 <p><b>DHS</b> MARYLAND DEPARTMENT OF HUMAN SERVICES Department of Human Services 311 West Saratoga Street Baltimore MD 21201</p>	<h2>FIA INFORMATION MEMO</h2>
<p><b>Control Number: # 21-21</b></p>	<p><b>Effective Date: Immediately</b> <b>Issuance Date: March 1, 2021</b></p>

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT,  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF  
ELIGIBILITY DETERMINATION DIVISION SUPERVISORS AND  
ELIGIBILITY STAFF**

**FROM: LA SHERRA AYALA, EXECUTIVE DIRECTOR**   
**DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES** 

**RE: MANDATORY VERIFICATION MATRIX PER PROGRAM**

**PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA),  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(SNAP), TEMPORARY DISABILITY ASSISTANCE  
PROGRAM (TDAP), PUBLIC ASSISTANCE TO ADULTS  
(PAA), MEDICAL ASSISTANCE (MA), LONG TERM CARE  
MEDICAL ASSISTANCE (LTC MA)**

**OFFICE: OFFICE OF OPERATIONS**

**SUMMARY**

This information memo is to inform you that the Family Investment Administration (FIA) is releasing a Mandatory Verification Matrix as an eligibility processing resource. The goal is to ensure standardized case processing across all jurisdictions.

The attached Mandatory Verification Matrix provides a clear breakout of what verifications are needed for Temporary Cash Assistance (TCA), Supplemental Nutrition Assistance Program (SNAP), Temporary Disability Assistance Program (TDAP), Public Assistance to Adults (PAA), Medical Assistance (MA), and Long-Term Care Medical Assistance (LTC MA).

The mandatory verifications listed on the chart are acceptable types of verifications that are required before benefits can be approved. The list is not exhaustive. The Mandatory Verification Matrix contains examples of the most accepted verifications.

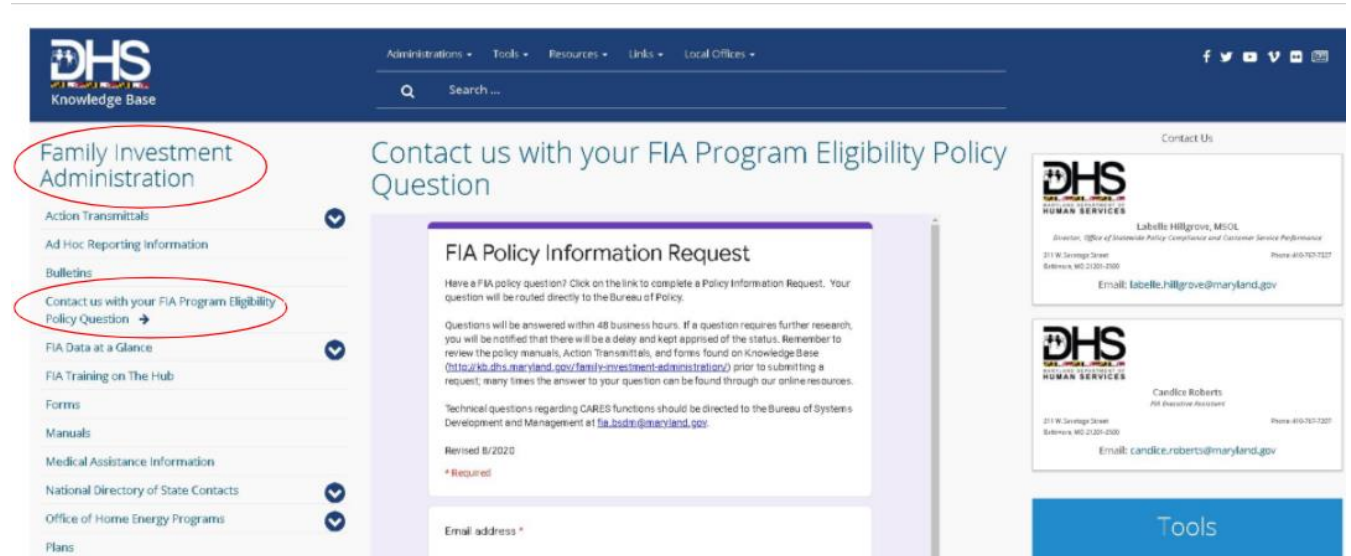
*PLEASE NOTE: Per temporary rules from the Centers for Medicare & Medicaid Services (CMS) while the Public Health Emergency (PHE) is ongoing, Medicaid applications that are missing verification must be processed using attested information on the application (that is, approved if the attested information would render the applicant eligible or denied if the attested information would render the applicant otherwise ineligible). Cases processed using this temporary rule must be identified and tracked so that post-eligibility reviews after the PHE ends can be performed for continued eligibility.*

Cross reference: Action Transmittal 20-13 and MA SOP 20-05 REVISED

**Attachments:**

- Mandatory Verification Matrix
- October 2020 Income Guidelines
- MA Income limits 2021

**INQUIRIES:** Please direct policy questions to the Office of Statewide Policy Compliance and Customer Service Performance by completing the [FIA Policy Information Request Form](#) found on Knowledge Base as shown in the screenshot below.



For systems questions, please email [fia.bsdm@maryland.gov](mailto:fia.bsdm@maryland.gov).

- cc: DHS Executive Staff  
FIA Management Staff  
MDH Executive Staff  
Constituent Services  
DHS Help Desk  
Office of Administrative Hearings

FIA : Mandatory Verification Matrix

Mandatory Verification Reference Chart by Program									
Verification:	Examples of Acceptable Forms of Verification	Collateral Contact Case Note:	Exceptions	TCA	SNAP *	TDAP	PAA	MA**	LTC MA *must reside in a facility
<b>Identity/Date of Birth</b>	-Driver's License -Picture ID -Verifiable with clearances (i.e. BEACON, SVES/SOLQ, MMIS etc.) -Collateral contact -Any available documentation -Employment photo I.D. -Pay stub -Birth certificate -U.S. Passport	-Telephone number, position, name of business or individual contacted -Date contact was made	<b>Remember, verification of identity does not have to be a picture ID and can be a collateral contact or can be verified through CARES or BEACON.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Household Composition</b>	-Lease -Rent form -Letter from landlord -Letters from adult HH members -Documentation from school	-Telephone number and name of landlord or employee of rental office -Name of responsible and relationship to customer of adult living in home with the customer -Date contact was made	MA- Request Household composition for spouse; only if questionable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Income</b>	-Pay stubs -Statement or letter from employer -Award Letters -SVES or BEACON -Letter from individual making contribution or payment -Tax forms (schedule C) for self employed individuals -W-2	-Telephone number, position and name of business or individual contacted -Date contact was made -Rate and frequency of pay -Amount and frequency of contribution or payment	If all attempts by agency and customer to obtain verification were unsuccessful because the employer or other individual failed to cooperate- then accept a written statement from the customer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Social Security Number</b>	-The customer only has to provide a number. The agency must verify the number through SVES or other readily available documentation. -An "FV" on the DEM1 screen is acceptable. -Pay Stub -Social Security Card -Income Tax Return	N/A	An individual can apply on behalf of eligible members, but choose to be a non-member and not reveal SSN. The non-member, who is a mandatory HH member, would still need to verify income, so it could be prorated toward eligible members.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resources</b>	-Bank Statements -Computer printouts from bank -AVS (ABD & LTC)	-Telephone number, name and position of employee of financial institution -Date contact was made -Amount of resources -In certain circumstances, whether or not the customer has access to those resources	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Residency</b>	-Rent form -Lease -Mortgage paper or bill -Letter from landlord -Driver's license -Bills or other mail -Letter from neighbor -Any readily available documentation -257 -School Registration	-Telephone number and name of landlord or employee of rental office -Name and telephone number of another responsible adult living in the home -Date contact was made	In unusual cases, such as migrant farm worker, homeless or newly arrived in the project area, certify without verification of residency.  If it proves impossible to verify residency, certify the HH if otherwise eligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Citizenship</b>	-Customer statement	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Immigration status</b>	-Resident Alien Card -I-94 -Immigration Documents -Letter from the Office of Refugee Resettlement -Any verification that contains customer's alien number	N/A	An individual can apply on behalf of eligible members, but choose to be a non-member and not reveal immigrant information. However, if the non-member is a mandatory HH member, he/she must provide income information so that it can be prorated toward the eligible members.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Disability (If needed for uncapped shelter, medical deductions or exemption from work registration or ABAWD status)</b>	-500 Form -Disability payment -Letter from medical professional if disability if not apparent -To allow medical deductions the customer must be receiving an approved disability payment	-Telephone number and name of doctor or name and position of medical employee -Date contact was made-Statements made to verify disability	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Medical Expenses (For applicants or recipients who are age 60 or older or who meet the definition of disabled)</b>	-Doctor bills -Hospital bills -Pharmacy print outs -Medicare statements -SVES for Medicare -Medical Receipts -Letter from doctor or licensed practitioner	-Telephone number, and name of Doctor, Licensed Practitioner or Pharmacist -Date contact was made -Name of Hospital or Pharmacy -Amount and frequency of payment	MA- Medical bills are needed in an effort to meet spend-down for S99 cases.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Mandatory Verification Reference Chart by Program</b>									
<b>(page 2)</b>									
<b>Utility Expenses</b> *LTC Only for spousal or residential allowance for short-term stay; Not phone allowance	-Utility bills -Letter from landlord -Canceled checks	-Telephone number and name and position of employee of utility company or landlord -Name and telephone number of another responsible adult living in the home -Date contact was made	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIA : Mandatory Verification Matrix

Mandatory Verification Reference Chart by Program									
Verification:	Examples of Acceptable Forms of Verification	Collateral Contact Case Note:	Exceptions	TCA	SNAP *	TDAP	PAA	MA**	LTC MA *must reside in a facility
<b>Child Support Payments</b> *LTC Without CMS guidance, an OAH remand decision can allow child support payments to be deducted in order to calculate the cost of care	-IVD records -Divorce decree -Letter from judge -Canceled checks -BEACON (if receiving UIB)	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>No longer employed</b>	-BEACON The Work Number -Letter from employer -Wage form -Letter from unemployment	- Telephone number, position and name of business or person contacted and the date contact was made -Rate and frequency of pay -Amount and frequency of contribution or payment	If all attempts by agency and customer to obtain verification were unsuccessful because the employer failed to cooperate-accept a written statement from the customer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dependent Care Costs</b> *LTC Only for children of the LTC recipient or adult disabled child	-Canceled checks -Letter from provider -Bills from Childcare Provider	-Telephone number and name of provider or employee of provider -Date contact was made -Amount and frequency of dependent care payment	<b>SNAP- If otherwise eligible, certify without the deduction.</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Shelter Costs</b> * LTC Only for spousal or residential allowance for short-term stay; Not phone allowance	-Rent form or mortgage receipt -Lease -Letter from landlord -Canceled checks -Copy of bills -Mortgage statement or bill -Statement from an individual sharing shelter costs Statement from HUD -Lease agreement -Real Estate tax receipt or statement -Utility bills -Homeowners or renters insurance policy or bill -Proof of ground rent (Exclusive of Baltimore City)	-Telephone number and name of landlord or employee of rental office -Date contact was made -Amount and frequency of rent paid by customer -If customer is not currently paying full amount, will he/she have to repay landlord for missed rent -Is the customer responsible for payment, or is a third party or is there an in kind agreement	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Utility Expenses if claiming only one utility and not eligible for a utility standard</b> *LTC Only for spousal or residential allowance for short-term stay; Not phone allowance	-Utility bills -Letter from landlord -Canceled checks -Letter from another responsible individual in the same residence	-Telephone number and name and position of employee of utility company or landlord -Name and telephone number of another responsible adult living in the home -Date contact was made	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Utility Expenses for entitlement to SUA, LUA or the phone allowance</b> * LTC Only for spousal or residential allowance for short-term stay; Not phone allowance	-Utility bills -Letter from landlord -Canceled checks -Letter from another responsible individual in the same residence	-Telephone number and name and position of employee of utility company or landlord -Name and telephone number of another responsible adult living in the home -Date contact was made	<b>SNAP- If otherwise eligible, certify without the deduction.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Homeless Shelter Costs if in excess of the Homeless Shelter Allowance</b>	-Rent form -Lease -Letter from landlord -Canceled checks -Copy of bills	-Telephone number and name of landlord or employee of rental office or responsible HH member -Date contact was made -Amount and frequency of rent paid by customer	This is a mandatory verification to allow the greater shelter deduction, even for jurisdictions that choose not to verify shelter.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Verify all factors of eligibility if they are questionable and affect the household's eligibility or benefit level</b>	-Any of the above verifications as applicable	-Telephone number and name and position of contact person -Date contact was made -Statements made by contact person to clarify questionable situation	Remember: -If a customer fails to verify a deduction, simply remove that deduction. -Categorically Eligible HHs do not have to verify resources. -Case managers must make every attempt to assist the customer in obtaining verifications.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*Additional Resources: See SNAP AT: 20-13 & Updated OES SOP 20-05 Interim Emergency Procedures for Processing, Denying and Closing Medicaid Cases 11.16.2020									
<b>**Medicaid Guidance for processing applications during the Public Health Emergency:</b> Per rules from CMS, the Non-MAGI applications that are missing verifications must be processed using attested information on the application (that is, approved if the attested information would render the applicant eligible or denied if the attested information would render the applicant otherwise ineligible). The Asset Verification System (AVS) is an integral part of the interim emergency procedure. AVS clearances must be performed for Non-MAGI applications and redeterminations. If the AVS information would result in a denial of an application or closure of a case at the time of redetermination due to overscale resources, and the customer meets all other factors of eligibility, then process the application or renewal using the information the customer provided on the application and in any verifications regarding resources. After the Public Health Emergency ends, cases that were approved using attested information will need to be reviewed for discrepant information in the AVS.									

**Family Investment Programs  
Income Guidelines as of October 2020 w/COVID Relief Allotments**

	Temporary Cash Assistance (TCA)		Supplemental Nutrition Assistance Program (SNAP)					Temporary Disability Assistance Program	Public Assistance to Adults	Office of Home Energy Programs (Heating/Energy Assistance)
# of People in the Household	Max Benefit Amount with No Income*	Max Benefit Amount with No Income* (1/1/2021-6/30/2021)	Gross Monthly Income under 130% of	Maximum Net Income under 100% of the FPL*	Gross Monthly Disabled/Elderly Income-under 165% of FPL*	Maximum Benefit Amount with No Income	Maximum Benefit Amount with No Income (1/1/2021-6/30/2021)	Maximum Benefit Amount with No Income	Assistance is Determined Based on Type and Level of Care	Gross Monthly Income- under 175% of FPL
<b>1</b>	\$328	\$428	\$1,383	\$1,064	\$1,755	\$204	\$234	\$215		\$1,861
<b>2</b>	\$575	\$775	\$1,868	\$1,437	\$2,371	\$374	\$430			\$2,515
<b>3</b>	\$727	\$1027	\$2,353	\$1,810	\$2,987	\$535	\$616			\$3,168
<b>4</b>	\$870	\$1,270	\$2,839	\$2,184	\$3,603	\$680	\$782			\$3,821
<b>5</b>	\$1,010	\$1,510	\$3,324	\$2,557	\$4,219	\$807	\$929			\$4,475
<b>6</b>	\$1,110	\$1,710	\$3,809	\$2,930	\$4,835	\$969	\$1,114			\$5,128
<b>7</b>	\$1,247	\$1947	\$4,295	\$3,304	\$5,451	\$1,071	\$1,232			\$5,781
<b>8</b>	\$1,372	\$2,172	\$4,780	\$3,677	\$6,067	\$1,224	\$1,408			\$6,435
Add'l person	\$136	\$100 per active member	\$486	+374	+616	\$153	\$176			\$654

\*FPL=Federal Poverty Level

**Maryland Medical Assistance Program (Medicaid) Monthly Income and Asset Guidelines**

**2021 Income and Asset Guidelines**

Medical Assistance																					
MAGI														NON-MAGI							
Maryland Children			MCHP (Uninsured Children)				Pregnant Women		Adults				Aged, Blind & Disabled (ABD), & Refugees				Medicare Savings Program				
																	Q M B	S L M B	Q I (SLMB II)	Q D W I	
MCHP Premium		INCOME		ASSET LIMITS																	
PO6	PO7†	PO8**	P13	P14	D02	D04	PO2*	P11*	F05	F98	A02 & A03	P10	EID	S98 & S99	G98 & G99	All	S03	S07	S14	S06	
FAMILY SIZE/ % FPL	199%	143%	138%	189%	211%	264%	322%	189%	264%	123%	123%	138%	264%	300%		200%		Up to 100% + \$20	100%+20 Up to 120%+20	120% UP TO 135%	400%+ \$65+ \$20

**2021 Income and Asset Guidelines**

Medical Assistance																					
MAGI														NON-MAGI							
Maryland Children			MCHP (Uninsured Children)				Pregnant Women		Adults				Aged, Blind & Disabled (ABD), & Refugees				Medicare Savings Program				
																	Q M B	S L M B	Q I (SLMB II)	Q D W I	
MCHP Premium		INCOME		ASSET LIMITS																	
PO6	PO7†	PO8**	P13	P14	D02	D04	PO2*	P11*	F05	F98	A02 & A03	P10	EID	S98 & S99	G98 & G99	All	S03	S07	S14	S06	
FAMILY SIZE/ % FPL	199%	143%	138%	189%	211%	264%	322%	189%	264%	123%	123%	138%	264%	300%		200%		Up to 100% + \$20	100%+20 Up to 120%+20	120% UP TO 135%	400%+ \$65+ \$20
1	2,137	1,536	1,482	2,030	2,266	2,835	3,458			1,321	1,321	1,482	2,835	3,222	350	2,148	2,500	1,094	1094 - 1308	1308 - 1469	4,379
2	2,889	2,076	2,004	2,744	3,064	3,833	4,675	2,744	3,833	1,786	1,786	2,004	3,833	4,356	392	2,904	3,000	1,472	1472 - 1762	1762 - 1980	5,892
3	3,642	2,617	2,525	3,459	3,861	4,831	5,893	3,459	4,831	2,251	2,251	2,525	4,831			3,660	3,100	Asset Limits for Employed Individuals w/Disabilities (EID): 1 Person = \$10,000 Couple = \$15,000			
4	4,396	3,159	3,048	4,175	4,661	5,832	7,113	4,175	5,832	2,717	2,717	3,048	5,832			4,418	3,200	SLMB: Specified Low-Income Medicare Beneficiary			
5	5,148	3,699	3,570	4,889	5,459	6,830	8,330	4,889	6,830	3,182	3,182	3,570	6,830			5,174	3,300	QMB: Qualified Medicare Beneficiary QI: Qualifying Individual (SLMB II)			
6	5,900	4,240	4,092	5,604	6,256	7,828	9,547	5,604	7,828	3,647	3,647	4,092	7,828			5,930	3,400	Asset Limit for Medicare Savings Program except QDWI:			
7	6,655	4,782	4,615	6,320	7,056	8,828	10,768	6,320	8,828	4,113	4,113	4,615	8,828			6,688	3,500	1 Person = 7,970 Couple = \$11,960			
8	7,407	5,322	5,136	7,035	7,853	9,826	11,985	7,035	9,826	4,578	4,578	5,136	9,826			7,444	3,600	QDWI: Qualified Disabled Working Individual Asset Limit 1 Person = \$4,000 Couple = \$6,000			

\*P02, P11—At a minimum, a pregnant woman's household contains both herself and her unborn child, resulting in a household size of 2

†P07—Children 1 up to 6 years old, 143% FPL are combined in Maryland Health Exchange with former P08 children (6 up to 19 years old at 138%)

\*\*P08—Children 6 up to 19 years old, 138% FPL; this group only appears in CARES

Income levels listed are the maximum dollar amount monthly based on % of Federal Poverty Level (FPL) except for S98/S99.

Maximum FPLs have been adjusted in accordance to guidance from the Centers for Medicare and Medicaid Services (CMS) and include the 5% disregard mandated by the Affordable Care Act where applicable.

(Revised February 1, 2021)