

## 4.2 VERIFICATION REQUIREMENTS

See Section 4.1 for additional verification requirements including, but not limited to, when the information is questionable.

### A. ASSETS AND ASSET DISREGARD

**NOTE:** SNAP BENEFITS ONLY: Verification of assets is not required when an AG is categorically eligible for benefits. A Worker is still required to update eRAPIDS with all available asset information reported and take the appropriate action, if required, for any other program benefits in the case.

#### ASSETS:

| ITEM                                                                                                                                    | PROGRAMS                                                                                                                                  | WHEN TO VERIFY                                                                                                                                                                                                                  | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                            |
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| 1. Vehicles, Including Recreational Vehicles<br><br>Verify ownership and value                                                          | WV WORKS and non-MAGI Medicaid coverage groups subject to an asset test<br><br>All programs and coverage groups subject to an asset test. | Prior to approval, at redetermination and when ownership of a different or additional vehicle is reported                                                                                                                       | Vehicle title, registration, legal contract, NADA book, DFA-V-1, DFA-RV-1, statement from a knowledgeable source. The following Internet websites may be used: NADA.com, CarPrices.com, AutoPricing.com, Intellichoice.com, Edmunds.com and the Kelley Blue Book at kbb.com |
| 2. Trust Fund Or Other Similar Device, Including Burial Trusts                                                                          | All Programs and coverage groups subject to an asset test                                                                                 | Prior to approval, when client reports establishment of a trust                                                                                                                                                                 | Written agreement                                                                                                                                                                                                                                                           |
| 3. Bank Accounts, CD's And Other Liquid Assets<br><br>See Dedicated Account For SSI Recipient Under Age 18 below for Dedicated Accounts | All Programs and coverage groups subject to an asset test                                                                                 | Applicants: Initiate verification prior to approval, do not delay approval until received.<br>Recipients: When client reports an increase<br><br>SNAP Only: To determine if used solely for a deployed service person's benefit | Bank statements, the CD, stock market prices, life insurance policies, statement of stockbroker<br><br>SNAP Only: Written statement from the service person or the financial institution, such as a detailed account record                                                 |

## Verification

| ITEM                                                                                            | PROGRAMS                                                  | WHEN TO VERIFY                                                                                                                                                                                                                          | POSSIBLE SOURCES OF VERIFICATION                                                                       |
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| 4. Value Of Business Equipment And Livestock                                                    | All Programs and coverage groups subject to an asset test | Prior to approval, at redetermination and when ownership of different or additional equipment or livestock is reported                                                                                                                  | Tax receipts, Assessor's records, realtor's statement                                                  |
| 5. Good-Faith Effort To Sell Real Property                                                      | WV WORKS                                                  | Prior to exemption of real property                                                                                                                                                                                                     | Newspaper ads, statement of realtor, other media notices, DFA-22                                       |
| 6. Savings Bond Bought From Client's Own Funds<br><br>Verify date of purchase and cash-in value | All Programs and coverage groups subject to an asset test | Prior to approval SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1<br><br>When bond is at least 6 months old: Prior to approval, when client reports additional bonds. If bond is not 6 months old: Verify 6 months from date of issue | Bond, financial institution                                                                            |
| 7. Bona Fide Loan                                                                               | AFDC-Related Medicaid, SSI-Related Medicaid groups        | When client says he has a loan                                                                                                                                                                                                          | Written statement                                                                                      |
| 8. Uniform Gifts To Minors Act Funds                                                            | SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1         | When client reports having such funds, prior to exclusion                                                                                                                                                                               | Written agreement must specifically state that such funds are part of the Uniform Gifts To Minors Act. |
| 9. PASS Account<br><br>For SNAP: Verify that PASS was developed through SSA.                    | SNAP, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1   | Prior to exclusion                                                                                                                                                                                                                      | Copy of plan                                                                                           |

## Verification

| ITEM                                                                                                                                                      | PROGRAMS                                            | WHEN TO VERIFY                                                                                               | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                   |
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| <p>10. Funds Received For Replacement Or Repair Of An Asset</p> <p>Verify: amount, source, date received, how much used to repair or replace an asset</p> | All Programs and coverage groups with an asset test | When such funds are received                                                                                 | Award letter, statement from provider of funds, copy of check, receipts for repair or replacement, estimates, signed contracts                                                                     |
| <p>11. Funds Received From Sale Of An Excluded Home</p> <p>Verify: amount, source, date received, how much used to purchase a different home</p>          | SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1   | When excluded home is sold                                                                                   | Purchase agreement, statement from buyer, statement from seller, statement from real estate agent                                                                                                  |
| 12. Dedicated Account For SSI Recipient Under Age 18                                                                                                      | WV WORKS                                            | Prior to exclusion                                                                                           | <p>SSA letters to payee which inform individual of need to establish account or which verify a deposit into such account</p> <p>Statement from SSA that dedicated account meets SSA definition</p> |
| 13. Ability to Sell An Annuity Or The Annuity's Stream Of Income                                                                                          | All Medicaid groups with an asset test              | Prior to approval or when an annuity is purchased                                                            | Letters or documents from companies that purchase annuities or a stream of income from annuities                                                                                                   |
| 14. Value of an Annuity                                                                                                                                   | All Medicaid groups with an asset test              | Prior to approval or when an annuity is purchased or other action taken that would affect the annuity value. | Statement or document verifying the value from the financial entity or company that issued or holds the annuity.                                                                                   |

## Verification

| ITEM                                                   | PROGRAMS                                        | WHEN TO VERIFY                                                                   | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 15. Indian Lands and Trust Funds                       | All Medicaid coverage groups with an Asset Test | See Appendix C of Chapter 11.                                                    | See Appendix C of Chapter 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 16. Promissory Notes and Outstanding Principal Balance | All Medicaid coverage groups with an Asset Test | At application and redetermination or when a promissory note is obtained or held | <p>A copy of the agreement/ promissory note. If the individual claims the FMV is less than the outstanding principal balance, he may present documentation from a bank or other financial institution, private investor or real estate broker. The estimate must show the name, title and address of the source.</p> <p>To determine the outstanding principal balance, an amortization schedule can be used to determine the outstanding principal balance and interest income, if the terms of the agreement are known, i.e., interest rate, payment period, original principal amount, etc.</p> |

## Verification

## ASSET DISREGARD:

| ITEM                                                             | PROGRAMS                                                                                                                           | WHEN TO VERIFY                                                                                                                                                                                                     | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                        |
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| 17. Long-Term-Care Insurance Partnership (LTCIP) Asset Disregard | Medicaid - Aged, blind or disabled, institutionalized individuals with income equal to or less than 300% of the SSI payment for 1. | Prior to approval and any time an individual indicates assets in excess of the allowable maximum asset amount but has a Qualified LTCIP Policy that has paid insurance benefits to or on behalf of the individual. | The OFS-LTCIP-1, the Qualified LTCIP Policy, letter from the issuing state's insurance commissioner or other governmental agency that regulates insurance, or verification from the issuing insurance agency indicating compliance of the Policy with Section 1917(b)(5)(A) of the Social Security Act. |

## B. INCOME

| ITEM                                             | PROGRAMS                                             | WHEN TO VERIFY                                                                                                                                                                                                                                                                                                                                                                           | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Earned Income<br><br>Verify source and amount | All Programs and coverage groups with an income test | <p><b>All Programs:</b> Prior to approval, at redetermination.</p> <p><b>Medicaid:</b> When a change in the amount is reported.</p> <p>MAGI Medicaid: See Section 4.1 and WV CHIP.</p> <p><b>WV WORKS:</b> When a change is reported in rate of pay, or number of hours, verify the change. When a change is reported in the source, verify rate of pay, number of hours and source.</p> | <p><b>Medicaid and WV CHIP:</b> See second column for when a client is pended for these:</p> <p>Federal Data Hub, pay stubs, written statement from employer, self-employment records, Work Record Sheet ES-17, military Leave and Earnings Statement (LES). The amount of earnings received on a pay card may also be verified electronically via text message, calling the number on the debit card or accessing the employer's website.</p> |

## Verification

| ITEM                                                                                                                                                                                                                                                                                                                                                           | PROGRAMS | WHEN TO VERIFY                                                                                                                                                        | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>NOTE: All income</b> used in calculating eligibility and the amount of the benefit must be verified. However, income considered, but not used, need not be verified.</p> <p><b>NOTE:</b> The year-to-date amounts on pay stubs may be used when the client has verification of all of the other pay amounts whether used or not, but is missing one.</p> |          | <p><b>SNAP only:</b> During the certification period, the change in the income amount must be more than \$50 or change in source for verification to be required.</p> | <p><b>NOTE:</b> The military LES is received at the beginning of the month and shows earnings for services performed in the prior month.</p> <p>Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.</p> <p><b>MAGI Medicaid and WV CHIP:</b><br/>See 4.1 for certain emergency circumstances when verifications are not available to the client.</p> |

## Verification

| ITEM                                                                                                                                                                                                                                                                                                                                                                                                                          | PROGRAMS                                                                                                           | WHEN TO VERIFY                                                                                                                                                                                                                                                      | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>2. Unearned Income</p> <p>Verify source and amount</p> <p><b>NOTE:</b> All income used in calculating eligibility and the amount of the benefit must be verified. However, income considered, but not used, need not be verified.</p> <p><b>NOTE:</b> The year-to-date amounts on check stubs may only be used when the client has verification of all of the payment amounts whether used or not, but is missing one.</p> | All Programs                                                                                                       | <p>Prior to approval, at redetermination, when a change in the source or amount is reported</p> <p><b>SNAP Only:</b> The change in the income amount must be more than \$50 for verification to be required.</p> <p>MAGI Medicaid and WV CHIP. See Section 4.1.</p> | <p>Federal Data Hub, award letter, computer matches, written statement from source, BCSE information, written statement from contributor, eRAPIDS data exchanges</p> <p>The amount of unearned income received on a pay card may also be verified electronically via text message, calling the number on the debit card or accessing the source's website.</p> <p>Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.</p> |
| <p>3. Savings Bond Received As A Gift</p> <p>Verify date of purchase and cash-in value</p>                                                                                                                                                                                                                                                                                                                                    | <p>SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1</p> <p><b>NOTE:</b> For all other Programs, see item A,6.</p> | <p>When bond is at least 6 months old: prior to approval, when client reports additional bonds</p> <p>If bond is not 6 months old: Verify 6 months from date of issue</p>                                                                                           | Bond, financial institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## Verification

| ITEM                                                                                                                                                                                                                                                                                                                                                | PROGRAMS                                                                                        | WHEN TO VERIFY                                                             | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                               |
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| <p>4. Lump Sum Payment</p> <p>Verify amount used to meet life-threatening situation or amount unavailable.</p>                                                                                                                                                                                                                                      | <p>WV WORKS</p> <p>MAGI Medicaid:<br/>Only counted if received in the month of application.</p> | <p>Prior to shortening the period of ineligibility</p>                     | <p>Media stories, statement of knowledgeable person, police reports, hospital reports, physician's statement</p>                                                                                                               |
| <p>5. IRS Information</p> <p>Federal Data Hub: IRS information includes modified adjusted income from previous year federal tax information.</p> <p>IRS information includes the tax household group that is compared against the client's self-attestation.</p> <p>Unearned interest Income, including asset and income type, amount and payee</p> | <p>MAGI Medicaid and WV CHIP</p> <p>All programs</p>                                            | <p>At application or review</p> <p>When reported through data exchange</p> | <p>Federal data hub</p> <p>Federal data exchange</p> <p>See Chapter 3.</p> <p>Use the best source of verification available. When there is absolutely no other source of verification the client's statement must be used.</p> |

## Verification

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|----------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Proceeds or Distributions from Indian Lands and Trust Funds | All Medicaid program groups              | See Appendix C of Chapter 11.                                              | See Appendix C of Chapter 11.                                                                                                                            |
| 7. Gift Card / Certificate Value                               | All Medicaid program groups and WV WORKS | Prior to approval, at redetermination, and when the client reports receipt | Signed attestation from the individual. If questionable, verification with the issuer, the card itself, a purchase receipt, vendor, or vendor's website. |

## C. INCOME DEDUCTIONS

| ITEM                                                                                                                                                            | PROGRAMS                                      | WHEN TO VERIFY                                                                                                                                                                                        | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                   |
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| 1. Educational Funds<br><br>Verify the source amount and amount earmarked for educational purposes                                                              | Medicaid                                      | Prior to approval, at redetermination and when the client reports the onset or a change.                                                                                                              | Statement from educational institution, Financial Aid Office or other grantor, receipts, knowledge of public transportation costs, commuting distances and gasoline prices, statement of reasonable estimate of expenses                           |
| 2. Medical Expenses<br><br>Verify amount owed by the client which will not be reimbursed by a 3rd party.<br><br>SNAP: Anticipated medical expenses may be used. | SNAP, SSI-Related and AFDC/U-Related Medicaid | SNAP: Prior to approval, at redetermination and when the client reports a change of more than \$25 in total medical expenses<br><br>SSI- and AFDC/U-Related: Prior to using the expense for spenddown | Medical bills, medical receipts, written estimates of anticipated cost from the medical provider, health insurance EOB, billing staff in hospital or doctor's office, shipping invoices for mail-order prescription drugs and their shipping costs |

## Verification

| ITEM                | PROGRAMS | WHEN TO VERIFY                                  | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 3. Shelter Expenses | SNAP     | Only when information provided is questionable. | <p>Current bills or receipts. If a homeless AG has difficulty obtaining traditional types of verification, the Worker must use judgment in determining if verification obtained is adequate.</p> <p><b>EXAMPLE:</b> A homeless individual claims incurred shelter costs for several nights. The costs are comparable to those incurred by other homeless people. The Worker may decide to accept this information and require no further verification.</p> |

## Verification

| ITEM                                                                                                                               | PROGRAMS       | WHEN TO VERIFY                                                                                                                          | POSSIBLE SOURCES OF VERIFICATION                                                                                                                              |
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| 4. Utility Expenses for SUA Standards                                                                                              | SNAP           | Only when information provided is questionable.                                                                                         | Current bills or receipts, landlords statements, lease agreements                                                                                             |
| 5. Child Support<br>Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments. | SNAP           | Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid       | Court order or legal separation agreement, cancelled checks, OSCAR, pay stubs showing wage withholding, signed receipt or statement from the custodial parent |
| 6. Dependent Care Expenses                                                                                                         | SNAP, WV WORKS | Prior to approval, at redetermination or when the client reports a change.<br><br>SNAP: Only when information provided is questionable. | Day care bills, receipts, written estimates of anticipated costs from the provider, child care program certification letters showing client liability.        |

## Verification

## D. WORK REQUIREMENTS

| ITEMS                                                                                                                                                                                    | PROGRAMS       | WHEN TO VERIFY                                                                                                                                                                                                                                                                                                                                                                                                                        | POSSIBLE SOURCES OF VERIFICATION                                                                                             |
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| 1. Illness Or Impairment Of An Individual                                                                                                                                                | SNAP, WV WORKS | <p>SNAP only: Prior to exempting the individual from the work requirements. Only non-obvious illnesses or impairments must be verified with medical reports. Exemption status must be re-evaluated at redetermination.</p> <p>WV WORKS only: Prior to temporarily exempting the individual from meeting the work participation requirement, and prior to determining good cause for failure to meet the 24-month work requirement</p> | Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision for TANF and WV WORKS |
| 2. An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person<br><br><b>NOTE:</b> For SNAP, the individual who needs care is not required to reside with the AG | SNAP, WV WORKS | Prior to exempting the individual from participation and at redetermination                                                                                                                                                                                                                                                                                                                                                           | Definitive statement from physician, licensed psychologist; MRT decision for WV WORKS                                        |

## Verification

| ITEM                                              | PROGRAMS          | WHEN TO VERIFY                                                                                                                                                                                                                                                                                                         | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                              |
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| 3. Pregnancy                                      | SNAP, WV WORKS    | Prior to exemption                                                                                                                                                                                                                                                                                                     | Statement from physician, physician's assistant, nurse practitioner or other licensed health care provider, which shows the expected date of delivery.                                                                                                                                        |
| 4. Good Cause For Leaving Or Refusing Employment  | SNAP and WV WORKS | When good cause is claimed.<br><br>SNAP only: Good cause is determined at redetermination and application.                                                                                                                                                                                                             | Employer's statement, grievance board decisions, statements of witnesses, WorkForce West Virginia decision, employee associations, union representatives.<br><br>WV WORKS: Statement from school or educational facility of enrollment and/or attendance in a full-time educational activity. |
| 5. Good Cause For Voluntarily Quitting Employment | SNAP, WV WORKS    | SNAP: When an applicant quits employment within 60 days prior to the application date or a recipient quits a job. Good cause is determined at redetermination and application.<br><br>WV WORKS: When an applicant quits employment within 45 days prior to the application date or a recipient quits a job at any time | Employer's statement, grievance board decisions, statements of witnesses, WorkForce West Virginia decision<br><br>WV WORKS: Statement from school or educational facility of enrollment and/or attendance in a full-time educational activity.                                                |

## Verification

| ITEM                                    | PROGRAMS | WHEN TO VERIFY                                                                                                                                  | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                     |
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| 6. Hours Worked                         | SNAP     | When an AG member is a student                                                                                                                  | Pay stubs, written statement from employer, work record sheet, ES-17                                                                                                                                                                                                                                                                                                                 |
| 7. Domestic Violence                    | WV WORKS | When the applicant or recipient alleges domestic violence and requests an exemption from work participation requirements or program time limits | <p>Protective orders, hospital records, statements from legal services or domestic violence counseling or shelter staff or witnesses. Paper work from law enforcement agencies, i.e., criminal charges</p> <p><b>NOTE:</b> To insure the safety of the individual, the Worker must never contact the abuser, his relatives or friends in an attempt to verify domestic violence.</p> |
| 8. WorkForce West Virginia Registration | SNAP     | When the individual is required to register and does not meet an exemption. See Section 13.5.                                                   | Information from WorkForce West Virginia MACC system                                                                                                                                                                                                                                                                                                                                 |

## Verification

| ITEM                                                         | PROGRAMS                               | WHEN TO VERIFY | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 9. Participation Hours In Employment And Training Activities | WV WORKS and WV WORKS Support Payments | Monthly        | <p>WV WORKS: Time sheets, verbal confirmation over the phone from training or volunteer site may be accepted but must be followed up with receipt of a signed timesheet. For employment, phone confirmation by employer followed with written, signed employer statement, or pay stubs, electronic records, such as e-mails.</p> <p>Support Payments: Participation hours may be recorded based on employment hours, but no support services may be issued without appropriate verification or signed time sheet and the appropriate submitted request.</p> |

## Verification

## E. ENUMERATION

| ITEM                                    | PROGRAMS                                                            | WHEN TO VERIFY                                                                                                   | POSSIBLE SOURCES OF VERIFICATION                                                                  |
|-----------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Application For SSN                  | All, except Medicaid CEN group                                      | Prior to approval; prior to adding an individual to the AG<br><br>WV WORKS:<br>After completion of the PRC       | SSA/DHS-3; written statement from SSA; for newborns only, SSA Form 2853 Enumeration at Birth form |
| 2. SSN Of Individuals Who Have A Number | All, except Medicaid CEN group<br><br>For MAGI Medicaid and WV CHIP | Prior to approval; prior to adding an individual to the AG.<br><br>WV WORKS only:<br>After completion of the PRC | Social Security Card, written statement from SSA, data system<br><br>Federal Data Hub             |
| 3. SSN Of Individual Referred To SSA    | SNAP                                                                | At the redetermination following the application for an SSN                                                      | Social Security Card, written statement from SSA                                                  |

## Verification

## F. CATEGORICAL RELATEDNESS

| ITEM                                                 | PROGRAMS                      | WHEN TO VERIFY                                                                                                                                                                                                                                         | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                    |
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| 1. Disability, Blindness                             | SSI-Related<br>Medicaid, CDCS | Prior to approval; when MRT or BMS requires revaluation                                                                                                                                                                                                | Receipt of RSDI, MRT decision, BMS decision                                                                                                                         |
| 2. Pregnancy                                         | Pregnant Women<br>Medicaid    | This is not routinely verified. Prior to approval; only when pregnancy is questionable due to age of applicant, history of multiple pregnancies in a short time or pregnancies not resulting in a status such as birth, abortion or miscarriage, etc.. | Accept self-attestation.<br>Statement from attending physician, physician's assistant, nurse practitioner or other person medically qualified to diagnose pregnancy |
| 3. Appeal of Termination of SSI - No Longer Disabled | SSI Medicaid                  | Prior to case closure and evaluation for other Medicaid coverage groups                                                                                                                                                                                | Letters to client from SSA, written statement from SSA                                                                                                              |

## Verification

## G. GENERAL FACTORS

| ITEM         | PROGRAMS                                                                                                                                                                            | WHEN TO VERIFY                                                                               | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 1. Identity  | <p>All Programs and coverage groups.<br/>SNAP Program: This includes authorized representatives.</p> <p><b>EXCEPTIONS:</b><br/>WV CHIP and Medicaid: This is not a requirement.</p> | <p>Prior to approval.</p> <p><b>NOTE:</b> Is not waived for SNAP Expedited Service cases</p> | <p>Such as but not limited to: Driver's license, school ID cards or records, marriage records, library card, credit cards, Employment Services registration card, Social Security card, written statements from neighbors, police records, employment ID or records, voters registration card, military discharge papers, selective service card, state ID card, passport, military identification card, SVES data match.</p> <p>Medicaid: See Section 4.3 for specific documentation requirements for citizenship verification.</p> |
| 2. Residence | <p>SNAP</p> <p>Medicaid</p>                                                                                                                                                         | Prior to approval                                                                            | <p>Rent or mortgage receipts, landlord's statement, written statements from neighbors, employment records.</p> <p>For Medicaid accept self-attestation.</p>                                                                                                                                                                                                                                                                                                                                                                          |

## Verification

| ITEM                                             | PROGRAMS                                                | WHEN TO VERIFY                                                                                                                                                                                                                                                                                                                                                                                                                     | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                   |
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| 3. Application For Potential Resources           | WV WORKS;<br>Medicaid, except as specified in Chapter 5 | <p>When an AG member appears to be eligible for a benefit which would reduce or eliminate the client's need for public assistance.</p> <p>Applications:<br/>Prior to Approval</p> <p>Active Cases:<br/>For UCI benefits:<br/>Application must be made within 30 days of the date of referral.</p> <p>All other benefits:<br/>Application must be made within a reasonable period of time, determined by the Worker and client.</p> | Written statement from agency which accepted the client's application, telephone contact with such agency                                                                          |
| 4. Good Cause For Refusal To Cooperate With BCSE | Medicaid, WV WORKS                                      | When caretaker relative does not cooperate and claims good cause.                                                                                                                                                                                                                                                                                                                                                                  | Police reports, collateral statements from persons knowledgeable about the client's situation, domestic violence shelter staff documentation, counselor's reports, medical records |

## Verification

| ITEM                        | PROGRAMS                                         | WHEN TO VERIFY                                                                                                                           | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 5. Specified Relationship   | AFDC Medicaid, AFDC/U-Related Medicaid, WV WORKS | Prior to approval when paternity has not been established, and a relative of the child's putative father applies as a specified relative | Birth certificates, statements of physicians or midwives who attended the birth, family Bible, wills or deeds which specify paternity, records of social services agencies, DHHR records, hospital records, juvenile court records, school records, income tax returns. In the absence of any documentary proof, the relative's statement about the reason there is no proof, and at least one notarized statement from a person knowledgeable about the situation is acceptable. The notarized statement must describe the relationship and explain how the individual knows it to be true. |
| 6. Tax-Exempt Status Of GLF | SNAP                                             | Prior to approval of benefits for residents of GLF's                                                                                     | Copy of State certification or other authorization to operate the facility, written statement from IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## Verification

| ITEM                                                                   | PROGRAMS       | WHEN TO VERIFY                                                                                                                                                           | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                        |
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| 7. Out-Of-Pocket Medical Expenses                                      | Medicaid       | When the Department causes a delay in Medicaid coverage, and the client incurs medical expenses, which would have been paid by Medicaid, had the Department acted timely | Original bills from the medical provider and proof of payment by the client; Receipts from the medical provider                                                                                         |
| 8. Which Parent Will Receive Benefits For Child In Joint Custody Cases | WV WORKS, SNAP | Prior to approval, at redetermination, when a change is requested by parents.<br><br>For SNAP, only verify when questionable.                                            | Statements from parents; collateral statements from friends, neighbors, family; court order.                                                                                                            |
| 9. Compliance With PRC Requirements                                    | WV WORKS       | At time limits established in the PRC.                                                                                                                                   | Contact with other agency or institution, written notice of compliance from the entity with whom the client was required to participate; copies of official documents from other agency or institution. |
| 10. Adult-Supervised Living Arrangement                                | WV WORKS       | Prior to approval; at each redetermination; when a change is reported.                                                                                                   | Contact with the supervising adult; written statement from the supervising adult; collateral contacts; home visit                                                                                       |

## Verification

| ITEM                                                 | PROGRAMS | WHEN TO VERIFY                           | POSSIBLE SOURCES OF VERIFICATION                                                                                                                               |
|------------------------------------------------------|----------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. 60-Month Lifetime Limit                          | WV WORKS | Prior to approval beginning October 2001 | eRAPIDS; case record information; contact and obtain written verification from other states using the DFA-WVW-Verif-1; Departmental printouts or other records |
| 12. 24-Month Time Limit                              | WV WORKS | Prior to approval beginning October 1998 | eRAPIDS; case record information; contact with other states; Departmental printouts or other records; WorkForce West Virginia records                          |
| 13. Offer Or Guarantee Of Employment Or Other Income | WV WORKS | Prior to approval of DCA payment         | Contact with future employer or entity from which the income is expected                                                                                       |

## Verification

| ITEM                                       | PROGRAMS | WHEN TO VERIFY                                                                                                                     | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Deployment To A Designated Combat Zone | SNAP     | Documentation of a person's deployment to a designated combat zone is only required when it is questionable or not known to the AG | <p>The Leave and Earnings Statement (LES), Orders issued to the military person, Public records, Local base financial office, The internet. A list of designated combat zones is available at: <a href="http://www.fns.usda.gov/fsp/government/certification_policy.htm">www.fns.usda.gov/fsp/government/certification_policy.htm</a></p> <p>Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.</p> |
| 15. Medicare Enrollment – Parts A And B    | Medicaid | Prior to approval and at redetermination when not verified at application.                                                         | <p>Federal Data Services Hub.</p> <p>Award letter from Social Security (SSA), Medicare card, SSA referral form.</p>                                                                                                                                                                                                                                                                                                                                                                            |

## Verification

| ITEM            | PROGRAMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WHEN TO VERIFY                                                    | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                                                              |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. Citizenship | <p>Medicaid Programs and coverage groups and WV CHIP applicants.</p> <p><b>EXCEPTION:</b> The following applicants and recipients are exempt from the requirement:</p> <ul style="list-style-type: none"> <li>- SSI recipients</li> <li>- RSDI recipients when receipt is based on disability</li> <li>- Medicare enrollees or those eligible to enroll in Medicare</li> <li>- Individuals covered under Title IV-B child welfare services or Title IV-E foster care or adoption services.</li> <li>- A child born in the U.S. to a woman eligible for and receiving Medicaid or CHIP on the date of the child's birth. This includes a child born to an ineligible/illegal alien who received Medicaid for the birth only.</li> <li>- Current WV CHIP recipients.</li> </ul> | At application or at redetermination, if not previously verified. | <p>See Section 4.3 for specific documentation requirements.</p> <p>The federal data hub will verify citizenship when information is available. Additional information may be requested if information cannot be verified.</p> |

## Verification

| ITEM                                                                           | PROGRAMS               | WHEN TO VERIFY                                                                                                                                 | POSSIBLE SOURCES OF VERIFICATION                                                                                 |
|--------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 17. Medical Insurance Information                                              | Medicaid and WV CHIP.  | Prior to approval, at redetermination, when new insurance or a change in an insurance carrier is reported.                                     | Medical insurance card or coverage verification letter from insurance company.                                   |
| 18. Insurance Premium Payment                                                  | Medicaid               | Prior to approval, at redetermination or whenever a change is reported.                                                                        | Statement from insurance company or pay stub.<br>See Section 17.9.                                               |
| 19. Personal Care Contract, Personal Care Agreement, Personal Service Contract | Medicaid               | When an applicant or recipient states he transferred funds, property or resources to a relative or friend as payment of personal care services | The legal, written agreement. Letter from an attorney that contains all the terms of the personal care contract. |
| 20. Status as a tax filer or a tax dependent                                   | MAGI Medicaid, WV CHIP | Prior to approval at redetermination or whenever a change is reported.                                                                         | Accept self-attestation or, if questionable, IRS returns or court documents.                                     |

## Verification

| ITEM                          | PROGRAMS                             | WHEN TO VERIFY                                                                                               | POSSIBLE SOURCES OF VERIFICATION                                                                                                                                                    |
|-------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. Immigration Status        | MAGI Medicaid and WV CHIP            | Immigration status must only be verified one time and the agency must accept verification from another state | Department of Homeland Security. This information will be obtained from the federal data hub electronically. If a match is not available, the agency must contact SAVE Coordinator. |
| 22. Former Foster Care Status | Former WV Foster Care Medicaid Group | Post eligibility                                                                                             | FACTS                                                                                                                                                                               |