

S-0000 VERIFICATION AND DOCUMENTATION**S-100 VERIFICATION**

Verification is proving an applicant/beneficiary's statements regarding financial and non-financial information related to eligibility for Medicaid.

S-110 VERIFYING FINANCIAL INFORMATION

The agency must request information related to financial eligibility from other State agencies and Federal programs which the agency determines are useful in verifying financial eligibility of an individual. Financial information is available and is obtained electronically from the following electronic services:

- Federal Data Services Hub
- Internal Revenue Service (IRS)
- TALX
- **
- Louisiana Workforce Commission
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Louisiana Vital Records Registry (VRR)
- Accuity
- **
- HMS

Use of Information and Requesting additional financial information

Information provided by or on behalf of an individual (self-attested) which is reasonably compatible with information from electronic services must be used to determine or renew eligibility.

An individual must not be required to provide additional information or documentation unless information needed by the agency cannot be obtained electronically or the information obtained electronically is not reasonably compatible.

The agency may not deny or terminate eligibility or reduce benefits for any individual on the basis of information obtained electronically unless the agency has sought additional information from the individual.

Reasonably Compatible Income

Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual (self-attested) if both are either above or at or below the applicable income standard for Medicaid and LaCHIP.

If the individual's self-attested income and the income obtained electronically are both above the applicable income standard, the self-attested income amount is used without further verification. The individual will be determined ineligible and the account transferred to the Federally Facilitated Marketplace (FFM) for Advanced Premium Tax Credit (APTC) eligibility.

If the individual's self-attested income is above the applicable income standard, but income obtained electronically puts the applicant below the applicable income standard, the individual will be determined ineligible and the account transferred to FFM for APTC eligibility.

If the individual's self-attested income and the income obtained electronically, are both below the applicable income standard, use the self-attested income amount without further verification.

If the individual's self-attested income is below the applicable income standard, but income obtained electronically is above the applicable income standard, apply the 10 percent reasonable compatibility standard. If the difference between the self-attested income and the amount obtained electronically is less than 10 percent, accept the self-attested income. Request additional information if the difference in the self-attested income and income obtained electronically is greater than 10 percent and is not reasonably compatible. Additional information may include documentation or a reasonable explanation of the difference. Examples of a reasonable explanation include:

- Changed employer from Northern LA to Southern LA.
- Changed job position.
- Hours reduced due to illness/pregnancy.
- Job as student worker ended because no longer a student.

If there is no electronic service information, self-attested income will be accepted.

Exception: Verify income of a parent applying for child who refuses to provide an SSN preventing the agency from obtaining income information electronically. The agency must request income information electronically by SSN.

Self-Employment Income

Self-employment income information provided by or on behalf of an individual (self-attested) must be verified when it is below the applicable income standard.

Verifying Assets

Section 1940 of the Social Security Act requires state agencies to implement an Asset Verification Program (AVP) by which assets can be evaluated when determining eligibility for medical assistance. Refer to [S-140 Asset Verification Program](#).

S-110.1 VERIFYING NON-FINANCIAL INFORMATION**Citizenship and Immigration Status**

Verify citizenship and immigration information provided by or on behalf of the applicant through available electronic data sources used by the agency. If any discrepancies are found give the individual reasonable opportunity to provide documentary evidence. Do not delay, deny, reduce or terminate benefits until such reasonable opportunity period has ended. Citizenship, identity and immigration status does not need to be verified during post-eligibility reviews. Refer to [I-300 Citizenship/Identity and Qualified Non-Citizen Status](#).

State Residency

Self-attestation of residency shall be accepted unless a discrepancy is found through available electronic data sources used by the agency. If any discrepancies are found give the individual reasonable opportunity to provide documentary evidence. Refer to [I-1900 Residence](#).

Social Security Numbers

Verify the SSN provided by or on behalf of the applicant through the Federal Data Services Hub. If any discrepancies are found give the individual 90 days to provide documentary evidence. If an applicant cannot recall their SSN or SSN has not been issued assist the individual in completing an application for an SSN. Either send the application to SSA or, if there is evidence that the individual has previously been issued a SSN, request SSA to furnish the number.

The application must not be denied solely because a non-applicant's SSN is not disclosed. If the non-applicant's income is countable in the budget

and is from a source usually verified using the SSN, alternate verification needs to be provided. Refer to [I-600 Enumeration](#).

Pregnancy

Self-attestation of pregnancy and the expected date of delivery are acceptable from the applicant unless there is reason to believe that confirmation from a medical professional is required (i.e. multiple pregnancies with no recorded births on record).

Age, Date of Birth and Household Size

Self-attestation of Age, Date of Birth and Household Size shall be accepted unless a discrepancy is found through available electronic data sources used by the agency. If any discrepancies are found give the individual reasonable opportunity to provide documentary evidence. Refer to [I-100 Age – MAGI Related](#).

Case Documentation

The agency must include in each applicant's case record facts to support the agency's decision on their application.

Always include the following:

- Mandatory verifications;
- Why information is questionable;
- How questionable information is cleared;
- Why alternate methods are used rather than standard methods;
- Why one collateral contact was rejected in preference for another;
- Name, address, and/or telephone number for all collateral contacts; documentation in the Agency Use Only section of the application or redetermination forms or change report form for address changes regarding voter registration actions provided to the individual.

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DOCUMENTARY EVIDENCE

Documentary evidence is written confirmation of an applicant/beneficiary's circumstances (e.g., check stubs, BHSF Employer form, BHSF Resource form, or insurance policies). Accept any reasonable documentary evidence if the verification proves the

statements of the applicant/beneficiary as being accurate. Documentary evidence is considered insufficient if it does not provide an accurate picture of the applicant/beneficiary's situation, conflicts with other documentation, or appears to be falsified.

Acceptable Documentary Evidence

Death:

- Form 148
- Copy of the individual's obituary
- Returned mail marked by the post office as "Deceased"

Foster Care Status

- Letter from the state showing the applicant was in foster care and receiving Medicaid upon reaching age 18

Household:

- Copy of driver's license/ID
- Copy of birth or death certificates
- Copy of mortgage, lease, or rental agreement
- Copy of school records
- Copy of medical bills
- Copy of court pleadings
- Receipt for application for a Social Security Number, Social Security Card, or Form SSA-2853
- Statement signed by someone that does not live with the applicant, listing everyone who lives in the home. Include the person's name, address, phone number and their relationship to the applicant.

Income:

- Check stubs
- Employer's statement on letterhead
- Human Resources or Accountant payroll record
- Bank statements
- Pension or Retirement Distributions
- If self-employed, copies of most recent federal tax return with all schedule attachments.
- If not self-employed, federal tax returns are not an accurate depiction of current income so more verification should be

requested if available

Marital Status:

- Copy of marriage license
- Copy of divorce decree
- Copy of mortgage/lease agreement, utility bill or statement signed by a third party attesting to your date of separation. Include the third party's name, address, phone number and their relationship to you

Residency:

- Copy of driver's license/ID
- Copy of mortgage, lease, or rental agreement
- Copy of recent utility bill
- Copy of employment record indicating job location

Self-Employment Income:

- Federal Income Tax Returns including all schedule attachments such as Schedule C, Profit or Loss from Business necessary to determine gross earnings and allowable business expenses
- Business Records and
- The individual's signed statement of income and allowable business expenses, only if no other verification is available and only for initial determination
- A person's statement as verification, only if a collateral source is not available; document why alternate method was used; include name, address, and telephone number for contact

Foster Care Status:

As of January 1, 2023, all youth who self-attest to being in foster care at age 18 or older in any state may begin receiving coverage immediately prior to foster care status being verified.

If the individual was in foster care in Louisiana the state will electronically update the system with their foster care status. If the information has not been electronically updated in the system a request for information will be sent to the individual to provide verification. [Refer to H-3100 Former Foster Care](#)

Eligibility Factors and Available Electronic Data Source:

Eligibility Factor	Available Data Sources
Age (Date of birth)	Social Security Administration
Caretaker Relative	Supplemental Nutrition Assistance Program (SNAP)
Citizenship	Social Security Administration, SAVE
Death	Louisiana Vital Records Registry (VRR), Social Security Administration (SSA), **
Earned Income	Internal Revenue Service (IRS) Federal Data Services Hub, TALX Work Number Data, Louisiana Workforce Commission, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), **
Household Composition	Supplemental Nutrition Assistance Program (SNAP), **
Immigration Status	Department of Homeland Security (DHS) – SAVE and VLP service through the Hub
Medicare	Social Security Administration
Residency	** SNAP
Resources	Accuity**– Resources that are not verifiable through available data sources (motor vehicles, life insurance, investment accounts), require paper documentation.
Social Security Number	Social Security Administration, Federal Data Services Hub
Third Party Liability (TPL)	HMS
Unearned Income (SSA, SSI, Title II)	Social Security Administration, SOLQI (Title II)

S-130 THIRD PARTY STATEMENTS/ COLLATERALS

Verbal confirmation from a knowledgeable source of an applicant's/beneficiary's circumstances is allowed when expediting an application or renewal.

Most statements from applicants/beneficiaries are made on forms that explain the penalties for fraudulent statements. Confirm these statements with third-party sources (e.g., governmental or private agencies, and businesses) through documents, records, and phone calls. Document the name and contact information of the third-party source and the relationship to the beneficiary.

The applicant/beneficiary is entitled to know the name of the third party that provided verification information and its content.

Note:

Information provided by an individual (family member, neighbor) of an applicant/beneficiary's circumstances should only be used as a last resort.

S-140 ASSET VERIFICATION PROGRAM

Section 1940 of the Social Security Act requires state agencies to implement an Asset Verification Program (AVP) by which assets can be evaluated when determining eligibility for medical assistance. The AVP requirement states the agency must electronically obtain financial records from financial institutions with respect to an individual, his or her spouse, or any other person whose assets are required to be evaluated in connection with a determination for eligibility on the basis of age, blindness, or disability (non-MAGI), including long-term care services.

The AVP requires a non-MAGI related applicant/beneficiary, his or her spouse or parent(s) to provide authorization for the State to obtain, on their behalf, any financial record held with an institution that will be used in evaluating eligibility for medical assistance. The Asset Verification Service (AVS) is used to verify liquid and real property assets when determining or renewing eligibility for non-MAGI programs. Effective August 1, 2019, LTC Programs began utilizing AVS data in eligibility determinations. The remaining non-MAGI programs began use of AVS data effective October 1, 2019.

S-140.1 Asset Verification Service (AVS)

The agency must have signed consent from any individual whose assets are reviewed in the eligibility process. The signature of the applicant/beneficiary or authorized representative on the Medicaid application/renewal form is sufficient authorization to verify assets using AVS. If there is a legal spouse or parent(s) included in the resource unit, a signature must be obtained on an Authorization of Resource Verification form prior to requesting verification through AVS.

The authorization will remain in effect until the earliest of:

- The rendering of a final adverse decision on the applicant's application for medical assistance;
- The termination of the beneficiary's eligibility for medical assistance;

- A break in Medicaid coverage that exceeds 30 days;
- The express revocation of the authorization in written notification to the State.

If an applicant, recipient, spouse, parent(s) or authorized representative refuses to provide, or revokes any authorization made for the State to obtain any records from any financial institution, the State may on that basis, determine that the applicant is ineligible for medical assistance, unless good cause exists.

Good Cause:

- Incapacitated individuals, e.g., comatose, not capable of acting on their behalf and do not have another person authorized to act on their behalf; or
- Spouse does not meet the definition of Community spouse, i.e., not living in the home, separated with no way to contact.

The AVS is a requirement for all non-MAGI eligibility groups at application, renewal or when certain changes occur. Refer to [G-0000 Application Processing](#), [K-0000 Renewals](#) and [L-0000 Changes](#).

The AVS is not required when:

- Self-attested total assets exceed the program limit;
- The individual is ineligible based on another factor;
- Considering for eligibility in the Family Opportunity Act Program;
- Renewing individuals eligible in a Supplemental Security Income (SSI) type case of assistance;
- Enrolled **only** in a Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Qualified Individual (QI) program; or
- Institutionalized individuals are in a MAGI category of assistance.

Verification of assets should not routinely be requested. When the self-attested value and the AVS value are equal to or below the program restrictions, utilize the AVS value, with the exception of real property.

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RESERVED

S-160 PRUDENT PERSON

A prudent person is an individual who uses good judgment or common sense in handling practical matters.

The “prudent person” concept shall be used by the local eligibility worker in administering the Medicaid Program. In determining whether an eligibility worker has used the prudent person concept, the reasonableness of an action or decision must be viewed based upon his or her knowledge of and experience with the Medicaid program.

Eligibility staff must be prudent when the circumstances of a particular case indicate the need for further inquiry. Additional verification or substantiation should be obtained whenever the information provided by the applicant or beneficiary is incomplete, unclear, or contradictory.

Circumstances which require a more thorough analysis include, but are not limited to, the following:

1. Documents, such as birth certificates or Social Security cards, which appear to have been altered.
2. An individual who gives or has a history of providing conflicting or incomplete information.
3. An individual who appears to qualify for potential resources such as Social Security, unemployment benefits, veteran’s benefits, medical insurance, etc., that have not been declared.

S-200 DOCUMENTATION

Documentation is the recording of information in the case record. Document all information required to:

- Make an eligibility decision, or
- Initiate a case change.

A properly documented case record allows anyone who reviews the Case Notes to make the same eligibility decision made by the agency representative. Documentation may be:

- On forms designed to record specific information,
- Original documents, photocopies, or signed statements, or
- Statements recorded in Case Notes.

S-210 RESERVED