PROGRAM EVALUATION CHECKLIST

FOR DENIALS, WITHDRAWALS AND TERMINATIONS

Instructions: Check all that apply then evaluate as appropriate

☐ A/R is age 65 or older
☐ A/R has stated that he is disabled.
☐ A/R has stated that he is legally blind.

☐ Evaluate for MAABD*/HCWD/MWD

☐ A/R has Medicare Part A and/or Part B

☐ Evaluate for MQB/MWD

☐ A/R is the caretaker of a child
☐ A/R is under age 21
☐ A/R is pregnant

☐ Evaluate for MAF C/N/M *

☐ A/R is male
☐ A/R is female

☐ Evaluate for FPP (formerly FPW)

☐ A/R is under age 19
(Does continuous eligibility apply? ☐ Yes ☐ No)

☐ Evaluate for MIC and NCHC

☐ A/R is known to be pregnant

☐ Evaluate for MPW

☐ A/R is under age 18 and is or has been foster/adoptive child

☐ Evaluate for HSF, IAS, MAF Special Needs, FFC, and EFCP

☐ A/R is age 18 through 20 and was in foster care at age 18

☐ Evaluate for EFCP

* FOR MAABD, MAF and HSF MEDICALLY NEEDY

Date of discussion with A/R ______________________ Spoke with __________________________________________

☐ Yes $________ ☐ No ☐ Yes $________ ☐ No

Old bills ☐ Current bills ☐ Anticipated bills ☐ Yes

☐ No

☐ Yes $________ (or list procedure/surgery anticipated) ☐ No

Anticipated bills ☐ Yes $________

Amt of deductible __________ A/R states he ☐ can/may be able to ☐ cannot meet deductible.

Based on amounts listed above, does it appear A/R could meet the deductible? __________________________

FOR WITHDRAWALS ONLY

Document alternatives discussed with client Date of discussion ______________________

__________________________________________

Date completed ___________________________ Signature of IMC _________________________