MA-3210 VERIFICATION REQUIREMENTS FOR APPLICATIONS
REVISED 07/01/10 – CHANGE NO. 08-10

I. INTRODUCTION

Certain factors must be verified before the individual or family can be authorized for Medicaid. Verification may come from the individual or from a third party source. Regardless of how it is obtained, there are certain procedures that must be followed in verifying eligibility factors. This section outlines those procedures.

II. POLICY PRINCIPLES

A. Require verification of information only if it is needed to determine eligibility.

A county may ask for verification of information for which the applicant's statement is acceptable verification. If the Income Maintenance Caseworker requests this information, the individual must be informed that his statement is acceptable verification and the requested information is not required to process the application. Also, inform the individual that as long as the individual provides a statement that can be used as verification, the application cannot be denied.

B. Review all county records for citizenship and identity documentation.

If there is a citizenship and/or identity documentation record in another program, obtain a copy or print the data screen, document where the evidence was obtained, the date it was obtained, and the hierarchy code. Conduct an SOLQ Social Security number inquiry to establish identity. If the SOLQ inquiry returns a "Social Security number verified" statement, identity is established. See MA-3332, US Citizenship Requirements.

C. Verify each element necessary to determine eligibility in the aid program/category.

D. Third party verification is required for certain eligibility factors.

Always obtain verification other than the individual's statement for the following.

1. Documentation confirming U. S. citizenship and identity. See MA-3332, US Citizenship Requirements.

2. Any element requiring medical verification. This includes, but is not limited to, verification of disability, incapacity, pregnancy, emergency dates for certain aliens and incompetence. It also includes completion of the FL-2, MR-2, and the CAP Plan of Care.

3. Proof a deductible has been met. See MA-3315, Medicaid Deductible.

4. Immigration status, unless in the U.S. without INS documentation. See MA-3330, Alien Requirements.

(II.D.)

5. Proof of reserve reduction when resources exceed the allowable limit. See MA-3320, Resources.

6. Proof of countable resources when the individual's statement of the value exceeds $1,200.00. See MA-3320, Resources.

   a. If the individual's statement of resources is a range, determine the midpoint and accept that value.

   b. If the individual's statement is a range and the midpoint exceeds $1,200.00, pursue third party verification.

7. Proof of rebuttal value of a resource. See MA-2230, Financial Resources.

8. Proof of a legally binding agreement limiting resource availability. See MA-3320, Resources.

9. Proof of enumeration when the assistance unit member has never had a Social Security number or the Social Security number is unknown. See MA-3355, Enumeration Procedures.

10. Proof of earned and unearned income, including deductions, exclusions and operational expenses. See MA-3300, Income.

    Exception – Job Bonus: The applicant's statement of earned income is acceptable verification for establishing a Job Bonus period. Verification of earned income is required for determining eligibility beyond the Job Bonus period. Follow policy in MA-3300, Income, regarding verification.

11. Payment of the NC Health Choice enrollment fee, if applicable. See MA-3255, NC Health Choice.

12. Proof of North Carolina residency. See MA-3335, State Residence.

13. Proof of purchase/change date of an annuity and/or any changes to an existing annuity. Refer to MA-2230, Financial Resources in the Aged, Blind, and Disabled Medicaid Manual.

    If the purchase/change date is November 1, 2007, or later the following criteria must be verified:

    a. North Carolina's Medicaid Program is named as a remainder beneficiary in the first position. If there is a community spouse and/or any child under age 21, or a disabled child of any age, when the purchase/change takes place North Carolina's Medicaid Program may be named in the next position after those individuals. This applies to the a/r and the a/r's spouse.

(II. D.)

The amount that the State of North Carolina Medicaid Program can receive as a beneficiary of a Medicaid recipient's annuities is limited to the amount that Medicaid paid on behalf of the Medicaid recipient.

b. Meets the annuity criteria in MA-2230, Financial Resources.

14. Proof of the homesite equity value. Request proof of the equity of the homesite if the tax value of the homesite exceeds $500,000.00. Refer to MA-2242, Home Equity Value & Eligibility for Institutional Services.

15. Proof to demonstrate hardship if home equity is over $500,000.00.

16. Proof to substantiate undue hardship if a transfer of assets sanction is applied.. Request documentation from the a/r or the a/r's spouse or their representative to rebut that a sanction for transfer of assets will cause an undue hardship.

17. Any information which the individual does not know and for which he cannot give a reasonable estimate.

E. The individual's statement is acceptable verification for all other eligibility factors not listed in D.

F. When third party verification is required, the individual must provide identifying information or leads to allow the agency to pursue that verification.

G. The agency may negotiate with the individual to determine who can most readily obtain the required verification.

H. The DSS must obtain the verification for the a/r when:

1. There is a fee involved in obtaining the information, such as birth certificates, or

2. The information is available within the agency, either in other DSS records or via automated queries with agencies outside of DSS, or

3. The individual requests assistance, or

4. The individual is mentally, physically or otherwise incapable of obtaining the information and a representative has not accepted responsibility nor asked for assistance. Examples may include, but are not limited to, an individual who does not speak English, who cannot read or write, who is homebound or institutionalized, or who is clearly unable to obtain the information without assistance.

(II.)

I. Except for long term care cases involving community spouse income/resource protection or a transfer of assets, do not require the individual to provide verification of income or resources if he states he no longer has them as of the first month of the certification period for which assistance is requested.

J. Inform the individual/representative of required information using the DMA-5097/DMA-5097S, Request for Information. Use the appropriate verification form to request information from a third party. When requesting citizenship and/or identity documents, note documents that may be acceptable. This is not needed if the county is requesting the documentation on the applicant's behalf. Documents must be original and/or certified by the issuing agency. In some situations, such as mail-in applications, a copy of the original document may be submitted. See MA-3332, US Citizenship Requirements, and/or MA-3330, Alien Requirements.

K. Make at least two requests for information from the individual or third party. There must be at least 12 calendar days between the requests.

L. Explain to the individual that if more time is needed to provide the required information he can request an extension. If an extension is requested, allow additional time of at least 12 calendar days.

III. PROCEDURES

A. Complete the on-line matches. See MA-3515, Automated Inquiry and Match Procedures, and MA-3520, Automated SOLQ Procedures.

B. Document/review the individual's statement.

1. Document the individual's statement for each eligibility factor on the base document at the face-to-face interview. Review the individual's statement on the mail-in application.

2. If the individual is only able to give you the value of an asset or resource as a range, document the range.

   a. Determine the midpoint.

   b. If the midpoint results in ineligibility but the lower range does not, request verification from the individual and pursue third party verification. If verification is not received by the 45th day, deny the application. See MA-3215, Processing the Application.

C. Identify each element that must be verified.

1. Determine the eligibility factors for which the individual's statement is acceptable verification.

(III.C. 1.)

a. For the factors where the individual's statement is acceptable verification, ensure the statement is complete. For example, if accepting the individual's statement of the balance in a checking account, document the institution name, account number, and the balance in the account.

b. If a statement cannot be provided (face-to-face), is incomplete, or is not provided (mail-in), request a complete statement or other verification following the procedures in D.

2. Determine those eligibility factors for which the individual's statement is not acceptable. Follow policy in the appropriate manual section to determine what kind of verification is acceptable for each eligibility factor.

3. During the face-to-face interview or via a telephone call for mail-in applications explain to the individual what information is required.

a. Explain that the sooner the information is received, the sooner a decision can be made on his application.

b. Discuss with the individual who can more easily and quickly obtain the information.

c. Unless DSS must take responsibility for obtaining the verification (See II.G.), negotiate who will provide each piece of information.

D. Request the information from the individual or third party.

1. Notify the individual of all information he is required to or has agreed to provide using the DMA-5097/DMA-5097S, Request for Information. The information must be requested in an easily understood manner.

a. When possible, give the individual the notice at the face-to-face interview.

b. For mail-in applications, send the notice as soon as possible after receipt of the complete application.

2. Request information from the third party using the appropriate verification forms.

3. Include on the notice to the individual or third party the date by which the information is to be returned. The date for return may be negotiated with the individual if he is responsible for or has agreed to provide the information.

4. When requesting information from the individual or a third party, always include a pre-addressed envelope.

5. If the information is not returned by the established deadline or if the information is returned but is incomplete, send a second request.

(III.D.5)

a. The county may request information as often as it wishes; however, there **must** be two requests with at least 12 calendar days between them.

b. The second request for information to the applicant must be a written request. However, the second request to a third party may be verbal.

   Ensure that the case record is clearly documented when verbally requesting information from a third party.

6. Anytime during the processing of the application that the county becomes aware of additional information needed to complete the application, the county must make a written request and, if needed, a second request following the procedures above.

7. If the individual or third party requests additional time to provide the requested information, allow at least an additional 12 calendar days.

8. If the individual or third party provides the information but it is incomplete (not sufficient to determine eligibility), make at least one follow-up request using the DMA-5097/DMA-5097S, Request for Information, or other third party verification form.

   a. Allow at least 12 calendar days for the individual or third party to respond to the follow-up.

   b. The follow-up request for information to the applicant must be a written request. However, the follow-up request to a third party may be verbal. Ensure that the case record is clearly documented when verbally requesting information from a third party.

9. When the only information needed to determine eligibility is bills to meet a deductible, the DMA-5099/DMA-5099S, Your Application for Medicaid is Pending for a Deductible, can be used to request the bills. See Figure 1A/Figure 1B.

   a. The DMA-5099/DMA-5099S should never be used as the initial request for medical bills. The DMA-5097/DMA-5097S, Request for Information, should be used as the initial request.

   b. The DMA-5099/DMA-5099S, Your Application for Medicaid is Pending for a Deductible, can be used as the second request or a follow up request, provided all other information to determine eligibility has been received and eligibility has been established except for meeting the Medicaid deductible.

(III.D.9)

c. The DMA-5099/DMA-5099S, Your Application for Medicaid is Pending for a Deductible, is used to provide the individual with information regarding the Medicaid deductible and to allow the county to stop the application processing time. Refer to MA-3215, Processing The Application, for procedures regarding the exclusion of days during the application processing time.

d. If the individual provides some bills, but not enough to meet a deductible, use the DMA-5099/DMA-5099S, Your Application for Medicaid is Pending for a Deductible, to notify the individual of the deductible amount remaining after the bills are applied.

e. If there is a change in the individual's situation after the application has been made, but prior to disposing of the case, and the change affects the deductible amount, use the DMA-5099/DMA-5099S, Your Application for Medicaid is Pending for a Deductible, to notify the individual of the new deductible amount.

10. When the only information needed to complete the determination of eligibility is one of the items in a. through g. below, use the DMA-5098/DMA-5098S, Your Application for Medicaid is Pending, to notify the individual of the missing information. See Figure 2A/Figure 2B.

The DMA-5098/DMA-5098S, Your Application for Medicaid is Pending, is not considered a request for information. It should not be used as the initial request, second request, or a follow up request for information. The DMA-5097/DMA-5097S, Request for Information, or other third party verification form must be used to request information needed to determine eligibility.

The DMA-5098/DMA-5098S, Your Application for Medicaid is Pending, is used to provide the individual with information regarding the status of the application and to allow the county to stop the application processing time. Refer to MA-3215, Processing The Application, for procedures regarding the exclusion of days during the application processing time.

a. Medical bills to meet a deductible, or

b. A disability determination by DDS, or

c. Medical records from providers to determine emergency days for non-qualified aliens, or

(III. D.10)

d. An FL-2/MR-2, when the applicant has been placed in a Medicaid certified medical facility. Refer to MA-3325, Long Term Care Budgeting, for the definition of a CAP Medicaid certified medical facility, or

e. CAP Plan of Care, when CAP participation is expected within the application processing time, or

f. Undue hardship documentation, and/or

g. Citizenship/identity documentation.

E. Evaluating Conflicting Information

1. Evaluate whether the individual's statement is questionable based on the following criteria:

   a. Contradictory or inconsistent information is presented during the interview or on the mail-in application or contradictions exist with other information available through the agency, or

   b. Automated queries (DMV, ESC, etc) provide information that is inconsistent with the individual's statement.

2. If the statement is questionable, pursue third party verification.

3. If documentary verification is received from the third party:

   a. During the application process, use the current verified amount to process the application, or

   b. After the application is approved, treat as a change in situation and take action immediately. Evaluate for suspected fraud and refer if appropriate.