

2051 – VERIFICATION

POLICY STATEMENT	<p>Verification is the use of client statements, documents, collateral contacts with a third party, home visits, computer matches and documentation which confirms the accuracy of statements and information.</p>
BASIC CONSIDERATIONS	<p>This verification policy applies at the following times:</p> <ul style="list-style-type: none"> • application • reviews • interim changes. <p>An assistance unit (AU) may provide verification using any of the following methods:</p> <ul style="list-style-type: none"> • via mail • email • in person • by facsimile or other electronic device • through a personal representative (PR). <p>The agency may not require the AU to present verification in person.</p>
Client Statement	<p>Client statement is accepted as verification for all criteria of Family Medicaid except for the following:</p> <ul style="list-style-type: none"> • income • resources (if applicable) Refer to Section 2301, Family Medicaid Resources Overview • pregnancy • citizenship/alienage <p>NOTE: Original documents must be presented for citizenship and identity.</p> <ul style="list-style-type: none"> • medical bills used in determining eligibility for Medically Needy Medicaid • questionable information <p>NOTE: Client statement is acceptable for income verification in RSM Pregnant Woman and Newborn COAs.</p> <p>Client statement is accepted as verification for all Q-track criteria in ABD Medicaid, except for citizenship, or when circumstances are questionable.</p> <p>The eligibility worker must document that the client's statement was accepted or the reason why the information was questionable and the method chosen to verify the information. Annotation of client statement in the verification field is acceptable documentation that client statement is accepted as verification.</p>

**BASIC
CONSIDERATIONS
(cont.)**

**Medicaid
Verifications**

The following situations must be verified from the source.

- Income must be verified for all Family Medicaid COAs with the exception of RSM Pregnant Woman and Newborn.

NOTE: For Family Medicaid, client statement is acceptable verification for excluded income. If verification is received by another program, the verification should be used for Medicaid as well.

- Resources must be verified for Low Income Medicaid and Family Medicaid Medically Needy. Refer to [Section 2301](#), Family Medicaid Resources Overview.
- Pregnancy must be medically verified for RSM PgW. A.R. statement of estimated due date, however, may be accepted. Refer to [Section 2184](#), RSM Pregnant Woman.
- Citizenship or alien status must be verified for all COAs. Refer to Section 2215 for acceptable forms of verification.

EXCEPTION: Verification of alien status is **not** required if eligibility is determined using Emergency Medical Assistance (EMA) procedures.

- Medical bills used to meet Medically Needy spenddown.
- Any questionable situation or information must be verified. Verification must be requested for any information provided by the A/R that conflicts with information known to the agency, or that is otherwise questionable. Document the reason that the information is conflicting and/or questionable.
- For ABD Medicaid verification requirements, see the sections pertaining to the specific COA and the Income and Resource Chapters.

The A/R's statement is acceptable as verification for all other Family Medicaid and Q Track eligibility situations.

Verify information, if required, to determine eligibility as follows:

- Determine if verification is available from agency sources prior to requesting verification from the AU.

BASIC CONSIDERATIONS

Medicaid Verifications (cont.)

- Requests for verification may be made verbally, but must also be made in writing. The request for verification is provided to the A/R and, if applicable, the PR.
- Verbally or orally inform the applicant of any contacts that will be made with the verification source by the agency.
- Allow sufficient time for the A/R to obtain verification.
- Allow additional time to provide verification if requested by the AR and the request is made within the SOP.
- Consider verification received for one program to be received for all programs.
- Accept the A/R's oral or written statement as verification when allowed by policy.
- Do not require verification if the A/R's oral or written statement establishes ineligibility.

Third Party Verification

Third party verification includes the following:

- documents – legal agreements, contracts, bills, leases, medical or doctor's statements, prescription receipts, check stubs, employer statements, social security cards, driver's license, etc.
- collateral contacts – an oral or written statement from a third party, contact with a social service agency, etc.
- home visits – visits made by DFCS personnel or other state, local, community or federal agencies to confirm the accuracy of statements and information.
- documentation – staff recording of AU's statements, information and observations.
- computer matches – SUCCESS interface with other federal, state and local computer systems to compare and provide data regarding AU members.

NOTE: This list is not all-inclusive.

The AU has the primary responsibility for providing verification to support statements or to resolve questionable information. The AU should be given sufficient time to verify information.

The agency is responsible for assisting clients in obtaining verification when the client requests assistance (refer to [Section 2020, ADA Regulations](#)).

The agency must accept reasonable verification.

**BASIC
CONSIDERATIONS
(cont.)****Documents**

When possible, documents are used as the primary source of verification. Documents provide written evidence of the AU's statements. Documents or photocopies of documents are filed in the case record as proof of the AU's circumstances.

Collateral Contacts

A collateral contact is an oral or written confirmation of the AU's circumstances by a non-AU member. The collateral contact may be made in person, over the telephone, or in writing.

If a written statement is provided by the collateral contact, the statement must be signed by the individual who wrote the statement. The statement should be dated but, if not dated, DFCS must date stamp or record on the statement the date it is received. The telephone number and/or address or way to contact the collateral contact must be furnished. This information may be provided as a part of the written collateral statement or recorded in the case file.

If a collateral statement is unacceptable to the agency because it is not completed correctly or lacks the required information and the AU is cooperating with providing information, the agency must offer assistance to the AU. The agency may ask the AU to provide another collateral contact, select another one for the AU or contact the collateral contact directly.

The agency may substitute a home visit or select an alternative form of verification if circumstance warrant.

The agency must make sure that the AU understands what information is needed from the collateral contact. The request for verification form should specify what information is needed and the preferred format.

When taking a collateral statement on the telephone or in person, record in the case file the name address or telephone number of the contact, the date of the contact and the collateral contact's statements regarding the AU.

The agency may select a collateral contact if the AU fails to designate one or designates one who is unacceptable to the agency. Examples of acceptable collateral contacts include employers, landlords, neighbors, social service agencies, etc.

**BASIC
CONSIDERATIONS****Collateral
Contact
(cont.)**

When speaking with a collateral contact, the agency must disclose only the information that is absolutely necessary to obtain the information being sought. Avoid disclosing the following information:

- that the AU has applied for benefits
- information supplied by the AU
- information that cannot be released to anyone, including the AU, as provided in [Section 2010](#)
- that the AU is suspected of any wrongdoing.

NOTE: The intent of this policy is to minimize the disclosure of information. Refer to [Sections 2010](#), Confidentiality, and [2011](#), HIPAA.

Home Visits

If appropriate, prearranged home visits may be used as verification. DFCS employees may use home visits if any of the following situations occur:

- third party verification is insufficient to make a firm determination of eligibility
- third party verification cannot be obtained and the AU's statement is questionable.

NOTE: A home visit cannot be made or used as verification solely because an AU fits the profile of an error-prone AU as determined by the agency.

Computer Matches

Refer to [Section 2001](#), Computer Matches Overview, [Section 2002](#), Income and Eligibility Verification System, (IEVS) and [Section 2004 Clearinghouse](#). These sections provide policy regarding verification of case information by computer matching.

Documentation

Case files must be documented in accordance with the standard documentation requirements. A written recording of the information and statements provided by the AU is considered verification. This is the AU's statement of its circumstances. The agency may also request that the AU make a separate, written statement to verify and/or clarify a specific point of eligibility. Refer to [Appendix D](#), Documentation Standards.

PROCEDURES

Verify AU information as provided by policy found in this manual.