

## **Medicaid CAR Guide Instructions**

### **ADDR/NARR/PREV**

1. Application/review form
  - For applications, is a signed application in the CR? For reviews, is the review document in the CR or documentation of the source of the review if done by phone or in person?
2. Correct forms in case record?
  - All appropriate forms in case record?
  - Was HIPAA form signed or mailed and documented that it was sent?
  - Is the case record organized (MR 2760)?
3. Address correct? Residency established/documentated?
  - Is the address correct on SUCCESS?
  - Is mailing address correct (if applicable)?
5. QRF documented and completed
  - Was receipt of QRF documented and TMAI screen completed?

### **AREP/STAT**

6. AU/BG established and documented?
  - AU/BG- Were all persons coded correctly on STAT for relationship and financial responsibility?
  - Was AU/BG composition correctly determined and documented?
  - Was relationship correctly established for all AU/BG members?
  - Were all possible AU/BG combinations addressed to provide the most advantageous coverage for all AU/BG members?
7. HH members +/- timely and documented?
  - Are AU members added or removed from the AU timely to affect the appropriate month?
8. Denial completed timely, accurately and documented?
  - If case was denied, was correct denial reason (500 code) used, and was denial reason thoroughly documented in remarks?
9. Timely and correct notice for action taken?
  - Is a notice sent to the AU, by the SOP of the application or review explaining the AU's eligibility?
10. Retroactive Medicaid documented and correctly coded?
  - Retroactive months correctly determined, documented and processed?
11. Period of eligibility addressed and documented?

## **Medicaid Supervisory Review Instructions (cont'd)**

- For FM-MN cases was correct month of eligibility and BAD established?
12. Order of eligibility determined, correct, and documented?
- Is the COA(s) the most advantageous?
  - Was LIM eligibility considered and documented?
13. CMD completed?
- Was a CMD done, if appropriate?
14. Alerts addressed?
- Have all alerts been completed and documented?

### **DEM1/DEM2/DEM3/DEM4 Screens**

15. CSE referral correct and documented? Sanction addressed?
- Was a referral made to CSE, if applicable? Was 138 completed or mailed and documented? If referral was not made, was REMA screen behind APID documented with explanation?
  - Is CSE sanction documented (if applicable)?
16. Deprivation established, coded and documented?
- Was deprivation correctly determined and coded?
17. Pregnancy verified and documented?
- Pregnancy verified? Was correct date of termination entered on DEM1 in order to set up 60 day transition?
18. Citizenship documented and verified?
- Citizenship documented and verified? Is copy of verification in record?
  - Is Declaration of citizenship/alienage form in case record and/or documented?
21. TPR/Immunization and Health Check addressed and documented?
- Were TPR and Health Check addressed and documented? Is signed DMA 285 in record?
22. DEM screens coded for disability?
- Was DEM2 coded for any AU member receiving disability benefits such as RSDI, SSI, 100% VA(if applicable)?
25. DEM screens coded and documented?
- Is SSN entered and if there is no SSN or a matching problem, is there documentation to resolve discrepancy in record?
  - Are enumeration sanctions applied and documented?
  - ARE DOB, sex, race, marital status and living arrangement coded correctly?
  - Is SSI field coded correctly for AU members who receive SSI benefits?

## **Medicaid Supervisory Review Instructions (cont'd)**

### **ALAS/FSME**

26. EMA verified and documented?

- ARE EMA dates of service keyed correctly?
- Is correct, signed form 526 in record?

### **RES1/RES2/RES3**

28. Documented? Correctly calculated?

- Are all liquid resources coded correctly?
- Was the value of vehicle(s) calculated correctly? Is the vehicle value verified and documented?
- Are other non-liquid resources counted and documented correctly?
- If the value of the resources exceeds 75% of the resource limit, are the resources verified?

### **ERN1/ERN2/CARE/DEAL**

29. Verification obtained and documented?

- Are the correct number of paystubs verified based on frequency of pay, or is completed and signed form 809 in record?
- If stubs are missing, are YTD calculations calculated and documented?
- If there are terminated wages, is separation notice or letter from employer in record?

30. Representative income correctly computed, documented, and coded?

- Are the most recent weeks of pay used to calculate rep pay? Are calculations documented?
- Are any paystubs not used because they are not representative? Is this documented?
- Was frequency of pay coded correctly on ERN2?

31. Deductions addressed and documented?

- Did worker apply all deductions correctly? If self-employed, are correct deductions allowed?
- Are 30 1/3 fields coded correctly on ERN1, and is availability of 30 1/3 deduction documented?
- Is childcare expense documented and coded correctly? Are all dependents listed separately for whom childcare is paid? Is the reason for childcare needed field correctly coded? Are the child(ren)'s ages correctly coded?

32. Clearinghouse discrepancies addressed?

## **Medicaid Supervisory Review Instructions (cont'd)**

- Is the ERN1 screen documented and addressed for all AU members 16 years and older?
- Are wages showing for previous quarters and not reported, documented, or verified?

33. Responsibility budget completed, documented, and correct?

- Was deeming or allocating done correctly?
- Is DEAL screen coded correctly?

### **UINC**

34. SDX/BENDEX/UCB discrepancies addressed and documented?

- Are the SDX, BENDEX, and UCB screen results documented and addressed for all AU members 16 and older?
- If AU member receives SSI or RSDI, is the current year award letter provided or is SDX/BENDEX results documented and verified with the AU's statement to verify income?
- Is claim number properly entered for RSDI recipients?
- If an overpayment of benefits existed for SSI or RSDI benefits, is overpayment of benefits documented and is the gross income minus the overpayment amount budgeted in the case?

35. Verification obtained and documented?

- Is the type of income received verified and documented on the UINC screen? Are the correct number of stubs provided or statement of type of income received and how often received in case record?

36. Representative income correctly computed, documented and coded?

- Did worker correctly determine countable income?
- Did worker apply deductions correctly?
- Was application for other benefits addressed and documented, if applicable?

37. Child support coded correctly? CS/CD/GP

- If child support is received through OCSE, is the income coded as (CS) on the child's line number who receives the income?
- If the AU receives direct child support from an absent parent, is the income coded as (CD) and on the child's line number who receives the income?

38. Contributions/vendor payments verified and documented?

- Is there a contribution statement or statement from a third party stating the amount contributed to the AU, how often contributed to the AU, and if the income will continue?
- If amount received is in the form of a vendor payment, is this verified and documented?

### **MISC**

75. TMA/4MCS start date coded?

**Medicaid Supervisory Review Instructions**  
**(cont'd)**

- For TMA and 4MCS cases, was first month of LIM ineligibility determined correctly? Was TMA/4MCS start date correctly entered on MISC screen?
- CAFI- Is eligibility budget correct?