Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state’s current MAGI-based verification plan, during the following period: __Public Health Emergency due to COVID-19______________.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the CMS Disaster Preparedness Toolkits.

STATE: _______Indiana______________
Effective Date: _Applications processed on or after May 22, 2020______________

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:
_____ The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): __________________

_____ The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): ______________

___X___ The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: after PHE ends__________

Non-Income-related Verification Processes:
_____ The agency will accept attestation for the following non-income related factors of eligibility:
__ Residency
__ Age/Date of Birth
__ Household composition
__ Receipt of other coverage (such as Medicare)
__ Other (as permissible under applicable statute and regulations): __Tax-filing relationships and status____________

___X___ The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):
__X_ Residency (Time Period: ___ post PHE end__________)
__X_ Age/Date of Birth (Time Period: _____ post PHE end_______)
__X_ Household composition (Time Period: _ post PHE end__________)
__X_ Receipt of other coverage (such as Medicare) (Time Period: __ post PHE end__________)
Other (as permissible under applicable statute and regulations): For any self-attested information which an electronic verification source later contradicts, discrepancies will be followed up by a request for additional information

(Time Period: after the PHE ends)

Section B – Use of Electronic Data Sources

The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

- Internal Revenue Service
- Social Security Administration (SSI and SSDI)
- State Wage Income Collection Agency
- State Unemployment Compensation
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Work Number/TALX
- PARIS
- Other: 

Additional Information/Changes: 

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

The state will also allow self-attestation with post-eligibility verification as detailed above for S-CHIP. This will also apply to non-MAGI groups, and include resources/assets (except for legal arrangements such as legal guardianship and trusts) as items which can be self-attested to for initial eligibility determinations.