



# Medical Assistance Closure Checklist

CASE RECORD #

**CASEWORKER MUST ANSWER AND INITIAL EACH QUESTION:**

**INITIALS**

1. What type of review was this?	<input type="checkbox"/> SAR	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> OTHER	
2. Was notification given to the client as to what documents were required to be provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
3. Was the imaging repository, the reception/mail room/desk area checked for forms and verification documents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
4. Were IEVS data exchanges and other data sources checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
5. At renewal, was an ex parte review completed for all individuals receiving MA on the case?	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Did the client contact the county assistance office and request additional time to provide forms and verification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
7. Was the case reviewed for a pregnant woman or child under the age of nineteen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SUBMITTED BY:				
_____			_____	
CASEWORKER SIGNATURE			DATE	

## FOR SUPERVISOR USE ONLY:

**SUPERVISOR MUST CHECK ONE:**

CASE IS CORRECT AND MA BUDGET CAN BE CLOSED USING REASON CODE 042.

Caseworker Actions:

- Close MA budget using Reason Code 042 and send an advance notice.
- Enter a case comment stating all actions taken on the case to document the MA closing using Reason Code 042.

CASE IS INCORRECT AND MA BUDGET CANNOT BE CLOSED USING REASON CODE 042.

- Caseworker must correct the case and return to supervisor for sign off.
- Supervisor must provide comments on all incorrect cases and what actions were taken by the caseworker.

SUPERVISOR COMMENTS:

\_\_\_\_\_



\_\_\_\_\_

REVIEWING SUPERVISOR

\_\_\_\_\_

DATE

**\* Supervisors should not sign until case is correct.**