

QUALITY ENHANCEMENT REVIEW

Elderly/Disabled Programs

CASE NAME: _____ AE/KSCARES CASE #: _____ WORKER NAME: _____
 READER NAME: _____ DATE READ: _____ DUE DATE: _____ RETURN DATE: _____
 SELECTION METHOD: _____ PROGRAMS READ: MS FS GA SI ACTION: _____

ELIGIBILITY CRITERIA	NF	\$\$	OK	COMMENTS
<u>CATEGORICAL RELATEDNESS</u>				
Aged	/	/	/	
Blindness/Disability	/	/	/	
Waiver	/	/	/	
SPE HH for FS	/	/	/	
Categorical Eligibility	/	/	/	
ABAWD	/	/	/	
<u>GENERAL ELIGIBILITY</u>				
HH Composition	/	/	/	
LRP	/	/	/	
Purchase & Prepare	/	/	/	
Residency	/	/	/	
Citizenship/Alienage	/	/	/	
Act on Own Behalf	/	/	/	
SS Number	/	/	/	
I.D. (FS only)	/	/	/	
<u>RESOURCES</u>				
Potential Resources	/	/	/	
Transfer of Property	/	/	/	
Spousal Impoverishment	/	/	/	
Countable Resources	/	/	/	
TPL	/	/	/	
<u>INCOME</u>				
Potential Income	/	/	/	
Transfer of Income	/	/	/	
Spousal Impoverishment	/	/	/	
Countable Income	/	/	/	
<u>BUDGETING</u>				
Base Period	/	/	/	
PIL	/	/	/	
Expenses (MEEX)	/	/	/	
Rent/Mortgage	/	/	/	
SUA/Actual/TS	/	/	/	
Medical Expenses	/	/	/	
<u>COMMUNICATION</u>				
Notices to Consumer	/	/	/	
Notices to Facility	/	/	/	
3160/3161	/	/	/	
Documentation/Alerts	/	/	/	
Referrals	/	/	/	
<u>BENEFITS</u>				
Timeliness	/	/	/	
Underpayments/Overpayments	/	/	/	
<u>LOCAL POLICY/PROCEDURES</u>				
Area Specific	/	/	/	
_____	/	/	/	
_____	/	/	/	
_____	/	/	/	
_____	/	/	/	