

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

Verification/Documentation Procedures

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Background

Certain information indicated on the Statement of Facts (SOF) by the applicant/beneficiary must be verified prior to approval of the application.

Policy:

A: Verifying Documents

Applicants/beneficiaries are responsible for making available all documents needed for determining CMS eligibility.

As part of the eligibility process, workers are responsible for:

- Explaining verification requirement to the applicant/beneficiary
- Evaluating the applicant/beneficiary's ability to obtain verifications
- Providing assistance (see below) in obtaining the verifications whenever necessary

Worker assistance may be necessary whenever the applicant/beneficiary or key person:

- Has a low level of literacy or language difficulty
- Is homebound or institutionalized
- Is homeless
- Is physically or mentally handicapped
- Has no funds for postage or transportation
- Indicates that verification is not available due to loss or destruction of records, non-cooperation by the source of the verification, or similar reasons

The type of worker assistance required varies depending on the limitations of the applicant/beneficiary or key person. Workers must ensure that verifications used in determining an applicant's/beneficiary's eligibility to CMS is documented in case file.

B: Verifications Required Before Approval

Information which must be verified prior to approval of the application includes:

- Income (earned and unearned, including verifications of application for unconditionally available income)
- Income deductions
- Real and personal property
- Residency
- Identity
- Citizenship/Alienage status

The only items that must be re-verified at recertification are those which have not been previously verified or are subject to change.

Note: The worker may not request additional verification of items not listed in section B above, unless the worker considers it necessary to ensure correct eligibility determination in a specific case. In those instances, the worker must document in the case comment the nature of the additional verification requested and the reason for the request.

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C: Verifications Not Available

Verifications of income or property are to be considered unavailable when any of the following, or similar, conditions exist:

- Pursuit of the verification would put the applicant in some bodily danger or would result in loss of employment
- Records were destroyed by fire, flood, etc.
- The source of the verification is uncooperative

The worker will evaluate each situation where the applicant states that verification is unavailable. A reasonable attempt by either the applicant or the worker is to be made to obtain the verification. The attempt may be made by telephone or in writing to the source of the verification. All actions taken by the applicant and/or worker to obtain verification must be documented in the case narrative.

The requirement to contact the verification source may be waived if the applicant states that the contact would jeopardize employment or put the applicant in danger of physical harm. In this situation, the applicant must complete a sworn statement describing the basis for his/her contention that pursuit of the verification may jeopardize him/her physically or lead to loss of employment.

When the worker determines that verification is unavailable, a sworn statement from the applicant, dated and signed under penalty of perjury, must be obtained. The signed statement of facts can serve as a sworn statement and verification of **declared income or property** if:

- The declared information is not available in any other form other than a sworn statement
- The declared information is sufficient to determine eligibility, and
- A narrative entry documents the steps taken and why it was not available in any other form

D: Verification from Other PA Cases and Automated Systems

Whenever possible, information available on county accessible automated systems or from other Public Assistance (PA) case records shall be used in determining eligibility. Other PA cases include Medi-Cal, Food Stamps, General Relief, CalWORKs, CAPI, CMS, IHSS, and Foster Care cases.

Examples of County accessible systems include, but are not limited to, the following:

- Income Eligibility Verification System (IEVS)
- Systematic Alien Verification for Entitlements (SAVE)
- Employment Development Department (EDD) Real - Time Match
- State Data Exchange (SDX)
- Medi-Cal Eligibility Data System (MEDS) for Birth Record Data Match
- County Birth records extracts
- AuthMed
- IDX

Documentation of citizenship/national status from existing case files is acceptable and may be used to meet the citizenship/identity verification requirement specified in 05.01 and 05.03. In order to use existing documentation, the worker must:

- Locate in the case file the documentation; and
- Verify the procedures used initially in obtaining of the documents indicates that the documents were originals or certified copies.

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Documents used in meeting the citizenship/identity verification requirements under DRA 2005 must also all be within those that have been approved by DHCS as acceptable evidence of citizenship and identity as outlined in 05.01 and 05.03.

Information/verification obtained from other PA case records of beneficiaries and their immediate family members (responsible relatives and/or their children) can be used to determine CMS eligibility if the other PA case is:

- Currently active, or
- Closed within the last forty-five (45) days

The information from the other case record must have been obtained or reaffirmed within the last 12 months and not subject to change. Copies of the forms and verifications used from other PA case record must be filed in the case record.

E: Verification Request

When the worker needs to contact the applicant/beneficiary for additional information, the date, method of contact, and result of the contact must be documented in the case file. Workers are allowed to clarify information over the phone. If the reason for the contact is to clarify by phone information that is missing on forms (including the statement of facts), the worker narrates the contact in case comments.

When the applicant/recipient fails to respond to the first contact, the worker conducts a second contact, either by telephone and/or written notice, and document this extra effort in the case file. Written notification should include the:

- Date of the prior contact and re requested information/verification
- Timeframe for responding to this second notification, and
- Consequences for not providing the requested information within the allotted time.

F: Timeframe Procedures

The following procedures apply to all CMS applications when information/verifications are requested.

First request for verifications - Upon review of the mail-in application packet or during the face-to-face interview, the worker will generate a verification checklist if additional information and/or verification is needed. Applicants are given at least 10 calendar days to provide items listed on the verification checklist. If the requested verification is subsequently found in other PA cases or through County available systems, the applicant must be notified that he/she does not need to provide the requested items.

Second request for verifications - If the due date for the return of the initial request passes with no response from the applicant, a second verification checklist is sent to the applicant. The applicant is allowed another 10 calendar days to provide the requested verification. If the second due date passes with no response, then the worker issues a notice to deny CMS benefits.

Reminder: Remember to evaluate for Good Cause (Refer to 02.01)

Other Program Impact:

None

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Reference(s):

None

Sunset Date:

This policy will be reviewed for continuance by 04/30/2019.

Release Date:

April 04, 2016