P-2401 Application Processing

1. Application Receipt

Application (DSW 201 and DSW 202, DSW/VDH 010B, DSW 201C, DSW 201CPA, SRS/DSW-201FC/M, or DSW 202A) is received and processed according to procedures found in P-2110 Sections C and D.

(The district serving the town where the long-term care facility is located is responsible for processing the long-term care application. See P-2430 B#3.)

If DSW 201 (Application), DSW 202 (Statement of Need) or DSW/VDH 010B (WIC/Medicaid/Dr. Dynasaur Programs Application) is not signed, return it to the applicant. If the form is not complete, have the applicant complete it. (If mailed, keep the original and send a copy to the applicant. When the copy is returned, file it in the case record.)

2. Social Security Numbers (see M125)

All applicants who do not have a SSN must provide verification of application for a number. See procedures in P-2122 B #15 regarding how to apply for a number and how to verify this application. Explain this information to the client.

Inform the client in writing of the following timeframes for applying for a number:

Applicant Household or New Household Member in Active Case

Verification of SSN application must be received within 30 days of the date of application or the date of reported change of a person joining an active household. Grant the person Medicaid (with a temporary ID number) during this period (provided other eligibility factors are met.) If verification is not received by the deadline, remove the person from Medicaid (see P-2423 C).

P-2401 Application Processing (Continued)

Verification of SSN application received after removal from Medicaid

If the case is active, the person is eligible effective the first of the month in which verification is provided.

If the case is not active, the household must reapply.

Committed Children and Children Pending Adoption

Children must provide or apply for a SSN. Once the child is adopted, the family may submit an SS-5 to change the name on the existing SSN or under some conditions, may request a new SSN. An ACCESS SSN match is resolved by merging the records. Information known to DSW (ACCESS or case file) on the child's pre-adoption life must not be shared with anyone.

3. Newborns

Newborns are deemed eligible for Medicaid for one year from their date of birth provided the mother remains eligible and the child remains in the household with the mother (M300 P.3).

4. Long-Term Care

If the client is in a long-term care facility: you may want to have the client (or the person authorized to handle the client's affairs) sign the DSW 201B (Information Release Authorization) to facilitate obtaining required verification. Note in the "Other" section of the DSW 100 (Case Record Contents) form: (1) that the form has been signed; and (2) the date it was signed.

5. Bank Account Verification

Do not send a DSW 208 (Verification of Bank Accounts) for clients who are not long-term care clients.

Send a DSW 208 to those banks where the client in a long-term care facility reports having an account, as well as all banks located in the area of residence prior to LTC Admission. (Account numbers should not be listed on the form.) Include a postage-paid return envelope with the DSW

208.

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- If health insurance data are not complete on a mailed application or review form, send Health Insurance Information Request (DSW 212I).

- For verification of alien status, see P-2122 B.

- Request verification of telephone for Lifeline, when appropriate (see P-2110 F.)

If necessary information is received, proceed to the eligibility determination procedures for this type of application.

REQUESTS FOR VERIFICATION

If necessary information or verification is incomplete or missing, give applicant DSW 202V (Verification Request) including a time limit for providing the information or for notifying the D.O. of problems in obtaining it. (The time limit should be at least 10 days; if the DSW 202V is mailed, allow 2 extra days for mailing time.). Have applicant read and sign DSW 202V, unless form is to be mailed. Retain copy of the DSW 202V for the case record.

If all the requested verification is not returned by the specific date, send the client a Verification Reminder Notice (DSW 202V2). The client should be given at least 10 days to provide the information or to notify the D.O. of any problems in obtaining it. (Two additional days should be allowed for mailing time.)

RESPONSE TO REQUEST FOR VERIFICATION

Outright Refusal

If the client actually states that he or she will not provide necessary information (i.e the DSW 201, DSW 202 or verification needed to determine eligibility), the application is to be denied for refusal to provide verification. Make sure to tell the client you will have to deny Medicaid benefits unless he or she provides the required verification. Such an outright refusal must be documented in the case file. Once the denial notice is sent, the client must reapply for assistance. The original application cannot be reopened.

NOTE: There may be instances when an immediate denial may not be the best approach. For example, a client who becomes upset during an interview and "storms out" of the office might decide a few hours or days later to cooperate in providing the verification. If the worker thinks that this might be the case, sending a DSW 202V2 before denying the application would be appropriate. Sending a DSW 202V first is not required. Sending the DSW 202V2 is not a requirement, either; it is a "judgment call" on the worker's part.

No Contact by Client

If the client does not submit the necessary information and does not indicate that there are any problems in obtaining the information, the application is to be denied the 30th day following the date of application for failure to cooperate. The client's failure to contact the D.O. must be documented in the case file.

Contact by Client

If the client indicates that he or she is having difficulty in obtaining any or all of the information, the worker should

(1) assist the client in obtaining the verification.
(2) determine if the client has good cause for not providing the information:

If YES, the application should be kept pending an additional 30 days; document in the case file the reasons for the decision. If the information is not received within the second 30 days, deny the application. The denial notice needs to state that the application will be reopened when the necessary verification or information is obtained and he or she can demonstrate that good cause continued. (In this case, the client may be granted back to the original date of application and up to 3 months retroactively. Before granting, the worker needs to determine that the information on the DSW 202 is still current. If the requested information is received more than 60 days from the date of application, a new DSW 202 is required.)

If NO, deny the application 30 days from the date of the initial application if still lacking verification. Document the explanation given for the failure and why the explanation does not represent good cause.

(3) document in the case file the reasons for the decision in (2) above.

Good cause reasons include:

1. Natural disasters, such as fires or floods, having a direct impact on the applicant/recipient or an immediate family member.
2. Illness of such severity on the part of the applicant/recipient or an immediate family member that the applicant/recipient is unable to direct his or her personal affairs.
3. Refusal of an employer to provide earned income verification, or the unavailability of an employer to provide verification before the deadline.
4. Lost or stolen mail which is confirmed by the Postal Service.
5. Refusal of a landlord to verify housing expense.
6. Death of the applicant/recipient or an immediate family member.
7. Inability of a third party (e.g. Social Security Administration) to provide the necessary documentation within the designated time period.

Other reasons may be found to constitute good cause with the approval of the District Director of his or her designee. There may be extraordinary circumstances when proof is unlikely ever to be available and obtaining it is beyond the control of the client. In such cases the District Director or his or her designee may waive the requirement of proof.

The following section has been superseded as of 6/28/2024. See dvha.vermont.gov/members/vermont-medicaid-programs/member-information.

Revision History:

Date	Revision Summary
6/28/2024	Removal of returned documentation after denial to align with current processes.