DEPARTMENT POLICY

All Programs

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- Required by policy. Bridges Eligibility Manual (BEM) items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for Medicaid Assistance (MA).
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level.

If the individual indicates the existence of a disability that impairs their ability to gather verifications and information necessary to establish eligibility for benefits, offer to assist the individual in the gathering of such information.

Verification is **not** required:

- When the client is clearly ineligible, or
- For excluded income and assets **unless** needed to establish the exclusion.

FAP Only

FAP groups must verify all countable income before an application or redetermination can be denied for exceeding the income limit.

Types of Verification

All Programs

Use documents, collateral contacts or home calls to verify information.

A **document** is a written form of verification. It may include a photocopy, facsimile or email copy if the source is identifiable.

Permanent documents must be obtained only once, unless they are found to be missing from the case record. **Examples:** birth certificate, passports, divorce papers, death notice. Copies of these documents should remain in the case record. Nonpermanent documents must be current. **Examples:** driver's license, pay stub, rent receipt, utility bill, DHS-49-F, Medical-Social Questionnaire.

Family Independence Program (FIP), State Disability Assistance (SDA), and Medicaid (MA)

Documents used to verify citizenship and identity may be originals or copies of the original document.

Facsimiles or emails are **not** acceptable documents for citizenship or identity.

Medicaid

Verification of identity is not required.

MAGI MEDICAID

MDHHS must use information currently available in STATE OF MICHIGAN systems to renew eligibility. Do not request information from the beneficiary if the information is already available to MDHHS. This includes completing a renewal form.

Current means the following:

- **Income** documents must correspond to the period used to determine eligibility or benefit amount; see BEM 500, Income Overview, 501, Income From Employment, 502, Income From Self-Employment, 503, Income, Unearned, and 504, Income From Rental/Room And Board.
- **Medical** documents must correspond to the period set by the Disability Determination Service (DDS) **or** to the date(s) stated on the document **if** DDS approval is not required.
- **Other nonpermanent** documents are generally considered current if dated within 60 days before your eligibility determination. Older documents may be used if available information indicates the document remains current and there have been no changes in circumstances.

A **collateral contact** is a direct contact with a person, organization or agency to verify information from the client. It might be necessary when documentation is not available or when available evidence needs clarification.

The client must name suitable collateral contacts when requested. Assist the client to designate them. The local office is responsible for obtaining the verification. If the contact requires the client's signed release, use the DHS-27, Release of Information, (DHS-20, Verification of Resources, for inquiries to financial institutions), and specify on it what information is requested.

If the information requested could include health information send a DHS-1555 or a DCH-1183, Authorization to Release Protected Health Information, for the individual's signature.

When talking with collateral contacts, disclose only the information necessary to obtain the needed information. Do **not** disclose specific programs for which the household has applied. Do **not** release any information supplied by the household or imply that the household is suspected of any wrongdoing.

Home calls are **not** required but may be used to verify factors; see Interviews section in Bridges Administrative Manual (BAM) 115, Application Processing.

Obtaining Verification

All Programs

Tell the client what verification is required, how to obtain it, and the due date; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification.

Exception: For Food Assistance Program (FAP) only, if there is a system-generated due date on the verification form such as a MDHHS-3688, Shelter Verification, a verification checklist is not required to be sent with the verification form.

Use the DHS-3503C, Verification Checklist for Citizenship/Identity, to request documentation of citizenship or identity for FIP, SDA or MA determinations.

The client must obtain required verification, but the local office must assist if they need and request help.

If neither the client nor the local office can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment.

Exception: Non-citizen information, blindness, disability, incapacity, incapability to declare one's residence and, for FIP only, relationship and pregnancy, must be verified.

Citizenship and identity must be verified for clients claiming U.S. citizenship for applicants and recipients of FIP and SDA.

Note:

- When verification is scanned or copied and the information is legible, place a copy in the case file.
- If the verification is totally or partially illegible, place a copy in the case file.
- If partially legible, document the case with actual verification received such as a lease, paystubs. Include additional details such as whether it was reviewed, if it appears to be authentic, and any visible information such as the date of entry into the U.S., shelter expense.

Self-Attestation

MAGI-related Medicaid

Self-attestation is acceptable for most eligibility factors. Citizenship, social security numbers and lawful presence require documentation.

Sources available to the STATE OF MICHIGAN, for example, SSA, SAVE, MDHHS vital records, H79, Redetermination & Renewal Verifications (RRV) Service, must be utilized first before requesting documentation from the individual.

When electronic verification is not successful, documentation may not be requested of an individual for whom documentation does not exist or is not reasonably available at the time of an application or renewal. Such circumstances include, but are not limited to, individuals who are homeless and victims of domestic violence or natural disasters.

Citizenship Verification for Medicaid

When an applicant for Medicaid claims to be a U.S. citizen or to have qualified immigrant status, and all other eligibility factors are met, certify benefits. Once the case has been open and coverage entered in Bridges, verification of citizenship must be completed.

Attempt to verify citizenship through a data match such as the Social Security Administration or a MDHHS vital records match. MAGI- related applicants will have citizenship and identity verified if the application comes to Michigan Department of Health & Human Services (MDHHS) via the Federally Facilitated Marketplace (FFM) or MAGI rules engine. If there is a discrepancy with the information or it is not available then contact with the beneficiary is necessary; see BEM 221, Identity and 225, Citizenship/Non-Citizen Status.

Allow the beneficiary 90 days to provide the required verifications. If no documentation is provided at the end of the 90 days, the beneficiary should be disenrolled from Medicaid within 30 days.

Beneficiaries must be notified of the pending closure and the reason for the closure. If documentation is received prior to the closure date the coverage must continue.

Medicaid

The Michigan Department of Health and Human Services (MDHHS) program eligibility policy section will evaluate beneficiaries who are unable to provide documentation of citizenship on a case by case basis.

MDHHS will attempt to verify citizenship after all other possibilities have been exhausted by MDHHS and the beneficiary.

These attempts include but are not limited to data matches, state to state written and/or verbal inquiries, interviews with friends and relatives and the use of computerized records.

If you are unable to verify citizenship for a beneficiary send a written request to:

Michigan Department of Health and Human Services
Bureau of Medicaid Policy and Health System Innovation
Eligibility Policy Section
P.O. Box 30479

Lansing, MI 48909

The policy email address is Eligibilitypolicy@michigan.gov

All requests must include:

- Beneficiary's name.
- Case number and beneficiary ID number.
- Specialist name, telephone number and email address.
- A brief description of the situation, specify if assistance is needed in determining citizenship or qualified immigration status.
- What steps the beneficiary has taken in an attempt to provide the verification.
- What steps the specialist has taken in an attempt to verify citizenship or immigration status.
- Include the results of the Social Security Administration match and MDHHS vital records match.

Obtaining Verifications

Never place original documents such as a lease, paystubs, birth certificates in the case file.

Verification Sources

All Programs

Verification Sources of each BEM item lists acceptable verifications for specific eligibility factors. Other, less common sources may be used **if** accurate and reliable.

Use a particular source **if** it is the most reliable (public records, data matches). Otherwise**,** use the one easiest to obtain.

FIP, SDA and Medicaid

Refer to BEM 225 for a list of acceptable documents to use to verify citizenship.

Sources **must** be used in the order listed from most reliable to least reliable, **not** the easiest to obtain.

Timeliness of Verifications

FIP, SDA, RCA, Child Development and Care (CDC), FAP

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification that is requested.

Exception: For CDC, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Exception: For CDC, at redetermination, if a signed redetermination form is received prior to the end of the redetermination month, and verifications are missing or incomplete, send a VCL. Verifications are due by the end of the redetermination month, or within 10 days after they are requested, which ever allows more time.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day.

Send a negative action notice when:

- The client indicates refusal to provide a verification, **or**
- The time period given has elapsed and the client has **not** made a reasonable effort to provide it.

Note: For FIP, SDA and RCA, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, the specialist may grant an extension to the VCL due date.

Note: For FAP only, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, assist the client with the verifications but do not grant an extension. Explain to the client they will not be given an extension and their case will be denied once the VCL due date is passed. Also, explain their eligibility will be determined based on their compliance date if they return required verifications. Re-

register the application if the client complies within 60 days of the application date; see Subsequent Processing in BAM 115.

Only **adequate** notice is required for an application denial. **Timely** notice is required to reduce or terminate benefits.

Exception: At redetermination, **FAP** clients have until the last day of the redetermination month **or** 10 days, whichever is later, to provide verification; see BAM 210, Redetermination/Ex Parte Review.

Medicaid

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times.

At renewal if an individual is required to return a pre-populated renewal form, allow 30 calendar days for the form to be returned.

At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists:

- The customer/authorized representative need to make the request. An extension should not automatically be given.
- The need for the extension and the reasonable efforts taken to obtain the verifications are documented.
- Every effort by the department was made to assist the client in obtaining verifications.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date.

Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day.

Send a case action notice when:

- The client indicates refusal to provide a verification, **or**
- The time period given has elapsed.

Only **adequate** notice is required for an application denial. **Timely** notice is required to reduce or terminate benefits.

Discrepancies

All Programs

Before determining eligibility, give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source.

LEGAL BASE

FIP

45 CFR 206.10(a)(2)(ii)
45 CFR 233.10(a)(1)(ii)(B)
MCL 400.37

CDC

The Child Care and Development Block Grant (CCDBG) Act (42 USC § 9858 et seq.), as amended by the CCDBG Act of 2014 (Pub. L. 113-186).
45 CFR Parts 98 and 99.
Social Security Act, as amended 2016.

SDA
Annual Appropriations Act
Mich Admin Code, R 400.3151 – 400.3180

MA

42 CFR 435.913(a)
42 CFR 435.916 (a), (b)
MCL 400.37

Pub. L. 109-171

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3.

The Patient Protection and Affordable Care Act (Pub. L. 111-148) and the Health Care and Education Reconciliation Act (Pub. L. 111-152).

FAP

7 CFR 273.2(f)