

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2050	Effective Date:	May 2023
	Policy Title:	Verification		
Policy Number:	2051	Previous Policy Update:	MT 67	

REQUIREMENTS

Verification is the use of electronic data sources/computer matches, related active program(s), client statements, documents, collateral contacts with a third party, home visits, computer matches and documentation which confirm the accuracy of statements and information.

BASIC CONSIDERATIONS

This verification policy applies at the following times:

- application
- renewals
- interim changes

An assistance unit (AU) may provide verification using any of the following methods:

- via mail
- secure e-mail
- in person
- by facsimile or other electronic device
- through a personal representative (PR)
- by upload through Gateway or Document Imaging System (DIS) self-service kiosk
- through a Community Partner agency

The agency may not require the AU to present verification in person.

BASIC CONSIDERATIONS (cont.)**Self-Attestation**

Eligibility determinations must be based, to maximum extent possible, on self-attestation of income that is verified by information from electronic data sources. When information from electronic data sources is consistent with an individual's attestation of income, the income is considered verified.

Self-attestation may be accepted from the following:

- The applicant
- An adult in the applicant's household
- A Personal representative (PR)
- Someone acting responsibly for the individual (if the individual is a minor or incapacitated)

If verification is received by another program, the verification should be used for Medicaid as well. Income verification received from PeachCare for Kids® is acceptable for determining Medicaid eligibility. No further verification is required. Refer to Section [2194](#), PCK.

Resolving Inconsistencies

If there is a mismatch of information between what is provided to the agency by an A/R and the available electronic data sources, the EW must determine which source is most reliable or if the A/R needs to provide additional verification.

1. If the A/R's statement and electronic data sources are above the applicable income limit, no additional verification is required.
2. If both sources are at or below the applicable income limit, no additional verification is needed.
3. If electronic source is above the applicable income limit and client attestation is below the applicable income limit, request paper documentation to verify income.
4. If the A/R attests to income over the applicable income limit and electronic data source has income below the applicable limit, take the A/R's attestation.
5. Refer ineligible adults or child(ren) to the Federally Facilitated Marketplace (FFM).

BASIC CONSIDERATIONS (cont.)**Client Statement**

Client statement is accepted as verification for all criteria of Family Medicaid except for the following:

- resources (for non-MAGI COAs) Refer to Section [2301](#), Family Medicaid Resources Overview
- citizenship/immigration status/identity

NOTE: See Section [2215](#) for complete policy regarding procedures for verifying citizenship/immigration status/identity.

- medical bills used in determining eligibility for Medically Needy Medicaid
- questionable information

NOTE: Client statement is acceptable for income verification in Pregnant Women and Newborn COAs.

Client statement is accepted as verification for all Q-track criteria in ABD Medicaid, except for citizenship/immigration status/identity, or when circumstances are questionable.

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.

Medicaid Verifications

The following situations must be verified from the source.

- Citizenship/immigration status/identity must be verified for all COAs. Refer to Section [2215](#) for acceptable forms of verification.

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

- If a pregnant woman is claiming multiple births, the number of fetuses is not required to be medically verified to increase the size of the budget group unless questionable. If questionable, document in case notes why verification is required. If verification is not returned, the pregnant woman would count as a BG of 2.
- Resources must be verified for Family Medicaid Medically Needy if the total value of the resources is at or above 75% of the resource limit. Refer to Section [2301](#), Family Medicaid Resources Overview.

BASIC CONSIDERATIONS (cont.)**Medicaid Verifications (cont.)**

- 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 applicant/recipient 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 applicant/recipient'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:

- Utilize Data sources prior to requesting any verification that cannot be located through the data sources.
- Determine if verification is available from agency sources prior to requesting verification from the AU.
- Requests for verification may be made verbally but must also be made in writing. The request for verification is provided to the applicant/recipient and, if applicable, the PR.
- Verbally or orally inform the applicant/recipient of any contacts that will be made with the verification source by the agency.
- Allow sufficient time for the applicant/recipient to obtain verification.
- Allow additional time to provide verification if requested by the applicant/recipient and the request is made within the SOP.
- If incomplete verification is returned, send another checklist specifying what is required; establish a new reasonable deadline for returning requested verification.
- Consider verification received for one program to be received for all programs.
- Accept the applicant/recipient's oral or written statement as verification when allowed by policy.

BASIC CONSIDERATIONS (cont.)**Medicaid Verifications (cont.)**

- Do not require verification if the applicant/recipient's oral or written statement establishes ineligibility.
- All Medical Assistance cases (except QMB and P4HB COAs) that close for failing to return verification will be reinstated if all the verification is returned within **90 days of closure**; an application will not be required. Refer to [Section 2706](#), Medicaid Renewals.

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.

NOTE: A collateral contact alone is not sufficient for verification of income. Documentary evidence such as a signed statement or Form 809 must be received, with the collateral contact made to validate. For more information, please see Collateral Contacts section below.

- 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.
- Data sources/computer matches – GA Gateway interface with other federal, state and local computer systems to compare and provide data regarding AU recipients.

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.

When the value of a vehicle is obtained through blue book/NADA etc. and the listed value puts the AU over the resource limit, the AU must be given the opportunity to produce evidence of the value of the vehicle from someone who would have the expertise to make that determination such as a dealership.

BASIC CONSIDERATIONS (cont.)**Third Party Verification (cont.)**

The agency is responsible for assisting applicants/recipients in obtaining verification when the applicant/recipient requests assistance (refer to Section [2020](#), ADA Regulations).

The agency must accept reasonable verification.

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 and/or scanned into the Document Imaging System (DIS) as proof of the AU's circumstances. All documents scanned into DIS will be tagged, at a minimum, with the Client ID(s) of the individual(s) the document(s) pertain(s) to and the AU ID(s) of the case(s) impacted. Documents should also be scanned in under the appropriate document "type" (e.g. pay stubs as Proof of Income).

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.

A collateral contact alone is not sufficient for verification of income. Documentary evidence such as a signed statement or Form 809 must be received, with the collateral contact made to validate.

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 circumstances 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.

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

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.

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/is receiving 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.

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.

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.

BASIC CONSIDERATIONS (cont.)**Documentation**

Case files must be documented in accordance with the standard documentation requirements. Case notes, the Document Imaging System (DIS) and Gateway together are considered the case file. 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.

PROCEDURES

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