



LIHEAP CASE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE - QA

SFN 1827 (6-2021)

Review Number	Sample Month/Year	County
Case Name	Case Number	Reviewer Name

Review Findings:
 Correct Findings Error Findings

Error Type:

Improper Payment

Overpayment - Amount: \$

Underpayment - Amount: \$

Due to Insufficient/Missing Documentation

Administrative Error

Calculation of Earned Income Calculation of Unearned Income Timeliness

Allowable Deductions / Expenses Notice Requirements Other

Insufficient / Missing Documentation

Application

Application Date	Vendor Payment Amount	Household Size
Number of Bedrooms	Fuel Type	Building Type

	YES	NO	NA
1. Is there an application on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the application signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the application dated by applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is everyone in the household counted as a household member except those who are renting, foreign higher education students, college students away from home, foster children or ineligible aliens, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Notices	YES	NO	NA
1. Was the household notified within 15 days after the application was received that further verifications were needed and they have 30 days from the receipt of the application to get verifications in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were approval notices sent out the same day as the determination of eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the notices of eligibility sent out to the vendor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the appropriate timeframe met in the application process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Income	YES	NO	NA
1. Is all earned income verified or considered in the best estimate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is all unearned income verified or considered in the best estimate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all recurring/non-recurring lump sums been treated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the income of all persons required to be in the unit been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has self-employment been calculated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is children's income reported and considered appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is averaging done when needed and done correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has adjusted gross income been used to determine eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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Deductions/Verifications	YES	NO	NA
1. If income is more than \$500 per year, are the sources verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were allowable income deductions used and verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the use of the 27% income deduction used on earned income only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If head of household or spouse is attending school elsewhere in the state, are they allowed up to \$300 a month deduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there proper verifications for medical expenses exceeding \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the medical expenses deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there proper verifications for out-of-pocket child care costs exceeding \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are out-of-pocket child care costs deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there proper verifications for child support payments exceeding \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are child support payments deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there proper verifications for education costs exceeding \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are education costs deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there proper verifications for garnishment costs exceeding \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are garnishment costs deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there proper verifications for employment costs exceeding \$1,000 such as statement from employer, work schedule from employer, receipts from motels or work-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are the employment costs deducted properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there a verification of responsibility in the file for heating costs if questionable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Reported Changes	YES	NO	NA
1. Were changes only made for one of the following mandatory reasons? a) household members b) household moves c) type of heat change d) rent subsidy change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When mandatory changes were reported, was income reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the change in the case corrected timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the change in the case correctly computed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Furnace And Chimney Cleaning	YES	NO	NA
1. Are those persons receiving furnace or chimney cleaning responsible for their own heating costs and receiving fuel directly from a vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a preauthorization for furnace and chimney cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a copy of the preauthorization in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there only a charge up to the state allowable for furnace and chimney cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the charges were higher than the state allowable, were the payments approved by the state office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there only one furnace and/or chimney cleaning done a fuel season per household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If a household has listed on their application that the cost of their heat includes non-residential heating costs is this reflected in the eligibility system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Emergency Assistance	YES	NO	NA
1. Was SFN 62 "Emergency Assistance Application" completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the household eligible for regular LIHEAP at some point in the current season or eligible based on income in the month of the energy assistance application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were other agencies contacted before an application was taken for Emergency Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does a documented crisis or potential crisis exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the household's personal resources depleted at the time of the Emergency Assistance application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the net income of the household consumed by basic shelter, utility, employment, food, medical and other essential costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were the expenses and income used for the EA application only for the month of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the state contacted for approval of an emergency application when the county maximum was met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was a recomputation of a case only completed after an Emergency Assistance case was completed and it was determined that a loss of income would be for an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were services, such as furnace replacement and repair and water heater repair or replacement preauthorized or a referral made to a Community Action Agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was household referred to Energy Share if they needed assistance with non-heat utilities unless the primary heat is electric?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any payments for ineligible energy costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was SFN 98 used to refer household to Community Action Agencies for the Self Reliance program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was the application assessment completed by the worker or the information documented on the computer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Cooling Program	YES	NO	NA
1. Was the household referred to the Cooling Program in need of air conditioning due to health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the person referred for an air conditioner income eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the correct codes used for Cooling cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Adjusted Annual Income Amount	Percent Poverty Level Deduction Used
HH Share of Heating Costs	LIHEAP Share of Heating Costs
LIHEAP Percentage of Heating Costs	

	YES	NO	NA
1. Was the correct number of bedrooms used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the correct fuel type used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the correct building type used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the correct Adjusted Annual Income used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the correct Poverty Level deduction used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the LIHEAP benefit computations correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments