

Medi-Cal Program Guide Letter #634

July 23, 2008

Subject **ARTICLE A – SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM ADVOCACY SERVICES REFERRAL SOURCE FOR COUNTY MEDICAL SERVICES (CMS) APPLICANTS/BENEFICIARIES**

Effective Date Upon receipt

Reference County Policy

Purpose To provide staff with instructions regarding:

- free SSI Advocacy Services;
- identifying CMS applicants/beneficiaries who need a referral;
- how to refer a CMS applicant/beneficiary; and
- new form HHSA:CMS-2/HHSA:CMS-2(SP)(04/08) CMS SSI Advocacy Referral

Background The County has contracted with the Legal Aid Society of San Diego, Inc. to provide SSI Advocacy Services for General Relief (GR) recipients since 1989. Currently, the program provides assistance to GR/Board & Care Payment Program (B&C)/Cash Assistance Program for Immigrants (CAPI)/CMS customers who may be eligible for SSI. The service consists of assisting the customer complete the required forms, obtain needed documentation to support a disability finding and navigate through the complex SSI eligibility process.

Medi-Cal rules require an applicant to apply for unconditionally available income such as Social Security Disability Insurance (SSDI), Social Security Early Retirement Benefits, State Disability Insurance (SDI), Unemployment Insurance Benefits (UIB), Veterans Benefits, etc., to which he/she is eligible. It does not consider SSI as unconditionally available income because it is viewed as Public Assistance.

CMS requires some patients to apply for disability linked Medi-Cal through Disability Determination Services Division (DDSD) as a condition for eligibility for CMS and generally follows Medi-Cal regulations regarding unconditionally available income.

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Change

A CMS applicant/beneficiary who has been identified as potentially eligible to disability linked Medi-Cal or SSI may be referred to the SSI Advocate. The SSI Advocate provides assistance in applying or reapplying for SSI benefits, and assisting with the process of filing an SSDI/SSI appeal. This assistance is optional for applicant/beneficiary who may or may not use the referral. If the applicant/beneficiary does not utilize the referral source there is no sanction to the individual.

The SSI Advocate reviews the referral, makes contact with the client within 10 business days of the referral and arranges an appointment to meet with the client. If the SSI Advocate has any questions regarding the referral, they may contact the referral source for additional information.

Action Required

The worker may refer to the SSI Advocate for assistance when the applicant/beneficiary:

- declares himself/herself to be blind, deaf or disabled;
 - is unable to work due to a physical or mental illness, disability or impairment that is expected to last longer than 1 year;
 - is undergoing chemotherapy or radiation therapy for Stage 1 or Stage II cancer;
 - is referred to apply for Medi-Cal DDSD;
 - has a pending Medi-Cal DDSD application;
 - has a pending SSI claim;
 - was denied SSDI/SSI within 12 months and condition has worsened or has a new medical condition not considered by SSA;
 - was denied SSDI/SSI within 60 days from the date of the denial notice and needs to file an appeal at the next Hearing level; or
 - has a pending SSA Hearing.
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How to Refer

The table below shows the actions that the worker must take to refer an applicant/beneficiary to the SSI Advocate.

Step	Action
1	Complete the CMS SSI Advocacy Referral form (CMS-2).
2	Attach pertinent documentation to referral form (for example, SSA denial letter, medical report, patient is homeless with no contact information, etc.), if applicable.
3	Have client sign form that they agree to the referral and will cooperate with the SSI Advocate during the SSI application process.

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How to Refer
(continued)

Step	Action
4	Fax or mail the referral form (CMS-2) to the Legal Aid SSI Program Manager using the information listed on the form.
5	Call the Legal Aid SSI Program Manager, using phone number listed on the referral form (CMS-2) for homeless applicant/beneficiary with no contact information. If unsuccessful, fax the referral form. Indicate on the form that the applicant/ beneficiary is homeless with no contact information.
6	Narrate in the case record, "SSI Advocacy Services referred."

Automation Impact

All HHSA/CMS forms completed by the worker and/or the patient must be imaged and saved into the CMS IT System.

Forms Impact

Form HHSA: CMS-2/HHSA: CMS-2 (SP) (07/08) SSI CMS SSI Advocacy Referral has been uploaded into iWAY and available to be ordered.

Quality Assurance Impact

None.

Summary of Changes

The table below shows the changes made to Article A of the Medi-Cal Program Guide (MPG).

Article/Section	Change
Article A, Section 2	Added SSI Advocate Services referral source information.
Article A, Section 7	Added SSI Advocate Services referral source information.
Article A, Section 9	Added form HHSA:CMS-2, HHSA:CMS-2(SP) to list of forms (Attachment A & B).

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**Filing
Instructions**

The following pages in the MPG shall be removed and replaced as follows:

Action	Pages
Remove	Article A-2-10 through A-2-12
	Article A-7-5
	Article A-9-1
Replace	Article A-2-10 through A-2-12
	Article A-7-5
	Article A-9-1

**Important
Note**

The MPG is available in its entirety on the County Intranet by accessing <http://hhsa.intranet/manuals/mpg/index.html>. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

**Managers
Approval**



DANN CRAWFORD, Assistant Deputy Director
Medi-Cal, General Relief, CMS and CAPI Program Administration
Strategic Planning and Operational Support Division



COUNTY MEDICAL SERVICES CMS SSI ADVOCACY REFERRAL

TO SSI Contact: Legal Aid SSI Program Mgr 1475 Sixth Ave. 4 th Floor SD 92101 619-471-2648; 619-471-2653 (fax)	FROM: <p style="text-align: center;"><u>Referral Source</u></p> <input type="checkbox"/> AmeriChoice <input type="checkbox"/> County Worker Referred by: _____ <p style="text-align: center;">(Print Name)</p>	DATE: Telephone: _____
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CONSUMER INFORMATION

Name: _____		
Date of Birth: _____	SSN: _____	Telephone #: _____
Address: _____		City: _____
		Zip: _____

SSI ADVOCACY SERVICE

SSI Advocacy Services is to assist you in applying for SSI/SSP. Legal assistance/representation is free to you.

I agree to send my information on this referral and cooperate with the SSI Advocate during the SSI application process.

Signature: _____ **Date:** _____

SSI INFORMATION	Medi-Cal	EXAMPLES OF CRITERIA FOR REFERRAL
<input type="checkbox"/> SSI / SS Disability Application needed <input type="checkbox"/> SSI Application filed: _____ <input type="checkbox"/> SS Disability Application filed: _____ <input type="checkbox"/> Initial SSI application denied on: _____ <input type="checkbox"/> SSI appeal denied on: _____ <input type="checkbox"/> SSI reconsideration denied on: _____ <input type="checkbox"/> Hearing Date Pending <input type="checkbox"/> Hearing Date: _____ <input type="checkbox"/> Need to reapply Comments: _____	<input type="checkbox"/> DDSD Referral <input type="checkbox"/> Medi-Cal Application Filed: _____ <input type="checkbox"/> Medi-Cal Pending <div style="text-align: center;">CMS Status</div> <input type="checkbox"/> Pending <input type="checkbox"/> Granted <input type="checkbox"/> Documentation Attached	<ol style="list-style-type: none"> 1. Patients with chronic disease diagnosis without co-morbidities recertified for a year. 2. Patients with Stage I or Stage II Cancer undergoing chemotherapy or radiation therapy. 3. Patients who are case managed but still need assistance with SSI paperwork. 4. Patients with cognitive deficits and/or mental health issues. 5. At the discretion of the Case Manager on a case by case basis refer at the point of reconsideration, and consultative exam. 6. Unable to work due to physical or mental illness, disability or impairment that is expected to last longer than 1 year. 7. Declaring to be blind, deaf or disabled. 8. SSA Disability/Social Security Supplemental Income (SSI) denied within 12 months and condition has worsened or has a new medical condition.

REFERRAL INFORMATION

(Provide additional information to the advocate such as...patient representative, general medical condition, behavioral problems, homeless, illiteracy, cultural nuances, history of ETOH and or Drug use, mental health condition, etc...)

SSI ADVOCACY SERVICES INFORMATION

<input type="checkbox"/> Previously non-cooperative with advocate <input type="checkbox"/> Non-cooperative with advocate (Explain) <input type="checkbox"/> Successful SSI appeal unlikely (Explain) <input type="checkbox"/> Cooperative with advocate <input type="checkbox"/> No qualifying SSI disability (Explain)	Explanation: _____ _____ _____
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**COUNTY MEDICAL SERVICES
CMS SSI ADVOCACY REFERRAL**

TO SSI Contact: Legal Aid SSI Program Mgr 1475 Sixth Ave. 4 th Floor SD 92101 619-471-2648; 619-471-2653 (fax)	FROM: <p align="center"><u>Referral Source</u></p> <input type="checkbox"/> AmeriChoice <input type="checkbox"/> County Worker Referred by: _____ <p align="center">(Print Name)</p>	DATE: Telephone:
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CONSUMER INFORMATION

Name:		
Date of Birth:	SSN:	Telephone:
Address:	City:	Zip:

LOS SERVICIOS DE DEFENSA PARA BENEFICIOS DE SSI

Los servicios de Defensa para los beneficios de Social Security Supplemental Income (SSI) son para asistirle con la solicitud de SSI. La asistencia legal/representación le es gratuita.

Consiento en enviar mi información en esta referencia y cooperar con el Defensor durante el proceso de la solicitud para beneficios de SSI.

Firma: _____ **Fecha:** _____

SSI INFORMATION	Medi-Cal	EXAMPLES OF CRITERIA FOR REFERRAL
<input type="checkbox"/> SSI / SS Disability Application needed <input type="checkbox"/> SSI Application filed: _____ <input type="checkbox"/> SS Disability Application filed: _____ <input type="checkbox"/> Initial SSI application denied on: _____ <input type="checkbox"/> SSI appeal denied on: _____ <input type="checkbox"/> SSI reconsideration denied on: _____ <input type="checkbox"/> Hearing Date Pending <input type="checkbox"/> Hearing Date: _____ <input type="checkbox"/> Need to reapply Comments:	<input type="checkbox"/> DDS Referral <input type="checkbox"/> Medi-Cal Application Filed: _____ <input type="checkbox"/> Medi-Cal Pending <div style="text-align: center;">CMS Status</div> <input type="checkbox"/> Pending <input type="checkbox"/> Granted <input type="checkbox"/> Documentation Attached	<ol style="list-style-type: none"> 1. Patients with chronic disease diagnosis without co-morbidities recertified for a year. 2. Patients with Stage I or Stage II Cancer undergoing chemotherapy or radiation therapy. 3. Patients who are case managed but still need assistance with SSI paperwork. 4. Patients with cognitive deficits and/or mental health issues. 5. At the discretion of the Case Manager on a case by case basis refer at the point of reconsideration, and consultative exam. 6. Unable to work due to physical or mental illness, disability or impairment that is expected to last longer than 1 year. 7. Declaring to be blind, deaf or disabled. 8. SSA Disability/Social Security Supplemental Income (SSI) denied within 12 months and condition has worsened or has a new medical condition.

REFERRAL INFORMATION

(Provide additional information to the advocate such as...patient representative, general medical condition, behavioral problems, homeless, illiteracy, cultural nuances, history of ETOH and or Drug use, mental health condition, etc...)

SSI ADVOCACY SERVICES INFORMATION

<input type="checkbox"/> Previously non-cooperative with advocate <input type="checkbox"/> Non-cooperative with advocate (Explain) <input type="checkbox"/> Successful SSI appeal unlikely (Explain) <input type="checkbox"/> Cooperative with advocate <input type="checkbox"/> No qualifying SSI disability (Explain)	Explanation:
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Patient/Provider Relations Manager at (858) 492-4422. The Manager will coordinate the completion of the application with HCA.

B. Not a County Resident

CMS does not coordinate the transfer of care or provide coverage for anyone who was not a County resident at the time of admission to the out-of-county facility, even if the individual intends to live in San Diego County after discharge from the facility.

5. LINKAGE TO MEDI-CAL

A. Potential Linkage to Medi-Cal Disability

CMS applicants and beneficiaries with a disabling condition that may potentially link them to Medi-Cal must apply for and if eligible, accept Medi-Cal coverage. If they refuse to apply for or accept full scope Medi-Cal, they are not eligible to CMS.

- 1) CMS requires some patients to apply for disability linked Medi-Cal through Disability Determination Services Division (DDSD) as a condition for eligibility for CMS and generally follows Medi-Cal regulations regarding applying for unconditionally available income. Medi-Cal does not consider SSI unconditionally available income because it is viewed as Public Assistance. A CMS applicant who has been identified as potentially eligible to Medi-Cal or SSI may be referred to the Legal Aid SSI Advocate for assistance in applying for or reapplying for SSI benefits or assisting with the process of filing an SSDI/SSI appeal. Worker will either mail or fax form HHSA:CMS2 to the Legal Aid SSI Advocate and notes in the case comment section of the CMS IT system, "SSI Advocacy Services referred". (See Article A, Section 7, Item 6 for more information).
- 2) A CMS applicant/beneficiary with a pending SSI or SSA Disability application or appeal decision should have applied for Medi-Cal at the time they applied for SSI/SSA. If they did not apply, in order to protect the Medi-Cal filing date, the CMS worker must refer or process the Medi-Cal application as instructed in MPG Article A, Section 2, Item 3.D.4. Medi-Cal applicants appealing an SSI/SSA denial issued within the last 12 months for not having a disabling condition may be denied Medi-Cal on the basis of no disability in CalWIN. This denial action protects the Medi-Cal filing date so that if the final appeal decision is favorable to the CMS beneficiary, CMS Recovery staff will initiate a corrective action memo to rescind the Medi-Cal denial and receive reimbursement from Medi-Cal.
- 3) If the Medi-Cal application is denied for a reason unrelated to disability, such as no show, failure to provide, or failure to cooperate, they are not eligible for CMS until they comply.

B. Medi-Cal Disability Linkage is Established

CMS beneficiaries determined to be disabled by State or Federal DDSD are ineligible to CMS. Upon receipt of the DDSD decision, CMS enters the disability information into IDX and HCPA CMS Recovery staff sends informing letter (HHSA: CMS 34) telling beneficiaries to complete the Medi-Cal application process. CMS eligibility continues until the certification period expires or until eligibility to full scope Medi-Cal begins, whichever occurs first. CMS beneficiaries who have applied for Medi-Cal have the responsibility to complete the entire Medi-Cal application process. If they have been determined disabled, but fail to finish the Medi-Cal eligibility determination process, they cannot remain on, or return to CMS.

C. Deceased Person

Because CMS is the program of last resort, it will not consider applications made on the

behalf of a deceased person. CMS denies all provider claims for services given to a CMS beneficiary who dies while in the hospital. In this situation, the beneficiary is linked to Medi-Cal because Medi-Cal defines disability as "the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death."

D. Cash Assistance Program for Immigrants (CAPI) Applicants

CAPI is a cash program for certain immigrants who are ineligible to SSI/SSP solely due to their immigration status. All CAPI applications and re-determinations are processed in the Mission Valley Family Resource Center. A DAPD has to be processed for CAPI applicants. The DAPD process for CAPI is the same as Medi-Cal; however a separate Medi-Cal application has to be requested by the applicant. A CMS applicant who has a pending CAPI application **must also** apply for Medi-Cal and may be granted CMS pending the DAPD decision. A CMS applicant who has an active CAPI case is linked to Medi-Cal and is not eligible to CMS.

6. LINKAGE TO COVERAGE INITIATIVE (CI)

CI is a federally funded program for individuals with chronic conditions such as hypertension, and diabetes (refer to the CI Program Guide for a complete listing of eligible conditions). When an applicant comes to apply for CMS, the worker will screen for the CI Program first (See CI Program Guide). If an applicant is potentially eligible for CI, the worker shall explain the benefits of the CI program and ask the applicant if he/she would like to be evaluated for CI. If yes, the worker will process the CI and the CMS applications concurrently, but will enroll the applicant in only CI program if the applicant qualifies for CI. If there are pending verifications for CI, the worker is to send/give the pending verifications checklist to the applicant informing them of the 10 day requirement to provide verifications needed for both CI and CMS. The worker will refer the applicant to the Certified Applicant Assistor (CAA) for assistance in getting verifications needed for CI.

The 10/10 process will apply for all pending verifications. If after the first 10 days the applicant has provided needed CMS verifications but not CI verifications, send a second 10-day notice asking for the remaining CI verifications. After the second 10-day period:

- Grant CI if the applicant provided the CI verifications , or
- Grant CMS if the applicant did not provide CI verifications but did provide the needed CMS verifications, or
- Deny both CI and CMS if the applicant did not provide the needed verifications for either program and does not have good cause.

7. NOTICE OF PRIVACY PRACTICES

Workers shall give the "Notice of Privacy Practices" to all individuals who are certified or re-certified for CMS. This is a federal requirement under the Health Insurance Portability and Accountability Act (HIPAA). The worker must note on the case comments the date the notice was mailed/given.

8. CMS MEDICAL/DENTAL NEED FORM (HHSA:CMS-127)

A. Medical Need form at Certification

At certification, the CMS it System will mail the medical need form along with the approval NOA and CMS card. The worker will advise the patient that if they have an ongoing medical need and require CMS coverage past the certification period or within six (6) months of their CMS certification expiring, the medical need form must be completed by their physician or

physician's authorized designee and mailed or faxed to the CMS Administrative Services Organization (ASO) prior to scheduling their next eligibility appointment. The patient will not be given an eligibility appointment if the completed form is not received. The worker shall narrate this explanation in the IT System case record. If a CMS patient calls more than six (6) months after their CMS certification has expired a CMS-127 is not needed for an eligibility appointment.

EXCEPTION:

A CMS-127 is *not* needed when:

- 1) AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used. An approved TAR is verification of a medical need.
- 2) A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- 3) Beneficiaries identified by AmeriChoice as having a chronic medical condition by the "CHRONIC" indicator on IDX Eligibility Enrollment Summary Screen.
- 4) Share of Cost has been met in the last month of certification.
- 5) A CMS beneficiary has been treated in the emergency room and calls the CMS Eligibility Appointment (ASO) Line within 30 days of the emergency room visit to schedule an intake interview. The emergency room visit is verification of a medical need.

A CMS-127 *is* needed when:

- 1) Requesting a recertification appointment.
- 2) Requesting a reapplication appointment within 6 months of their previous CMS certification expiring.

**Patient can mail or fax the CMS Medical/Dental Need Form (HHSA:CMS-127) to:
CMS Program Customer Service Supervisor
PO Box 939016, San Diego, CA 92193
FAX Number: (858) 495-1399**

B. Medical Need Form Term Date

If a physician states on the medical need form that patient's medical treatment is expected to last for more than a year or for an "indefinite" period of time, the medical need form is valid for a period of one (1) month past the certification expiration date.

9. CREDIT CHECK AUTHORIZATION AND REIMBURSEMENT AGREEMENT

A. Credit Check Authorization Form (CMS-99)

All CMS applicants/beneficiaries will be required to sign a Credit Authorization Form as a condition of eligibility. CMS does not consider an applicants credit history as a basis for eligibility, but will use the credit check as a verification tool for financial, property and eligibility information which the applicant/beneficiary provided.

B. Reimbursement Agreement (CMS 106)

Applicants/beneficiaries whose income is above 165% of the FPL up to and including 350% of the FPL will be required to sign a reimbursement agreement. The reimbursement agreement is for the CMS applicant to reimburse San Diego County via Revenue & Recovery, for all services paid for by CMS. Pursuant to County Administrative Code section 238, HHSA will refer CMS cases to the Office of Revenue and Recovery to pursue appropriate collection activities and proceedings to recover CMS costs.

applicant is no longer potentially eligible to another resource, then the worker must verify and document the reason in the case narrative.

The County has contracted with the Legal Aid Society of San Diego, Inc. to provide SSI advocacy services for General Relief (GR) recipients, Board & Care Payment Program (B&C), Cash Assistance Program for Immigrants (CAPI) and CMS customers who may be eligible for Supplemental Security Income (SSI). CMS requires some patients to apply for disability linked Medi-Cal through Disability Determination Services Division (DDSD) a condition for eligibility for CMS and generally follows Medi-Cal regulations regarding applying for unconditionally available income. Medi-Cal does not consider SSI unconditionally available income because it is viewed as Public Assistance. A CMS applicant who has been identified as potentially eligible to Medi-Cal or SSI may be referred to the Legal Aid SSI Advocate for assistance in applying for or reapplying for SSI benefits or assisting with the process of filling an SSDI/SSI appeal. Worker will either mail or fax form HHSA:CMS-2 to the Legal Aid SSI Advocate and notes in the comment section of the CMS IT system, "SSI Advocacy Services Referred".

7. RETROACTIVE COVERAGE

CMS does not pay for medical expenses incurred before the application month.

8. HOSPITAL ADMISSIONS DURING THE CERTIFICATION PERIOD

Emergency hospitalizations and scheduled admissions that occur during the certification period are covered. See Article A, Section 2.E

9. CHANGES AND INFORMATION REPORTED DURING THE CERTIFICATION PERIOD

A. Informing Letter

As a general rule, once a certification period has been approved, CMS eligibility continues until the end of the certification period or until the beneficiary becomes eligible to full scope Medi-Cal benefits before the certification period ends.

Exception: Erroneous certifications (refer to Article A, Section 7-1.C for additional information).

When the worker receives information or becomes aware of a change that may affect CMS eligibility, the worker shall review the case and determine whether clarifying information is needed. If additional information is required, the worker must send an informing letter, HHSA: CMS-34R, to the beneficiary. This letter explains how the information may affect CMS eligibility and the beneficiary may need to make other payment arrangements with health care providers before the certification period ends. The letter informs the beneficiary of any additional verification that must be provided and provides a specific due date for the requested verification. It also informs the beneficiary that they may apply for CMS at any time if they have a change in circumstances. If necessary, the worker also submits form HHSA: CMS-4 or 14-10 HHSA to the CMS Program ASO at O557-B to update the IDX comments screen with the reported information. When any of the above information takes place, it must be recorded in the case narrative.

NOTE: This process will remain the same until CMS IT System is upgraded.

B. Fraud Referral

If information is received after a case is granted that would have made the applicant ineligible to CMS at the initial application, the worker follows the instructions for fraud referrals in MPG Article A, Section 11 and records details in the case narrative.

ARTICLE A
SECTION 9

FORMS

When a case is established using the CMS IT System, all forms completed by eligibility staff and/or the patient must be imaged and saved into the CMS IT System.

This section lists the forms used to process CMS applications.

FORMS

FORM NUMBER	FORM TITLE
07-16 HHSA / 07-16 HHSA (SP)	Request for Withdrawal or Discontinuance of Benefits
07-21 HHSA / 07-21 HHSA (SP)	Employment Verification
07-27 DSS	Case Narrative
07-227 DSS / 07-227 DSS (SP)	Statement of Contribution & Declaration of a Loan/Gift
07-66 HHSA / 07-66 HHSA (SP)	Self Employment Income Statement
14-4 DSS	Medical Services Screening
14-08 DSS	Applicant Notice of Decentralization
14-10 HHSA	Transmittal of CMS/Medi-Cal Information
14-12 DSS	District Notice of Decentralization
16-42 HHSA / 16-42 HHSA (SP)	Sworn Statement
CW 60 / CW 60 (SP)	Release of Information – Financial Institution
DHS 6155	Health Insurance Questionnaire
HHSA: CMS-2/HHSA: CMS-2(SP)	CMS SSI Advocacy Referral
HHSA: CMS-3	CMS Weekly Screening Log
HHSA: CMS-4	Registration Information
HHSA: CMS-5	Medi-Cal Referral
HHSA: CMS-7	Third Party Liability Report
HHSA: CMS-9	Sign-in Sheet
HHSA: CMS-13 / HHSA: CMS-13 (SP)	Affidavit Residence (Spanish on Reverse)
HHSA: CMS-14 / HHSA: CMS-14 (SP)	Rights of Applicants
HHSA: HCPA 14-187/HCPA 14-187 (SP)	Authorization for Release of Information
HHSA: CMS-15 / HHSA: CMS-15 (SP)	Responsibilities of Applicants
HHSA: CMS-16 / HHSA: CMS-16 (SP)	Verification Checklist