

<b>POSM Protocol R1-07: Medicaid Verification</b>	
<b>Category</b>	Fiscal
<b>Purpose</b>	A child's and family's Medicaid/FAMIS coverage is monitored regularly to ensure access to this essential payor source for Part C services.
<b>IDEA Foundation(s)</b>	<p><a href="#">34 CFR 303.520</a> addresses “policies related [to] the use of public benefits...to pay for Part C services.”</p> <p>→ In its evaluation, the SLA would expect to find documentation of local processes or procedures for specifying responsibility for coverage verification along with evidence that the process of monthly verification has occurred for each month of the selected review period.</p>
<b>Local Part C Contract Requirement(s)</b>	2.1.1.a.(9) – Specify responsibility for ongoing verification of Medicaid/FAMIS coverage and the Medicaid EI benefit (at least once a month) as specified in the Infant & Toddler Connection of Virginia Practice Manual, Chapter 8.
<b>Responsible Party</b>	Part C monitoring team
<b>Frequency and Method</b>	1x/POSM cycle; desk audit and interview(s)
<b>Data Source(s)</b>	<ul style="list-style-type: none"> <li>Documentation provided by locality [e.g., local policies and procedures; local contract(s); local memorandum/a of agreement, etc.]</li> <li>Interview(s)</li> </ul>
<b>Amount of Data</b>	<ul style="list-style-type: none"> <li>Documentation; varies by locality; identified during POSM planning call w/ locality and throughout discovery</li> <li>Interview(s); varies by locality; determined by Part C monitoring team with LSM input</li> </ul>
<b>Compliance Criteria</b>	<p>Evidence of requirement(s) as demonstrated by:</p> <ol style="list-style-type: none"> <li>Documentation of local process or procedures for specifying responsibility for coverage verification (if developed).</li> <li>Evidence required verification has occurred monthly during the period selected for review.</li> </ol>

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<b>Monitoring Summary</b>	The Part C monitoring team reviews local documentation (if developed) to ensure that the requirement for ongoing verification is specified and that ongoing verification is conducted in accordance with the PM. Specifically, the locality will provide evidence that the process of monthly verification has occurred for each month of the selected review period; this evidence is reviewed and confirmed by Part C monitoring team.
<b>Required Action(s)</b>	<ul style="list-style-type: none"><li>• If evidence meets compliance criteria b, no further action(s) required.</li><li>-OR-</li><li>• If evidence does not meet compliance criteria b, the locality must within ninety (90) days of notification of finding(s) develop and subsequently implement procedures to meet requirements.</li></ul> <p>NOTE: All localities are strongly encouraged to have documentation that clearly specifies responsibility for coverage verification (compliance criteria a).</p>
<b>Revision History</b>	<ul style="list-style-type: none"><li>• Original: 2024-10</li><li>• Revised: 2025-08<ul style="list-style-type: none"><li>○ IDEA Foundation(s): ADDED “<i>In its evaluation...</i>” to item(s) for additional context</li><li>○ Compliance Criteria: REMOVED “(above)”</li><li>○ Table: Formatting changes</li><li>○ Footer: Specified ORIG date; added REV date</li></ul></li></ul>