

## Verification

## H. GENERAL FACTORS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Identity	<p>All Programs and coverage groups. SNAP Program: This includes authorized representatives.</p> <p><b>EXCEPTIONS:</b> WV CHIP: This requirement does not apply.</p> <p>Medicaid: 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> </ul>	<p>Prior to approval. At redetermination for active Medicaid recipients, if not previously verified.</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.</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	SNAP	Prior to approval	Rent or mortgage receipts, landlord's statement, written statements from neighbors, employment records

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3. Application For Potential Resources	WV WORKS; 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: 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 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, <b>domestic violence shelter staff documentation</b> , counselor's reports, medical records

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16. Citizenship	<p>All Medicaid Programs and coverage groups and WV CHIP.</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<ul style="list-style-type: none"><li>- Medicare enrollees or those eligible to enroll in Medicare</li></ul></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 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></ul>	At application or at redetermination, if not previously verified.	See Section 4.3 for specific documentation requirements.
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17. Medical Insurance Information	All Medicaid Programs and coverage groups, 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. See Section 17.9.
<b>19. Personal Care Contract, Personal Care Agreement, Personal Service Contract</b>	<b>Medicaid</b>	<b>When an applicant or recipient states he transferred funds, property or resources to a relative or friend as payment of personal care services</b>	<b>The legal, written agreement. Letter from an attorney that contains all the terms of the personal care contract.</b>