



**STATE OF DELAWARE  
DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
POLICY, PLANNING & QUALITY**

***M E M O R A N D U M***

REPLY TO  
ATTN. OF: Administrative Notice DMMA-10-2015

TO: All DMMA and DSS Staff

DATE: March 30, 2015

SUBJECT: Verification of Factors of Eligibility for Non-Long Term Care Medicaid and the Delaware Healthy Children Program

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**BACKGROUND**

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, health reform will make health care more affordable, guarantee choices when purchasing health insurance, expand Medicaid coverage to millions of low-income Americans and make numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).

**DISCUSSION**

Verification is the process of documenting statements made by an applicant or recipient about factors of eligibility. Verification must be obtained from an independent source.

Prior to the ACA, some factors of eligibility required verification. Certain factors of eligibility did not require verification. Self-attestation by the applicant or recipient was acceptable for certain factors of eligibility.

With the passing of the ACA, most factors of eligibility do not require verification. Self-attestation by the applicant or recipient is acceptable. Certain factors of eligibility will be verified post-enrollment, post-renewal, and after an interim change.

**POLICY AND PROCEDURES**

**I. Self-attestation accepted with no verification**

- Residency
- Date of birth
- Household composition
- Household relationships

- Application for other benefits
- Pregnancy (unless other available information, such as a medical claim, is not reasonably compatible with such attestation)

Verification of these factors of eligibility is not required. The verified by value in ASSIST Worker Web for these factors of eligibility is “self-declared”.

## II. Self-attestation with verification occurring post-enrollment, post-renewal, and after an interim change

- Income
- Medicare

An eligibility determination is completed using self-attestation. The verified by value in ASSIST Worker Web for these factors of eligibility is “self-attestation”.

Verification of these factors of eligibility will be obtained electronically using the Federal Data Services Hub (FDSH) and other electronic data sources. The electronic data sources are described at DSSM 14800 *Verifications of Factors of Eligibility*.

When verification cannot be obtained via the FDSH or the other electronic data sources, the agency will request verification from the applicant or recipient. The applicant or recipient will be given 30 days from the date of the request to respond. If the verification requested is not provided, eligibility will be terminated.

## III. Self-attestation not accepted

Self-attestation will not be accepted and must be verified via the FDSH for the following factors of eligibility:

- Citizenship and identity
- Immigration status
- Social Security number (SSN).

If citizenship and identity and immigration status cannot be verified via the FDSH, the individual will be provided with a 90-day reasonable opportunity period to submit other documentation and may be found eligible during that time period. The reasonable opportunity period will be extended beyond 90 days if the individual is making a good faith effort to obtain the documentation.

Verification of SSN will be in accordance with DSSM 14105 *Social Security Number* and DSSM 14105.1 *Exception to Furnish a Social Security Number (SSN)*.

**ACTION REQUIRED**

Staff needs to review and apply the policy in the following sections to ensure compliance with Federal and State regulations:

DSSM [14105](#) *Social Security Number*

DSSM [14105.1](#) *Exception to Furnish a Social Security Number (SSN)*

DSSM [14800](#) *Verifications of Factors of Eligibility*

**DIRECT INQUIRIES TO**

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March 30, 2015  
DATE

*Glyne Williams*  
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