

Citizenship/Identity Documentation – Case Evaluation Form

The following is a Medicaid application that was denied or an individual who was terminated/deleted from a Medicaid case **due to failure to provide citizenship/identity documentation**. Complete this form for each case on the XPTR list. Keep one copy of this form with the Medicaid application reviewed and keep one copy with the XPTR lists.

I. CASE INFORMATION

A. Case: Name _____
CID _____ MID _____

B. Date of review: _____

C. Date of application denial, case termination, or individual deletion: _____

II. REVIEW RESULTS – Document below according to instructions in DMA Administrative Letter 05-11 no later than October 31, 2011.

A. Was information other than citizenship/identity not provided? Yes No

B. Was documentation of citizenship/identity provided at time of action? Yes No

C. If “Yes” in B. above, type of citizenship documentation provided:
Tribal documentation Other _____

D. Child born in the US to a mother who was covered by Medicaid for the birth? Yes No

E. Was correct application processing procedures followed? Yes No

F. Result of case record review: No further action needed
Further action/Reopen required

Reason: _____

III. ELIGIBILITY INFORMATION

A. Date case reopened: _____ Approved Denied

B. Reason: _____

C. Aid/Program Category/Classification, if approved: _____

D. Certification Period: _____

IV. IMC: _____

Date: _____