Eligibility Review Document – NC 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 ☐ Denial ☐ Withdrawal ☐ Exparte ☐

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 a 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, NC Medicaid is referring to image system or NCFAST.

Basic Program Requirements		
	Guidance	Auditor Notes

General Guidance regarding evidence, electronic verifications and reports:

For each individual, 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.

Electronic matches are required at applications and redeterminations.

- ACTS OVS - used as verification of IV-D Child Support
- Asset Verification System (AVS) – verification of financial accounts, such as bank accounts, IRAs, Keogh
- Bendex 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

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.

Register of Deeds is checked by caseworker to verify real property. Register of Deeds information can generally be found online in counties.

1.	Yes ☐	No ☐	N/A ☐	Age requirement	Documentation is date of birth entered. Verification of age should be in case file only if discrepancy in electronic matches or other information. **Auditor should:** **Verify date of birth in NC FAST matches the required electronic or manual documentation.**	
2.	Yes ☐	No ☐	N/A ☐	Citizenship/Identity documented and verified	See **Attachment 1** for acceptable levels of documentation. 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.	
	Yes ☐	No ☐	N/A ☐	If non-citizen, alien status verified and documented	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. 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. 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. **The Auditor Should:** ▪ **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.**	

					▪ **If documentation does not exist, determine case was terminated by the "termination date" referenced in the notice sent to** applicant. SOLQIC in OVS is one source of verification. **Note:** Verification of citizenship status is not applicable for automatic newborn coverage. .	
3.	Yes ☐	No ☐	N/A ☐	State Residence verified	This is required **only for applications**. The case file should contain two acceptable verifications of State Residence as determined by the county. See **Attachment 2** for acceptable types of verification. 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** **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.**	
4.	Yes ☐	No ☐	N/A ☐	Household Composition and Relationship documented	Household Composition and Relationship should be entered correctly in NCFAST as this determines whether NCFAST counts income. 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. **Auditors should:** **Verify that the household and relationship information were correctly entered on the evidence dashboard in to NCFAST, For MAGI, see MAGI-Household Composition Chart**	

					This chart will not be in the record, it is only used as a guide. For MAGI, see MAGI-Household Composition Chart	
5.	Yes ☐	No ☐	N/A ☐	Living Arrangement (physical type of place where individual resides)	Living Arrangement must be entered correctly in NCFAST. 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. 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: ▪ 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 **Auditors should:** ▪ **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.** For Private-living arrangement, no verification required. Accept client's statement. For Long Term Care (LTC), Community Alternatives Program (CAP), Innovations and Traumatic Brain Injury (TBI) documentation of an approved FL-2, Memorandum of CAP Waiver Enrollment, Service Request Form (SRF), Level of Care Determination Form	

				(LOC), 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.** For PACE, agreement must be in file – image or paper copy. **Auditor should verify agreement in file.** For Long Term Care, CAP, Innovations and TBI 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 ☐	No ☐	N/A ☐	Social Security Number (Enumeration)	The file should show that applicant provided or applied for a Social Security number (SSN). SOLQ OVS is a source of electronic validation of SSN. 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. This **does not apply** to undocumented aliens or newborns eligible for automatic newborn coverage for Medicaid. **The auditor should:** ▪ **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 ☐	No ☐	N/A ☐	Pregnancy	For pregnant woman coverage, self-attestation of pregnancy must be accepted.	

				Auditor should view pregnancy evidence and due date in NC FAST. If pregnant woman alleges more than one unborn, verification required for the number of unborn. If not provided, **only allow** one unborn when determining eligibility.	

8.	Yes ☐	No ☐	N/A ☐	Disability	For Medicaid for the Disabled (MAD) cases, disability is verified.
					
					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.
					
					Auditor should:
					  ▪ **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.**
					
					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.**
					
					If a disabled individual does not receive SSI, **the auditor should determine the case file contains one of the following:**
					  • **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**.	

					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.	
9.	Yes ☐	No ☐	N/A ☐	Blindness	For Medicaid for the Blind (MAB) cases, blindness is verified. • 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. 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. **Auditor should determine that the case file contains one of these verifications.** **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. **Auditor should verify case is on appeal at SSA or DSB**.	
10.	Yes ☐	No ☐	N/A ☐	Medicare	Verification of Medicare is required for applicants/beneficiary receiving benefits under programs/products identified as MQBB, MQBE, and MQBQ. Note: If Dual product (MAAQ, MADQ, MABQ or MAAB, MADB, MABB) identified, verify Medicare.	

					Auditor should verify the case file contains evidence by Medicare showing on SOLQ OVS, Bendex OVS report or a copy of the Medicare card.	
11.	Yes ☐	No ☐	N/A ☐	Cooperation by Applicant/Beneficiary with IV-D Child Support	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. If no information is provided on the non-custodial parent, case should terminate by date shown on timely notice. **Auditor Should:** ▪ **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.** 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. **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.**	
				Financial Requirements		
1.	Yes ☐	No ☐	N/A ☐	Liquid Assets Verified	Liquid assets include but are not limited to: • 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

To verify liquid resources for individuals receiving benefits under MAA, MAB, MAD, or MQB, NCFAST should indicate that Asset Verification System (AVS) inquiry was completed.

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).

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.

When a bank account or Direct Express card is indicated, but the assets were not included justification should be evidenced by caseworker notes.

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.

Auditor should:
- **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.**

					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. **NOTE:** Resources are not counted for MAGI Households: Family and Children Medicaid Categorically Needy, 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. **Auditor should:** **If case is Long Term Care, CAP, Innovations, TBI 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.	
2.	Yes ☐	No ☐	N/A ☐	Vehicles and Other Personal Property Verified	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. DMV OVS/OLV must be completed and in case file. **Auditor should:** ▪ **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.**	

				Auditor should: **If case is Long Term Care, CAP, Innovations, TBI 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.** **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. Note: Resources are not counted for MAGI Households: Family and Children Medicaid Categorically Needy, 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.	
3.	Yes ☐	No ☐	N/A ☐	Real Property	The requirement for real property verification is only applicable to Medicaid for the Aged, Blind, Disabled and MQB programs. Case file should contain documentation that Register of Deeds was checked to verify if the individual owns property. **Auditor should:** ▪ **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.** **Auditor should:** **If case is Long Term Care, CAP, Innovations, TBI 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.** **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. Note: Resources are not counted for MAGI Households: Family and Children Medicaid Categorically Needy, 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.	
4.	Yes ☐	No ☐	N/A ☐	Total Resources	**The auditor should verify that the total amount for all countable resources was computed accurately in NCFAST.** **See Attachment 4** for resource limits for Medicaid for Families (MAF) and for Aged, Blind, Disabled (MAABD).	
5.	Yes ☐	No ☐	N/A ☐	Deductibles	Deductible cases contain verification of medical expenses. 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. **Auditor should:** ▪ **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:** ▪ **Verify that information was entered correctly in NCFAST.**	
6.	Yes ☐	No ☐	N/A ☐	Self-Employment Income Verified	The case should contain verification of self-employment income.	

				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. Countable self-employment 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. Countable income as calculated by the caseworker should be reflected in NCFAST. **Auditor should verify that the accurate income amount was entered in NCFAST.**	
7.	Yes ☐	No ☐	N/A ☐	Other Earned Income Verified	The case should contain verification of earned income. Earned income includes but is not limited to: • Wages • Earnings from babysitting • Foster care payments above state maximum rates for beneficiaries who serve as foster parents Most taxable income is countable for MAGI, however; non-taxable interest and Foreign earned income are also countable. Employment Security Commission (ESC) OVS/OLV must be completed and in case file. 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.	

| | | | | | 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.

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.

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.

Auditor should:
- **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.**
- **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**. | |

					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.	
					Countable earned 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.	
					Countable income as calculated by the caseworker should be reflected in NCFAST.	
					Auditor should verify that the accurate income amount was entered in NCFAST.	
8.	Yes ☐	No ☐	N/A ☐	Unearned Income	Unearned income includes but is not limited to: • Social Security (also known as RSDI) • Supplemental Security Income (SSI) • Veteran's Administration Benefits (Non-countable for MAGI) • Unemployment Insurance • Alimony • Child Support (Non-countable for MAGI) • Private Disability, Pensions, Retirement Benefits Electronic matches must be completed in OVS/OLV and in case file: • SOLQ OVS/OLV for Social Security • Bendex OVS/OLV for Social Security • SDX OVS for SSI • ESC OVS for Unemployment Insurance • ACTS OVS for IV-D Child Support Case file should indicate verification of unearned income (paper or electronic).	

					Auditor should:	
					Verify that electronic matches were completed and documented in casefile. **Ensure that all information in NCFAST agrees with all documented verifications.** **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.** 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. Countable income as calculated by the caseworker should be reflected in NCFAST. **Auditor should verify that the accurate income amount was entered in NCFAST.**	
9.	Yes ☐	No ☐	N/A ☐	Total Countable Income	**Auditor should verify that the total amount for all countable income was computed accurately in NCFAST.** **Auditor should verify that the total countable income after deductions was within income levels.** See Attachment 3 for reference to appropriate manuals and sections of the manual and Attachment 4 for income levels.	
10.	Yes ☐	No ☐	N/A ☐	Forced Eligibility	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.	

If NCFAST shows a Forced Product, then reason forced eligibility was used by the caseworker must be documented in the case record.

- 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,

Traditional Medicaid:
- Spend Down applications with spouses that share expenses.

Adult:
- 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.

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.

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.

Medical Assistance Forced Eligibility should be completed individually for each person on a case together.

Supervisor approval for using Forced Eligibility is required.

					When forced eligibility was used due to a Help Desk Remedy Ticket submission approved resolution, the auditor should review the documentation. **Auditor should:** ▪ **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.**	