120% ***** For each add'l add 232 to previous minimum and 278 to 120% ***** For each add'l add 416 to previous minimum and 468 to 135%									
***** For each add'l add 278 to previous minimum and 313 to 135%***** HCWD 150% has a unearned income limit ***** HCWD Above 200% premium must be paid									

ATTACHMENT 4B MEDICAID INCOME/RESERVE LIMITS

Revised effective 4/1/17

<i>Medically Needed</i>	1	2	3	4	5	6	7	8	Add'l
MAF-M	242	317	367	400	433	467	500	525	Manual
<i>Adult Medicaid</i>	1	2							
MAABD-N	1005	1354							
MAABD-N 1/3 reduced	671	903							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1508	2030							
HCWD 150% 1/3 reduced (unearned)	1006	1354							
HCWD 200%	2010	2707							
HCWD 200% 1/3 reduced	1341	1805							
MQB-Q	1005	1354	1702	2050	2399	2747	3095	3444	349
MQB-Q 1/3 reduced	671	903	1135	1367	1599	1832	2064	2296	233
MQB-B	1005.01-1206	1354.01-1624	1702.01-2042	2050.01-2460	2399.01-2878	2747.01-3296	3095.01-3714	3444.01-4132	*****
MQB-B 1/3 reduced	671.01-805	903.01-1083	1135.01-1362	1367.01-1641	1599.01-1919	1832.01-2198	2064.01-2477	2296.01-2755	*****
MQB-E	1206.01-1357	1624.01-1827	2042.01-2298	2460.01-2768	2878.01-3238	3296.01-3708	3714.01-4179	4132.01-4649	*****
MQB-E 1/3 reduced	805.01-905	1083.01-1219	1362.01-1532	1641.01-1846	1919.01-2159	2198.01-2473	2477.01-2786	2755.01-3100	*****
MWD	2010	2707							
MWD 1/3 reduced	1341	1805							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	7280	10930							
Reserve: HCWD	23844	23844							
Reserve: MWD	4000	6000							
***** For each add'l add 349 to previous minimum and 418 to 120% ***** For each add'l add 233 to previous minimum and 279 to 120% ***** For each add'l add 418 to previous minimum and 471 to 135%									
***** For each add'l add 279 to previous minimum and 314 to 135%***** HCWD 150% has an unearned income limit ***** HCWD Above 200% premium must be paid									

