

RESOURCE COORDINATION MAINTAINING WAIVER ELIGIBILITY CHECKLIST

Waiver Participant: _____

LOC – Recertification of Need (“RECON”)

- ___ Check LOC Certification on PCIS2 “Waiver” Tab (Note Date Listed: _____)
- ___ Check DDA Quarterly LOC Report for Current Date (Indicate Date Due: _____)
- ___ Review Current Needs and Individual Plan
- ___ Complete LOC – Recertification of Need form (if criteria met)
- ___ Complete WC12-B Form (if criteria no longer met) and Submit to Regional Office

Financial Redetermination (“REDET”)

- ___ EDD Redetermination Target Date (Indicate Date Due: _____)
- ___ Check EVS (e-Medicaid) for Eligibility:
 - ___ DRW – Community Pathways
 - ___ NRW – Community Pathways – Self Direction
 - ___ Eligible for Date of Service (for Community Medicaid)
 - ___ Not Eligible (for Community Medicaid)
- ___ Check PCIS2 Waiver Screen
- ___ Review EDD Notification Letter:
 - ___ Inform participant and authorized representatives of upcoming redetermination requirement(s).
 - ___ If the person is receiving residential habilitation services; contact the provider to inquire about the status of submitting required documents.
 - ___ Ask if assistance is needed to submit required documents.
 - ___ Complete the MA “Long” Form for participants receiving MA benefit other than SSI.

NOTE: Document all activities in PCIS2 as monitoring and follow-up activities and record on the Monitoring Form as either a comprehensive review or focused review.
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Resource Coordinator: _____

Signature

Date: _____