

## H. GENERAL FACTORS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Identity	<p>All Programs and coverage groups.</p> <p><b>Food Stamp Program: This includes authorized representatives.</b></p> <p><b>EXCEPTIONS:</b></p> <p><b>WV CHIP: This requirement does not apply.</b></p> <p><b>Medicaid: The following applicants and recipients are exempt from the requirement:</b></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> </ul>	<p>Prior to approval. At redetermination for active Medicaid recipients, if not previously verified.</p> <p><b>NOTE:</b> Is not waived for FS 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.</p> <p><b>NOTE:</b> Identity is considered verified when an application is received by inROADS from a Community Partner which contains an E-signature.</p> <p>See Section 4.3 for specific documentation requirements for Medicaid.</p>
2. Residence	FS	Prior to approval	Rent or mortgage receipts, landlord's statement, written statements from neighbors, employment records

## Verification

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3. Application For Potential Resources	WV WORKS; Medicaid, except as specified in Chapter 5	<p>When a benefit group member appears to be eligible for a benefit which would reduce or eliminate the client's need for public assistance.</p> <p>Applications: Prior to Approval</p> <p>Active Cases: For UCI benefits: Application must be made within 30 days of the date of referral.</p> <p>All other benefits: 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 CSED	AFDC Medicaid, AFDC-Related Medicaid, SSI Medicaid (for a child), WV WORKS	When caretaker relative does not cooperate and claims good cause.	Police reports, collateral statements from persons knowledgeable about the client's situation, counselor's reports, medical records

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11. 60-Month Lifetime Limit	WV WORKS	Prior to approval beginning in October, 2001	RAPIDS; case record information; contact with other states; Departmental printouts or other records
12. 24-Month Time Limit	WV WORKS	Prior to approval beginning October 1998	RAPIDS; case record information; contact with other states; Departmental printouts or other records; BEP 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
14. Participation in the Medicare Prescription Drug Discount Card Program	FS	Prior to approval, at redetermination, when a client reports he has been approved for the program	Actual Medicare Prescription Drug Discount Card, a copy of a card or an approval letter for the program.

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15. Deployment to a Designated Combat Zone	FS	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>
16. Medicare Enrollment – Parts A and B	Medicaid	Prior to approval and at redetermination when not verified at application.	Award letter from Social Security (SSA), Medicare card, SSA referral form.

## Verification

17. Citizenship	<p>All <b>Medicaid</b> Programs and coverage groups.</p> <p><b>WV CHIP: This requirement does not apply.</b></p> <p><b>EXCEPTION: The following applicants and recipients are exempt from the requirement:</b></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></ul>	Prior to approval or at redetermination, if not previously verified.	See Section 4.3 for specific documentation requirements for Medicaid.
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