

DATE: July 23, 2025

Letter No.: 25-16

- TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS ALL COUNTY HEALTH EXECUTIVES ALL COUNTY MENTAL HEALTH DIRECTORS ALL COUNTY MEDS LIAISONS
- SUBJECT: INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) References: All County Welfare Directors Letter (ACWDL) <u>ACWDL 11-30</u> (IEVS), <u>ACWDL 25-06</u>, <u>ACWDL 24-11</u> <u>ACWDL 22-33</u>, <u>ACWDL 21-04</u> and Medi-Cal Eligibility Division Letters (MEDIL) <u>MEDIL 23-30</u>, <u>MEDIL 21-24</u>, <u>MEDIL 21-12</u> and), Centers for Medicare & Medicaid Services (CMS) Final Rules: <u>IEVS Procedures</u>, <u>Medi-Cal Eligibility Procedures Manual</u> (MEPM) Article 21, and California Code Regulations Title 22, § 50167.2.

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide County Welfare Departments (CWDs) with information about the Income Eligibility Verification System (IEVS). This letter is intended to provide guidance on the use of IEVS during Medi-Cal application, annual renewal, and change in circumstance (CIC).

Background

IEVS is a federally mandated system established to obtain, use and verify information relevant in the determination of eligibility and share of cost (SOC) for Medicaid benefits.

IEVS is divided into two systems called Applicant IEVS (A-IEVS) and Recipient IEVS (R-IEVS):

- A-IEVS provides information on Medi-Cal applicants during the application process.
- R-IEVS provides information about Medi-Cal members during the annual renewal and CIC process.

Department of Health Care Services (DHCS) coordinates with other agencies to operate A-IEVS and the California Department of Social Services (CDSS) coordinates with other agencies to operate R-IEVS.





IEVS Systems

Applicant IEVS

County Processing

Counties must not delay the Medi-Cal eligibility process to await receipt of IEVS information if the applicant has provided the necessary information to establish eligibility, SOC and scope of services. IEVS **does not** supersede Medi-Cal rules related to timely determination and granting eligibility. Counties must continue to follow all standard application processes and rules under federal and state laws while waiting for IEVS information. Please refer to MEPM Article 4, Section IV. Ex Parte Review and V. Additional Verification Requirements at application.

Letter No.: 25-16 Page 3 July 23, 2025

If IEVS is available prior to the eligibility determination, it must be used as an additional information or verification source, where applicable and to the extent possible. As a reminder, County Eligibility Workers (CEWs) must review all sources of information available to the county as part of the ex parte process. If IEVS information is not available prior to the eligibility determination, it must be reviewed upon receipt, and counties must take appropriate action if the information impacts eligibility or SOC. (See page 5, Frequently Asked Questions). Counties must also comply with application procedures required under federal and state law, including making necessary contacts with the applicant or member when required.

Verification Sources

IEVS UI/DI, Social Security Title II, Title XVI, Medicare, and Forty-Quarters information which confirms information the applicant provided on the Statement of Facts may be used as verification. IEVS may also be used to verify the Social Security Number (SSN).

Special Cases

- For applications for a child applying for any of the Minor Consent categories, the child's SSN is not to be used in the eligibility process.
- For Foster Care children (including former), if an IEVS applicant match is received for a Foster Care child, the information may be reviewed for available resources for the child, but no follow-up action is required.
- When a person who is not required to provide a SSN because of exempt status provides an SSN at application, that SSN should be used in the IEVS process to determine if income is recorded. If the SSN for the individual is determined to be invalid, do not submit the SSN to the Medi-Cal Eligibility Data System (MEDS). Take corrective action to remove it from the MEDS record, if applicable.
- The 2025 Social Security Administration (SSA) cost of living adjustment (COLA) will be disregarded from the eligibility determination for the Aged, Blind, and Disabled Federal Poverty Level (ABD FPL), and Medicare Savings Programs (MSPs) until the 2025 FPL rates take effect on April 1, 2025. Please refer to <u>ACWDL 24-15</u>, page 5.

Submitting IEVS Inquiries

The following information is needed to submit an inquiry to IEVS in the California Statewide Automated Welfare System (SAWS) and in MEDS:

- Name
- Social Security Number

Letter No.: 25-16 Page 4 July 23, 2025

- If the SSN is not provided or is not available for IEVS, then the eligibility of the Assistance Unit (AU) or Household (HH) cannot be affected. The county department should document the circumstances in the case file.
- Sex
- Date of Birth
- County Case Serial Number
- District and Worker Number

Discrepancies in IEVS

The County Eligibility Worker (CEW) must review and compare the information provided by the applicant to the IEVS-reported information. The California Healthcare Eligibility Enrollment and Retention System (CalHEERS) will compare the individual's selfattested Modified Adjusted Gross Income (MAGI) Medi-Cal household income to information received from the Federal Data Services Hub (FDSH). Reasonable compatibility is when both the self-attested income and the income data from the FDSH are at or below the applicable income eligibility standard for the household size.

CalHEERS does not currently attempt to leverage reasonable compatibility to electronically verify income through the FDSH for Non-MAGI individuals, since only MAGI Medi-Cal eligibility rules are determined in CalHEERS. CEWs can compare the self-attested income with the data found in electronic sources, including but not limited to MEDS and IEVS. If the information from A-IEVS aligns with the information provided by the individual, then no outreach is necessary. See <u>ACWDL 21-04</u> for more information on reasonable compatibility and E-Verification.

When income is not reasonably compatible, the CEW must attempt to obtain a reasonable explanation or acceptable proof to complete the financial eligibility determination. For further guidance on reasonable explanation and required contact timeframes for Medi-Cal applicants, refer to ACWDL 22-22 and <u>ACWDL 08-07</u>.

If all other attempts to verify income are unsuccessful, a signed and dated affidavit, under penalty of perjury can be used to verify the information, as permitted by the California Code of Regulations, Title 22, Section 50167(c). CEWs may also accept telephonic signatures for affidavits signed under penalty of perjury, see <u>ACWDL 21-12</u>.

Recipient IEVS

County Processing

Case action on active cases is required within 45 days of the "match date" or "run date," which is produced at the state level.

• Timeliness processing criteria is required on 80% of cases with matches.

Letter No.: 25-16 Page 5 July 23, 2025

- The 45-day timeliness does not apply to cases in which the worker has completed initial review and determined potential discrepancy, requiring wait times for third party verification.
- Only certain closed Medi-Cal only (MCO) cases need to be processed. Refer to the "Case Status" under each match.

Discrepancies in IEVS

The CEW must complete an ex parte review by comparing the IEVS information against information contained in the case file and review the reasonable compatibility standards to determine if there is a discrepancy that impacts current eligibility and SOC.

If an R-IEVS is not generated during annual renewal or CIC, it indicates no discrepancy, and no further action is needed.

If the IEVS report matches the information provided by the member and the document in the case file confirms no discrepancy, no further action is needed.

If the IEVS information does not match information supplied by the member, the CEW must take appropriate action to obtain additional information since it could impact current eligibility or share of cost. Refer to: <u>MEPM Article 21</u>, Page 63 for detailed contact and resolution procedures and ACWDL 11-30.

requently Asked Questions Questions	Answers
 Which IEVS (Applicant or Recipient) can be used as verification without outreach to member? 	See <u>Discrepancies in IEVS</u> page 4 & 5 of this letter.
2. Does information in A-IEVS ne to be verified if it conflicts with attestation?	
 How to process R-IEVS reports Medi-Cal? Should R-IEVS reports I addressed at renewal or change in circumstance (CIC)? 	for a Medi-Cal member. CEWs receive reports when the R-IEVS System
 Should R-IEVS be revie retroactively for potentia fraud referrals? 	where we activity of an instantial function of a second
4. How to address income information unavailable in IEVS	When income is reported by an applicant/member and the county cannot verify it through IEVS, the county would need to verify it through another method. This would include through any

Frequently Asked Questions

Questions	Answers
	other electronic source, a reasonable explanation, or other sources of verification.
5. Does the New Hire IEVS represent a need to initiate Change in Circumstance (CIC)?	The county should review New Hire IEVS reports. The county should initiate CIC if the reported information significantly impacts the Medi-Cal member's eligibility or SOC. See MEPM Article 21, page 21M-1.
 6. Is an IEVS report required for MAGI based applications? Should IEVS be ordered for MAGI applicants? If so, is DHCS working with SAWS to implement programming? 	Yes, CEWs are required to use IEVS for MAGI applicants and members. There are no regulations or guidance that exempt MAGI from IEVS. Refer to 42 CFR 435.940 – 435.960, Payment Error Rate Measurement Manual (PERM) page 59. IEVS is already programmed into SAWS and MEDS systems.
 Does taking action for information received in IEVS also apply to MAGI when the income has been e-verified? 	Yes, when income has been e-verified through the FDSH, action must be taken if there is an IEVS discrepancy.
 8. When there is a discrepancy in IEVS with the SSN, doesn't DRA require CEWs to provide a 90-day Reasonable Opportunity Period (ROP) to clear up the discrepancy with the SSA or otherwise? • What is the time allowed for the ROP for resolving SSN discrepancies? 	When there is a discrepancy in IEVS with the SSN, per MEPM Article 21, the CEW needs to reach out to the member to provide clarification/verification. Refer to <u>MEDIL 23-57</u> for information on who is required to provide an SSN as a condition of Medi-Cal eligibility. Refer to <u>ACWDL 23-08</u> , <u>ACWDL 25-03</u> , <u>ACWDL</u> <u>09-27</u> , and <u>ACWDL 07-12</u> for guidance on the DRA ROP requirements. There

Letter No.: 25-16 Page 8 July 23, 2025

Questions	Answers
	is a 60-day ROP for SSN, please refer to <u>22 CCR § 50168</u> .
	60-days ROP. Refer to <u>ACWDL 25-03</u>
9. Is the FTB match still required since property is no longer a consideration?	Yes, FTB is still required as it contains unearned income information submitted to FTB by banks, insurance companies, financial and investment institutions based in California.

If you have any questions, or if we can provide further information, please contact the IEVS program by email at <u>IEVS@dhcs.ca.gov</u>.

Sincerely,

Sarah Crow, Chief Medi-Cal Eligibility Division

Enclosure *(if applicable)*