

Section 500 Table of Contents

Non-Financial Eligibility Requirements

500.1 Introduction-Non- Financial Eligibility

500.2 Citizenship

- (a) Child Born Overseas to a Citizen Parent (s)

500.3 Qualified Aliens

- (a) Aliens Subject to the 5 -Year Bar
- (b) Aliens Not Subject to the 5- Year Bar
- (c) Continuously Present

500.4 Verification of Citizenship and Identity

- (a) Policies and Procedures for Documenting Citizenship and Identity
- (b) Documentation Requirements
- (c) Proof of Citizenship and Identity
- (d) Affidavits for Documenting Citizenship
 - Attachment A- DES-AFF-1 Affidavit of Citizenship for Applicant/Recipient Only**
 - Attachment B- DES-AFF-2 Affidavit of Citizenship**
 - Attachment C- Affidavit of identity for a Child Younger than 16 years Old**
- (e) Proof of Identity
 - Attachment A- Proof of Identity**
- (f) Collective Naturalization
- (h) Documentation that an Applicant is a Qualified Alien

500.5 Non- Qualified Aliens

- (a) Ineligible Aliens
- (b) Undocumented Aliens

500.6 Emergency Medical Service or Medical Assistance for State- Only qualified Aliens

- (a) X- Track- Coverage State Only Emergency Medical Service (X02)
- (b) Emergency Medical Services for Undocumented or Ineligible Aliens X02
- (c) Explanation of Emergency Medical Services
- (d) General Eligibility Requirements for Coverage Group X02
 - (1) Medical Eligibility Requirements for Coverage Group X02
- (e) Documentation of Services
 - (1) Documentation of Labor and Delivery Services
 - (2) Documentation of Disability
 - (3) Medical Eligibility Review Process
- (f) Certification of Eligibility of X02
 - Attachment A- DES 401 Emergency Services to Ineligible Aliens**

Attachment B- Notice of Eligibility

Attachment C- Notice Ineligibility (Non-Financial Reasons)

Attachment D- Notice Ineligibility (Financial Reasons)

500.7 Residency

- (a) Residency Criteria for Non- Institutionalized Persons
- (b) Residency Criteria for Institutionalized Person
- (c) An Alien Visa, Student Visa or other Immigration Documents

500.8 Aged, Blind, and Disability Determination

- (a) Aged
- (b) Blind
- (c) Disability Determination

500.9 Caretaker Relative

500.10 Institution

- (a) Inmate of a Public Institution
 - (1) Case Processing Procedures
 - (2) Medicaid Application for Prison Inmates Prior to Release
 - (b) Institution for Mental Disease
 - (c) Conditional Release or Convalescent Leave from an Institution for Mental Disease
 - (d) Residence of an Institutionalized Person
 - (1) Placement by a State in an Out of State Institution
 - (2) Former Maryland Residents Residing in an Out of State Facilities
- Attachment A- Department of Juvenile Justice Facilities**

Frequently Asked Questions (FAQ's) and Answers

Objectives for Section 500

1. Define Non- Financial Eligibility Requirements;
2. Identify Medicaid eligibility for citizens and non citizens;
3. Identify Medicaid eligibility for inmate of public institution and mental health institution for persons.

500.1 Introduction- Non- Financial Eligibility

500.2 Citizenship

To be eligible for federal coverage of full Medical Assistance benefits and individual must be one of the followings;

- A citizen of the United States by birth or naturalization
- Born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, or the Virgin Island
- Born in American Samoa or Swain’s Island and is considered a United States national; or
- A child younger than 18 years old who was born outside the United States and its outlying possessions and who automatically acquires United States citizenship upon the child’s legal entry into the United States for permanent residence if the child is living in the legal and physical custody of a parent or parents.
- A qualified alien who has been continuously present in the United State since the most recent date of entry into the United States, which was before August 22, 1996 regardless of the date of the date of qualified alien status.
- A qualified alien who either most recently entered the United States on or after August 22, 1996 or has not been continuously present in the United States since the most recent date of entry before August 22, 1996, and who:
 1. Meets the federally required 5- year bar to public benefits; or
 2. Is in an immigration category that is not subject to the 5 year bar.
- An alien who is a honorably discharged veteran of the armed forces of the United States, including veterans of the following armed forces:
 1. Individuals who served in the Philippine Commonwealth Army during World War II or as Philippine scouts following World War II; and
 2. Hmong and other Highland Lao veterans who fought under United States command during the Vietnam War and who were lawfully admitted to the United States for permanent residence.
- On active duty in the armed forces for the United States;
- The spouse, including a surviving spouse who has not remarried, or an unmarried dependent child (younger than 21 years old) of an honorably discharged veteran or alien on active duty in the armed forces of the United States.
- A recipient of Supplemental Security Income (SSI) benefits
- A member of a federally-recognized Indian tribe, as defined in 25 U.S.C 450b(e);

- An American Indian born in Canada to whom 289 of the Immigration and Nationality Act (INA) applies.

(a) Child Born Overseas to a Citizen Parent (s)

The Child Citizenship Act 2000 (Public Law 106-395) became effective February 7, 2001. This law permits foreign-born children, including adopted children, of U.S. citizens to acquire U.S. citizenship automatically without applying when they enter the U.S. legally for permanent residence, if certain requirements are met. Children who met the Act's requirements as of the Act's effective date automatically acquired U.S. citizenship on February 27, 2001. The applies to the following children:

- Biological or legitimated children
- Certain children born out of wedlock to a mother who naturalizes
- Orphans with a full and final adoption abroad or adoption finalized in the U.S. and
- Adopted children meeting the two year custody requirement.

As of February 21, 2001 a child born overseas must meet the following requirements in the order to acquire U.S. citizenship automatically;

- Have at least one natural or adoptive parent who is;
- A U.S. citizen by birth or naturalization; and
- Has been physically present in the U.S. or its outlying possessions for a period or periods totaling at least 5 years , at two of which are after the age of 14 (or one of the child's U.S. citizen grandparents meets this physical presence requirement)
- Younger than 18 years old and
- Live in the U.S. in the legal and physical custody of the U.S. citizen parent, pursuant to a lawful admission for permanent residence.
- If the child is adopted, the adoption must be full and final.

500.3 Qualified Aliens

An alien is an individual who was not born in the U.S. and is not considered a U.S. citizen by birth or naturalization. The Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 (PRWORA) was signed into law on August 22, 1996. This Act significantly changed aliens' eligibility for MA and other federal needs- based benefits. The Act restricts the eligibility of certain legal aliens for the federal MA program. Undocumented (illegal) aliens have never been eligible for full MA benefits in a federal category just for coverage of emergency medical services (coverage group X02).

MA eligibility for aliens is based on whether the alien is a **qualified** or **non-qualified** alien and whether the alien most recently entered the United States before or after August 22, 1996 and has been continuously present since then.

- Qualified alien is a person who is not a U.S. citizen and is:
 - A lawful permanent U.S. resident;
 - A refugee;
 - An asylee;
 - An alien who has had deportation withheld under section 243(h) of the Immigration and Nationality Act (INA);
 - An alien granted parole for at least 1 year by INS;
 - An alien granted conditional entry under immigration law in effect before April 1, 1980; or
 - A honorably discharged veteran, an alien on active duty in the Armed Forces of the United States, or the spouse or unmarried dependent child of one of these persons.

Qualified aliens, other than refugees and asylees, may qualify for full Medicaid benefits if they entered the United States before August 22, 1996. **Qualified aliens who entered on or after August 22, 1996 must have resided in the United States as a qualified alien for five years in order to qualify for full Medicaid. Refugees and asylees do not need to meet this five year bar.**

- Non-Qualified alien is an alien who is one of the following:
 - an alien who does not meet the definition of qualified alien;
 - an undocumented (illegal) alien; or
 - a qualified alien who entered the United States on or after August 22, 1996 and has resided in the United States as a qualified alien for **less** than five years.

Non-qualified aliens are not eligible for full Medicaid benefits. They may qualify for Medicaid coverage of emergency medical services if they meet all other eligibility criteria.

(a) Aliens Subject to the 5-Year Bar

a. Qualified aliens who most recently entered the U.S. on or after August 22, 1996 and who are now in one of the immigration categories specified below (unless they were previously in an immigration category exempt from the 5 year bar, such as an asylee or refugee) are not eligible for federally funded Medical Assistance for a period of 5 continuous years from their:

- Most recent U.S. entry date, if the individual entered the United States with the status of a qualified alien; or
- Effective date of qualified alien status approved by the Department of Homeland Security, if the individual did not enter the United States as a qualified alien (e.g., entered as a temporary visitor).

b. The 5- year bar to federal benefits also applies to qualified aliens who most recently entered the United States before August 22, 1996 but who were not continuously present since then in the United States and whose current immigration category). Then, the 5-year bar is applied to either their U.S. entry date as a qualified alien or their effective date of qualified alien status.

The following types of qualified aliens are subject to the 5-year bar for federal benefits, if condition (a) or (b) above is met:

- An alien who was lawfully admitted to the United States for permanent residence or whose immigration status was changed to that of a lawful permanent resident, in accordance with the INA
- An alien granted parole for at least one year under §212(d)(5) of the INA and
- A documented or undocumented immigrant who has been battered or subjected to extreme cruelty by the individual's citizen or lawful permanent resident spouse or parent, or by a member of the spouse's or parent's family residing in the same household as the immigrant, if:
 1. The spouse or apartment consented to, or acquiesced in, the battery or cruelty.
 2. The abusive act or acts occurred in the United States.
 3. The individual responsible for the battery or cruelty no longer lives in the same household as the victim.
 4. A Violence Against Women Act immigration case or a family based visa petition has been filed and
 5. There is a substantial connection between the battery or cruelty and the need for Medical Assistance benefits.

(b) Aliens NOT Subject to the 5-Year Bar

The following types of qualified aliens are not subject to the 5- year bar for federal benefits, even if they were not a qualified alien when they entered the U.S. (e.g., entered as a temporary visitor before August 22,1996 and status was later changed to a legal permanent resident):

- A qualified alien who most recently entered the United States prior to August 22, 1996, and who has been continuously present since then;
- An alien who most recently entered the U.S. in an immigration status listed below that is exempt from the 5-year bar (e.g., an asylee) and later converted to an immigration status listed above that is subject to the 5-year bare (e.g., legal permanent resident).
- An alien granted asylum under §208 of the INA.
- A refugee admitted into the United States under §207 of the INA
- A child receiving federal payments for foster care or adoption assistance under Part B or E of title IV of the Social Security Act, if the child's foster or adoptive parent is considered a citizen or qualified alien (note for E-track eligibility).
- An alien whose deportation is being withheld under 243(h) of the INA in effect prior to April 1, 1997 or 241(b)(3) of the INA as amended.

- A Cuban or Haitian entrant, as defined at 501(e) of the Refugee Education Assistance Act of 1980.
- An alien granted conditional entry under 203(a)(7) of the INA in effect before April 1, 1980.
- An alien who was lawfully admitted to the United States for permanent residence and was:
 1. Receiving SSI benefits on August 22, 1996 and is lawfully residing in the United States;
 2. An SSI recipient;
 3. Lawfully residing in the United States on August 22, 1996 and is blind or disabled;
 4. Admitted to the United States as an Amerasian immigrant under 584 of the Foreign Operation, Export Financing and Related Programs Appropriations Act of 1988;
 5. The spouse of a Qualified Alien with qualifying quarters
- A victim of a severe form of trafficking, in accordance with 107(b)(1) of the Trafficking Victims Protection Act of 2000, who was subjected to:
 1. Involuntary servitude,
 2. Sex trafficking if the act is induced by force, coercion, or the individual who was induced to perform the act was younger than 18 years old on the date that the visa application was filed

The following types of legal aliens are also not subject to the 5- year bar, regardless of their immigration category:

- A child receiving federal payments for foster care or adoption assistance under Part B or E of title IV of the Social Security Act, if the child's foster or adoptive parent is considered a citizen or qualified alien (Note for E-track eligibility); and
- An alien who is:
 1. An honorably discharged veteran of the armed forces of the United States.
 2. On active duty in the armed forces of the United States or
 3. The spouse, including a surviving spouse who has not remarried, or an unmarried dependent child (younger than 21 years old) of an honorably discharged veteran or alien on active duty in the armed forces of the United States.

(c) Continuously Present

An alien is not considered to be continuously present in the United States if, before the date of qualified alien status, the alien had:

- A single absence from the United States of more than 30 days or
- Absences from the United States totaling more than 90 days.

500.4 Verification of Citizenship and Identity

Individuals declaring to be a U.S. citizen or national must now provide satisfactory documentation of citizenship and identity as a condition of eligibility for Medical Assistance (MA) or the Maryland Children's Health Program (MCHP) (see exceptions below). Before requesting this documentation, the applicant's or recipient's eligibility CM should check the individual's case record to see if the required documentation is already on file, because it only has to be provided once. The requirements of the federal Deficit Reduction Act (DRA) of 2005 apply to all MA and MCHP applicants and recipients who declare that they are U.S. citizens by birth or naturalization, with the following exceptions. Documentation of U.S. citizenship and identity is not required if the individual is a:

- Recipient of Supplemental Security Income (SSI) (in LO I, S02, and any other coverage group with SSI beneficiaries)
- Recipient of Social Security Disability Insurance (SSDI) benefits under section 223 or section 202 of the Social Security Act
- Child in Foster Care or Subsidized Adoptions under Title IV part E (EO I or E02),
- Child for whom child welfare services are made available under Title IV-B on the basis of being a child in foster care.
- Newborn, automatically eligible, (P03 and P 12 applicants made eligible through the DHMH 1184 process), whose mother was enrolled in or determined eligible for, MA or MCHP for the date of birth.
- Pregnant woman who is determined automatically eligible by the provider's attestation through the Accelerated Certification of Eligibility (ACE) process (certain P02 and PI I applicants), or
- Medicare eligible individual or Medicare recipient (in S03, S07, S14, and any other coverage group with Medicare eligibles).
- Aliens: This new law does not affect the existing process by which qualified aliens verify their qualified legal status, nor does it apply to refugees and others covered in the G-track, or undocumented or ineligible aliens requesting emergency medical services only (coverage group X02).

Therefore, the verification requirements for citizenship and identity apply to all other Medical Care Program coverage groups for which there is federal matching, including all MA coverage groups, all MCHP and MCHP Premium coverage group (except P03 or P12), TCA, PAA, TDAP if they qualify for MA or the Primary Adult Care Program, Women's Breast and Cervical Cancer Health Program, Waivers, and the Employed Individuals with Disabilities Program (EID). Documentation of citizenship and identity is required just once for MA or MCHP eligibility and then becomes part of the individual's permanent case record. Self attestation of citizenship and identity is no longer acceptable. If the documents presented by the customer are determined to be counterfeit, altered, or inconsistent with pre existing information, the case should be referred to DHMH's Program Integrity Unit for an investigation of potential fraud or abuse.

(a) Policies and Procedures for Documenting Citizenship and Identity

The policies and procedures for documenting citizenship and identity will be the same as what is currently used for all other types of required verifications, except that these requirements also apply to MCHP. As with all other required verifications, if the documentation of citizenship and identity is not already in the case record, submitted with the application, or shown at the local office, the CM must mail a DHR/FIA 1052 request for Information to Verify Eligibility form or other written request, listing the documentation that is required by a specified due date.

- The CM must inform the customer that additional time may be requested to provide the verifications, in accordance with the policies about extension of time standards at Chapter 400 of the MA Eligibility Manual.
- If the required documentation of citizenship and identity is not provided by the due date (which may be extended), a recipient's eligibility must be terminated with timely notice.
- If the terminated recipient then submits the required documentation within 4 months of the month of termination, eligibility is redetermined as of effective date of termination in accordance with the tardy redetermination policies and procedures (Chapter 1200)

(b) Documentation Requirements

To establish U.S citizenship, a document must show either:

- A U.S. place of birth, or
- That the individual is a U.S. citizen

NOTE: The individual's place of birth that is entered on the MA application should be the same as the place of birth entered on the documentation used to verify citizenship.

As a condition of MA or MCHP eligibility for each individual requesting benefits (except emergency medical services for undocumented or ineligible aliens), either a valid Social Security number (SSN) must be reported or an application must be filed for an SSN. If an individual is made eligible based on an SSN application, a valid SSN must be reported and entered on CARES by the next redetermination, or MA eligibility must be terminated. The CM is required to validate the reported SSN using SVES/SDX/SOLQ, by matching on name, SSN and of birth.

(c) Proof of Citizenship and Identity

For new MA or MCHP applicants (*i.e.* applicants not known to CARES) who have declared U. S. citizenship, **the CM** must perform the following steps to request citizenship verification. A positive SVES match for the applicant verifies identity along with citizenship verification.

Step 1: Process Applicant Information (LHD & other DHMH caseworkers go to Step2)

Task 1: Process the applicant's client I.D. information

Task 2: Allow overnight processing in CARES before proceeding onto Step 2.

Step 2: Verify SSN

CMs who have access to SOLQ must verify the SSN with SOLQ

(Verify Title II SSA income and Title XVI SSI income with the SSN verification)

- If SOLQ verified the SSN, print the verification response for the record.
- If SOLQ was not able to verify the SSN, you will receive one of the codes shown in the July 2001 SVES/SOLQ MANUAL Section 2, pages II-11 and II-12 (FIPNet).
- **The SSN must be verified prior to requesting citizenship verification and moving to Step 3.**

CMs who do not have access to SOLQ must verify the SSN with SVES (Verify Title II SSA income and Title XVI SSI income with the SSN verification)

Task 1: Use the SVES PF1 request and complete all the appropriate fields to verify the SSN. This request will need to process overnight.

Task 2: Once the 24 hour SVES SSN verification has taken place, use PF2 to verify the SSN response.

Task 3: If SVES verified the SSN, **print all verification response screens for the case record.**

If SVES was not able to verify the SSN, you will receive one of the codes shown in the July 2001 SVES/SOLQ MANUAL Section 2, pages II-11 and

II-12 (FIPNet).

Obtain SSN verification from client; once obtained, verify the SSN through SVES.

Task 4: **The SSN must be verified prior to requesting citizenship verification.** As soon as SVES verifies the SSN and the record is printed, use PF4 to **delete the PF2 request.** Proceed to Step 3.

Note: If not deleted, the PF2 request creates a viewing screen but locks the SSN information which will cause Step 4 citizenship verification processing to take 10 days.

Step 3: Determine Eligibility

As soon as a new MA or MCHP applicant is determined eligible, the CM must allow the applicant a reasonable opportunity (45 days) to produce documentary evidence of citizenship. During this

period, the applicant must be enrolled in coverage if they have met all eligibility requirements except citizenship. ACE applicants are to be processed within the required 2 day period, which eliminates the need to verify citizenship prior to receiving coverage. ACE applicants fall within the “reasonable opportunity” clause and can provide documentary evidence of citizenship after they have been assigned coverage.

Step 4: Request Citizenship Verification

SVES must be used to request citizenship verification (SOLQ cannot be used):

Task 1: Use the SVES PF1 request to access the screen for citizenship verification.

Task 2: Complete all the appropriate fields to verify citizenship.

Enter the new code: Z for the **Category of Assistance**

Task 3: This request will need to process overnight.

Task 4: Once the 24 hour SVES citizenship verification has taken place, use SVES PF2 to verify the citizenship response.

Task 5: Print the verification response for the applicant’s record.

Important Reminder: Step 4 citizenship request will not provide Title II (SSA) and Title XVI (SSI) income information.

Step 5: SVES Citizenship Verification Responses and Procedures

The CM will receive a response (within 24 hours of the request) displaying one of the following response codes:

1. Citizenship verified

Task 1: Send verification copy to the repository at DHMH.

Task 2: On the DEM2 screen in CARES, enter “CP” valid value in the citizenship verification field.

2. Citizenship not verified

Task 1: Obtain the required documentation to verify citizenship (see AT 08-05). Allow the applicant a reasonable period of time (45 days) to produce the documentation. The case worker must grant active eligibility status during this period and up to 80 days as long as the applicant has met all other eligibility requirements and is pursuing the acquisition of documentation to meet citizenship requirements.

Task 2: If documentation is provided within this period, continue providing an active eligibility status through the certification period.

If the applicant has not produced documentation by the 80th day, close the case for failure to meet citizenship requirements. This closure is not subject to reactivation.

Important Reminder: The Adverse Action period provides an additional 10 days for the case to remain on the system.

3. Death with citizenship verified

Task 1: Process the case including retroactive period as required

Task 2: Verify death of applicant before entering the date of death to close coverage.

4. Death without citizenship verified

Task 1: Obtain the required documentation to verify citizenship (see AT 08-05).

Task 2: If citizenship verification is received, process the case including retroactive period as required.

Task 3: Verify death of applicant before entering the date of death to close coverage.

Task 4: If citizenship cannot be verified, process the case as denied for failure to provide information and enter the date of death to close case.

One of the following 1st level documents to documents may be used to verify both citizenship and identity:

- U.S passport issued by the U.S. Department of State. It is not necessary for the U.S. passport to be currently valid as long as the expired passport was originally issued without limitation. If a passport was issued with a limitation, it may be used as proof of identity but not as proof of citizenship.
- Certificate of Naturalization (N-550 or N-5700 issued by the Department of Homeland Security for naturalization.
- Certificate of Citizenship (N-560 or N61) issued by the Department of Homeland Security to individuals who derive citizenship through a parent.

NOTE: If the individual was born outside the U.S. and was not a U.S citizen at birth, one of these documents is required.

One of the following 2nd level documents may be used to document citizenship if none of the 1st level documents are available within the time limit for determining eligibility:

- U.S. Birth Certificate: issued by a state, Commonwealth, Territory, or local jurisdiction.

1. The U.S. public birth record must show birth in one of the 50 states, the District of Columbia, American Samoa, Swain's Island, Puerto Rico (if born on or after January 13, 1941), U.S. Virgin Islands (if born on or after January 17, 1917), Northern Mariana Islands (if born after November 4, 1986), or Guam (if born on or after April 10, 1899).
2. A data match by DHMH with Vital Records birth records in Maryland or another state. In order to be used as 2nd level verification of citizenship, the birth certificate must have been issued before the person was 5 years old
3. Do not accept a souvenir birth certificate issued by the hospital.
4. If the document shows the individual was born in Puerto Rico, the U.S. Virgin Islands, Northern Mariana Islands, or Guam before the date given above, the individual may be a collectively naturalized citizen (see the requirements below for verification of collective Naturalization).

- Official military record of service: The document must show a U.S. place of birth (e.g., form DD-214).
- Evidence of civil service employment by the U.S. government: The document must show employment by the U.S. government before June 1, 1976.
- Final adoption decree for a child born in the U.S.: The adoption decree must show the child's name and a U.S. place of birth. If the adoption is not yet finalized and the state where the child was born will not release a birth certificate before the adoption is final, a written certification from a state approved adoption agency that shows the child's name and U.S. place of birth is acceptable if it state that the source of information is an original birth certificate.
- Certification of Report of Birth Abroad (DS-1350)
 - Department of State to U.S. citizens who were born outside the U.S. and acquired U.S. citizenship at birth. If the birth was recorded on a FS-240, a certified copy of the DS-1350 is not issued by the Department of State in Washington, D.C. The DS-1350 is not issued outside the U.S. The DS-1350 contains the same information as the current version of the FS-240.
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS240)
 - Issued by a U.S. Department of State consular office. A FS-240 can only be prepared at an American consular office overseas while the child is younger than 18 years old. Children born outside the U.S. to U.S. military personnel usually have this form.
- Certification of Birth Abroad (FS-545)
 - Issued by U.S. Department of State consulates before November 1, 1990 along with the prior version of the FS-240. In 1990, U.S. consulates ceased to issue the FS-545. Treat FS-545 the same as the DS-1350.
- U.S. Citizen Identification Card (I-197 or the prior I-179)
 - Formerly issued by the Immigration and Naturalization Service (INS). The I-179 was issued during 1960 -1973 and the I-197 during 1973- April 7, 1983 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings. Although no longer issued, either form that was previously issued is still valid.

- American Indian Card (I-872): issued by the U.S. Department of Homeland Security to identify a U.S. citizen member of the Texas Band of Kickapoo's living near the U.S./ Mexican border. A classification code of "KIC" and a statement on the back denote U.S. citizenship.
- Northern Mariana Card (1-873)
 - Issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 4, 1986. Although no longer issued, a form that was previously issued is still valid.

One of the following 3rd level documents may be used to document citizenship if none of the 1st or 2nd level documents are available within the time limit for determining eligibility:

- Extract of a hospital records on hospital letterhead that shows a U.S. place of birth:
 - The hospital record must have been established at the time of the person's birth and created at least 5 years before the initial application date for MA.

Example: A redetermination is being conducted for October 2006 for an individual who initially applied for MA in October 2003. The hospital record must have been created before October 1998 and must have been established at the time of the individual's birth (in order to verify the individual's birth in the U.S.).

- For a child younger than 16 years old, the document must have been created either near the time of birth or at least 5 years before the initial application date for MA or MCHP.
- Do not accept a souvenir "birth certificate" issued by the hospital.
- Life, health, or other insurance record showing a U.S. place of birth: The record must have been created at least 5 years before the initial application date for MA or MCHP.

One of the following 4th level documents may be used to document citizenship if none of the 1st, 2nd, or 3rd level documents are available within the time limit for determining eligibility. Documentation with this low level of reliability should only be used in the rarest of circumstances.

- Federal or state census record for 1900-1950 showing U.S. citizenship or a U.S. place of birth; the census record must also show the individual's age. To secure this information, the individual or state must complete a form BC-600, Application for Search of census Records for Proof of Age. Add in the remarks portion: "U.S. Citizenship data requested." Also add that the purpose is for Medical Assistance eligibility. A fee is charged for this form.
- Medical record (clinic, doctor, or hospital) that shows a U.S. place of birth:
 1. The record must have been established at the time of the person's birth and created at least 5 years before the initial application date for MA or MCHP.

2. For a child younger than 16 years old, the document must have been created either near the time of birth or at least 5 years before the initial application date for MA or MCHP.
 3. An immunization is not acceptable
- One of the following records showing a U.S. place of birth, if created at least 5 years before the initial application date for MA or MCHP:
 1. An amended U.S. birth certificate (public birth record) that was amended more than 5 years after the person's birth.
 2. A U.S. State Vital Statistics official notification of birth registration.
 3. Signed statement by a physician or midwife who attended the birth.
 4. Institutional admission papers (e.g., nursing facility).
 5. Seneca Indian tribal census record.
 6. Bureau of Indian Affairs tribal census records of the Navajo Indians.

(d) Affidavits for Documenting Citizenship

If none of the previously discussed documents are available within the time limit for determining eligibility, written affidavits may be used to document citizenship. Affidavits should only be used in rare circumstances. The affidavits must be signed under penalty of perjury. The signer must be able to provide proof of his/her own citizenship and identity.

- There must be at least two written and signed affidavits by citizens who have personal knowledge of the event(s) (e.g., birth, naturalization) establishing the applicant/recipient's (A/R's) claim of citizenship. One of the affidavits must be signed by someone who is not related to the A/R. If the individual signing the affidavit has information explaining why documentary evidence establishing the A/R's claim of citizenship does not exist or cannot be readily obtained, the affidavit should contain this information as well.
- A third affidavit must be signed by the A/R, another knowledgeable individual (representative, parent, or guardian), or explain why the required documentary evidence does not exist or cannot be readily obtained.

Attachment A-Affidavit of Citizenship (A/R) Only

State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF CITIZENSHIP
To Be Completed By Applicant/Recipient Only
This Document Is Not Valid Unless Fully Completed.

Applicant/Recipient Name: _____ Date of Birth: _____
Address: _____
Head of Household (if the individual is younger than 21 years old): _____

1. <input type="checkbox"/> I am a U.S. citizen.
2. <input type="checkbox"/> I am 18 years old or older.
3. I am a U. S. Citizen because: <input type="checkbox"/> I was born in the U.S. or a U.S. territory. Date and place: _____ <input type="checkbox"/> I was naturalized as a U.S. citizen. Date and place: _____ <input type="checkbox"/> I was born overseas to a U.S. citizen parent(s). Date, place, and parent(s) name: _____ <input type="checkbox"/> Other: _____
4. I am unable to produce documents to prove citizenship because: _____ _____

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature
DES/AF2 (7/1/

Printed Name

Date Signed

Attachment B-Affidavit of Citizenship

State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF CITIZENSHIP
This Document Is Not Valid Unless Fully Completed.

Applicant/Recipient Name: _____ Date of Birth: _____

Address: _____

Head of Household (if the individual is younger than 21 years old): _____

1. My name is _____, and I live at _____

- I am a U.S. citizen.
- I am 18 years old or older.

2. Are you a relative of the individual named above?

- Yes. Relationship? _____
- No

3. How long have you known this individual? _____

How do you know this individual? _____

4. How do you know the facts you present in this Affidavit?

5. I have personal knowledge of how the applicant/recipient became a U.S. citizen. The facts known to me are that he/she was:

- Born in the U.S. or a U.S. territory. Date and place: _____
- Naturalized as a U.S. citizen. Date and place: _____
- Born overseas to a U.S. citizen parent. Date, place, and parent(s) name(s): _____
- Other: _____

6. The individual is unable to produce documents to prove citizenship because:

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature
DES/AF2 (7/1/06)

Printed Name

Date Signed

Attachment C- Affidavit of Identity (Child Younger than 16 years Old)

State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF IDENTITY
For a Child Younger Than 16 years Old
This Document Is Not Valid Unless Fully Completed.

Child's Name: _____

Child's Date of Birth: _____ Child's Age: _____

Child's Place of Birth: _____

Child's Current Address: _____

1. My name is _____, and I live at _____

2. I am the child's:

- Parent
- Legal guardian
- Other

3. I am unable to produce the required documents to prove the child's identity (U.S. passport, Certificate of Naturalization (N-550 or N-570), Certificate of Citizenship (N-560 or N-561), school photo ID card, school record with date and place of birth, nursery or day care record with date and place of birth, learner driver's license, or military dependent's ID card)

because: _____

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature

Printed Name

Date Signed

DES/AF3(7/1/06)

(e) Proof of Identity

One of the following 2nd level documents must be used to document identity if none of the 1st level documents for documenting citizenship and identity are available within the time limit for determining eligibility:

- Driver's license or an identification card for a non- driver: issued by the Motor Vehicles Administration for a U.S. state or Territory (not Canada or another country). This is acceptable if it has a photograph or other identifying information for the A/R A(e.g., name, date of birth, race, sex, height, weight, eye color)
- School identification card with photograph
- Federal, state, or local government identification card, if it has a photograph or other identifying information for the A/R (e.g., name, date of birth, sex, race, height, weight, or eye color).
- U.S. military ID card or draft record.
- U.S. Coast Guard Merchant Mariner card.
- A cross match with data systems of other federal or state governmental, public assistance, law enforcement, or correction agencies, if the agency establishes and certifies individual's true identity (e.g., TCA, Food Stamps, Child Support, Child Protective Services, Corrections, Juvenile Services, Motor Vehicle Administration, SVES/SDX/SOLQ for former SSI recipients)
- Certificate of Degree of Indian Blood, or other U.S. American Indian or Alaska Native Tribal document with a photograph or other personal identifying information relating to the individual.
- U.S. passport issued with a limitation: It may be used to verify identity, but not to verify citizenship.
- For children younger than 16 years old, one of the following documents:
 1. School record (DHR/FIA 604 form).
 2. Nursery or day care record (including pre-school health form) or
 3. Written affidavit signed under penalty of perjury by the child's parent or guardian, stating the date and place of the child's birth: An affidavit may only be used to document a child's identity if affidavits were not used to document the child's citizenship and if none of the other acceptable documents are available to document identity within the time limit for determining eligibility.

Attachment A- Proof of Citizenship and Identity

Proof of Citizenship	Proof of Identity
<p>U.S. Birth Certificate</p> <p>Data match of Vital Statistics records by DHMH to document birth record Systematic Alien Verification for Entitlements (SAVE)-for naturalized citizens only</p> <p>For child under 16: a record created near the date of birth, or 5 years before initial MA/MCHP application, and showing U.S. place of birth on hospital letterhead or other medical record.</p> <p>Record showing U.S. place of birth, if created at least 5 years before initial MA/MCHP application: record on hospital letterhead or other medical record created near the date of birth, institutional admission papers, signed statement by physician or midwife who attended the birth, Vital Statistics notice of birth registration, insurance record</p> <p>Final adoption decree for child born in U.S.</p> <p>Certificate of citizen born abroad (DS-1350, FS-240,FS-545)</p> <p>Early school record that shows a U.S. place of birth, the date of admission to the school, date of birth (or age at the time the record was made), and the name(s) and place(s) of birth of the applicant’s parent(s)</p> <p>Religious record - recorded in the U.S. within three months of birth showing US birth, and either the date of the birth or the individual’s age at the time the record was made. The record must be an official record recorded with the religious organization, not the family bible</p> <p>U.S. military service record showing U.S. place of birth</p> <p>Evidence of U.S. civil service employment before 6/1/76</p> <p>Federal or state census record for 1900-1950 showing U.S. citizenship or U.S. place of birth</p> <p>ID card for naturalized citizen (I-179 or I-197)</p> <p><u>Affidavits</u> (can also be used for naturalized citizens) Three written and signed affidavits. Two completed by citizens who have personal knowledge of the person's citizenship, one of whom is not a relative. Both signers must be US citizens. Another affidavit completed by the person, representative, or someone else knowledgeable to explain why the proof isn't available</p>	<p>Photo driver's license or Motor Vehicle Administration (MVA) ID card</p> <p>Data match with other benefit programs(current or past TCA, Food Stamps, DAP, SSI eligibility) to document identity</p> <p>Photo school ID card</p> <p>Photo ID issued by a federal, state, or local government</p> <p>U.S. military ID card, discharge document, or draft record</p> <p>Native American Tribal Document</p> <p>US Coast Guard Merchant Mariner card</p> <p>For children under 16: Clinic, doctor, hospital, or school record (e.g., DHR/FIA604 or 604-A form), nursery or day care record including pre-school health forms and Form 1131. School records may include report cards but these records must be verified with the issuing school.</p> <p><u>Three or more corroborating documents to prove identity</u> such as marriage licenses, divorce decrees, high school and college diplomas, property deeds/titles, and employer ID cards. This process can be used if they are unable to produce a single, more reliable document such as a driver’s license. (These may only be used if the individual did not use affidavits to verify citizenship.)</p> <p>Note: Recently expired identity documents are usable as long as there is no reason to believe the document does not match the individual.</p> <p><u>Affidavits can be used for the following:</u></p> <p><u>For Children under 16</u> written affidavit signed by parent or guardian- but only if an affidavit was not used as proof of citizenship.</p> <p><u>Disabled individuals</u> (Adult/Child) in long term care or rehabilitative residential care facilities; signed by Facility Director or Administrator.</p>

(f) Collective Naturalization

The following requirements are used to document U.S. citizenship for collectively naturalized individuals who were born in Puerto Rico or the U.S. Virgin Islands:

Puerto Rico

Puerto Rico Law 191 invalidated all Puerto Rican birth certificates issued prior to July 1, 2010. On June 28, the Government of Puerto Rico extended the validity of current Puerto Rico birth certificates through September 30, 2010. All birth certificates will remain valid through September 30, 2010. After this date, every birth certificate must have been reissued by the Puerto Rico Health Department Vital Statistics Record Office.

Because individuals are required to provide documentation of citizenship and identity as a condition of eligibility (see AT 08-05), beginning October 1, 2010, Puerto Rican applicants (unless their citizenship can be verified on SVES per AT 10-27 Revised) will need a reissued birth certificate, with a date of issuance on or after October 1, 2010, in order to provide proof of citizenship. As U.S. citizens, applicants born in Puerto Rico are allowed a “reasonable opportunity” period (as defined in AT 10-27 Revised) to produce a birth certificate document.

- Evidence of birth in Puerto on or after April 11, 1899 and the individual’s statement that he/she was residing in the U.S., a U.S. possession, or Puerto Rico on January 13, 1941 or
- Evidence that that individual was a Puerto Rican citizen and the individual’s statement that he/she was residing in Puerto Rico on March 1, 1917 and that he/she did not take an oath of allegiance to Spain.

U.S. Virgin Islands

- Evidence of birth in the U.S. Virgin Islands and the individual’s statement that he/she was residing in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927.
- The individual’s statement that he/she was residing in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and was residing in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927 and that he/she did not make a declaration to maintain Danish citizenship.
- Evidence of birth in the U.S. Virgin Islands, and the individual’s statement that he/she was residing in the U.S., a U.S. possession or Territory, or the Canal Zone on June 28, 1932.

(g) Procedures for Verification of Alien or Immigration Status

The primary way to verify alien/immigration status for a legal alien is by the Systematic Alien Verification for Entitlement (SAVE) system of the Department of Homeland Security (see the DHR/FIA Action Transmittal 04-34, issued in April 2004). Inquiry to SAVE may not made by

an alien name, social security number, and etc, only the identification number on an alien's immigration document may be used for SAVE inquiry. Therefore, SAVE cannot be used if the CM does not have a valid "INS" number for the alien (e.g., the individual is now a naturalized citizen, is an undocumented alien, or gave the CM an invalid INS number or someone else's number for the alien (e.g., the individual is now a naturalized citizen, is an undocumented alien, or gave the CM an invalid INS number or someone else's number)

NOTE: Refer to the following transmittals issued by the Department of Human Resources about how to verify immigration status for certain categories of aliens or immigrants:

- Action Transmittal 05-16: Eligibility for Family Members of Victims of Severe Trafficking in Persons (Derivative T visas)
- CARES Bulletin 05-16: Legal Immigrants in F-Track Medical Assistance
- FIA Information Memo 05-47: Mexico's Matricula Consular Identification Card
- CARES Bulletin 04-07: 5 Year Bar for Federal Benefits for Qualified Aliens
- Action Transmittal 03-34: Restoration of Food Stamps to Immigrants Who Have Lived in the United States for Five or More Years
- FIA Information Memo 99-51: Guidance for Verification of Immigration Status Form numbers and the types of immigration documentation change over time. For the most current information about immigration documents issued by the federal government consult federal web sites, such as <http://uscis.gov/>

(h)Documentation That an Applicant is a Qualified Alien

If qualified alien status cannot be verified through the SAVE system or if additional information is needed to resolve a discrepancy, the following documentation may be used:

- Lawful Permanent Resident: INS Form 1-551 (green card) or for recent arrivals a temporary 1-551 stamp in a foreign passport or on form 1-94.
1.If a lawful permanent resident presents an old INS form (1-151, AR-3 or AR-3a) as evidence of status, contact the Department of Homeland Security to verify the alien's status by filing a G-845 and attaching a copy of the old form. Also, refer the applicant/beneficiary to the Department of Homeland Security to apply for a replacement card.
- Refugees- INS Form 1-94 endorsed to show entry as a refugee under 207 of the INA and date of entry to the United States; or INS Form 1-688B, 1-766 annotated "274a 12(a)(3)," or Form 1571.
- Asylees: INS form 1-94 annotated with stamp showing grant of asylum under 208 of the INA; a grant letter from the Asylum Office of the Department of Homeland Security; Form 1-688B or 1-766 annotated "274a 129(a)(5)," or an order of an Immigration Judge granting asylum. If the applicant/beneficiary presents a court order, contact the Department of Homeland Security to verify that the order was not overturned on appeal

by filing a G-845 with the local Department of Homeland Security district office attaching a copy of the document.

- Alien who has had Deportation Withheld: under 243(h) of the INA-Order of an immigration Judge showing deportation withheld under 243(h) and date of the grant; or Form 1-688 or 1-766 annotated “274a. 129(a) (10).” If applicant/beneficiary presets a court order, contact INS to verify that the order was not overturned on appeal by filing a G-845 with the local INS district office, attaching a copy of the document.
- Alien Granted Parole for at least 1 year by the INS: INS Form 1-94 endorsed to show grant of parole under 212(d)(5) of the INA and a date showing granting of parole for at least 1 year.
- Alien Granted Conditional Entry: Under the immigration law in effect before April 1, 1980-INS Form I-94 with stamp showing admission under 203(a)(7), refugee conditional entry; or Forms I-688B or I-766 annotated “274a 12(a)(3).”

Evidence of Honorable Discharge or active duty status includes the following documents:

- Discharge: An original of the veteran’s discharge papers issued by the branch of service in which the applicant was a member.
- Active Duty Military: An original of the applicant’s current orders posting the applicant to a military, air or naval base.
- A self-declaration under penalty may be accepted pending receipt of acceptable documentation.

500.5 Non- Qualified Aliens

Non-qualified alien are either undocumented or ineligible legal aliens who do not qualify for federal coverage of full MA benefits because they do not meet the citizenship requirement for Medical Assistance (MA) or the Maryland Children’s Health Program (MCHP). Pregnant women who are ineligible qualified aliens may be eligible for most benefits in the State-only coverage category of X02. Undocumented or otherwise ineligible legal aliens may be eligible for coverage of only emergency medical services in the federal coverage category of x02 if they received treatment for an emergency medical condition and meet all other MA or MCHP technical and financial eligibility requirements for full benefits under COMAR 10.09.24 or COMAR 10.09.11 including verified Maryland residency.

(a) Ineligible Aliens

Ineligible aliens include qualified alien (as defined in the Chapter) who are ineligible for full federal MA or MCHP coverage because they entered the U.S. on or after August 22, 1996 and have not yet met the 5- year bar to coverage. Ineligible aliens also include legal aliens or immigrants who do not meet the definition of a qualified alien, such as aliens lawfully admitted to the U.S. for a temporary or specified time period, not as a permanent legal resident. These temporary visitors include the following:

- Foreign government representatives on official business and their families and servants
- Visitors for business or pleasure, including exchange visitor
- Aliens in travel status while traveling directly through the U.S.
- Crewmen on shore leave
- Treaty traders and investors and their families
- Foreign students
- International organization representatives and personnel and their families and serverants
- Temporary workers including agricultural contact workers
- Members of foreign press, radio, film or information media and their families

(b)Undocumented Aliens

An undocumented (illegal) alien is an alien not lawfully residing in the U.S. for either a permanent or temporary purpose. This group includes persons who entered the U.S. illegally, regardless of the means by which the alien arrived (e.g., border crossing by boat, train, car, bus, and airplane or by foot). Undocumented aliens also include aliens who were legally admitted for a limited period of time and did not leave the U.S. when the approved period expired.

500. 6 Emergency Medical Service or Medical X02**(a)X-Track- Coverage State Only Emergency Medical Service (X02)**

- Certain aliens who are not eligible of MA or MCHP benefits in a full federal category of X02
- Applicants who meet the citizenship/alien requirements for full federal coverage should not be determined eligible in the X- track, such as:
 1. Naturalized citizens.
 2. Qualified aliens who entered the United States on or after August 22, 1996 and have lived continuously in the U.S. for at least 5 years as a qualified alien.
 3. Qualified aliens with an immigration status that is not subject to the 5 year bar, such as asylees, refugees, and victims of trafficking.
 4. Qualified aliens who most recently entered the U.S. for a continuous stay before August 22, 1996, even if they entered as an undocumented or ineligible Aliens

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 prohibits eligibility of certain legal aliens for federal benefit programs until the individual lives in the U.S. for at least 5 years as a qualified legal alien if the individual entered the U.S. on or after August 22, 1996.

(b) Emergency Medical Services for Undocumented or Ineligible Aliens X02

A non qualified alien may be eligible for federal coverage of treatment for an emergency medical condition only. An undocumented or ineligible alien may qualify for X02 if the individual fails to meet the citizenship/alien requirements but otherwise qualifies for a community coverage group with full federal benefits under COMAR 10.09.24 (MA) or COMAR 10.09.11 (MCHP) except for coverage groups P13 or P14. The individual must meet all of the financial and technical requirements for MA or MCHP eligibility except the technical requirements related to citizenship/alien status and Social Security Number (SSN).

NOTE: The CM may not require that an alien applying for emergency medical services only coverage group X02 declare or provide verification of immigration status. Also, the applicant may not be required either to provide SSN or apply for an SSN. However, if information already exists in the record about the applicant's immigration status and/or SSN, the CM must use that information when determining eligibility. The CM may not require that information be provided

about the immigration status or SSN of someone who is not applying for public benefits, such as the applicant's spouse or parents.

(c)Explanation of Emergency Medical Services

A non qualified alien may only be eligible for coverage group X02 if the alien needs care and services for the treatment of an emergency medical condition. An emergency medical condition (including labor and delivery) is defined as a medical condition which occurs after a sudden onset and manifests itself by acute symptoms of sufficient severity (including severe pain) from the absence of immediate medical attention can reasonably be expected by a prudent layperson possessing an average knowledge of health and medicine to result in:

- Placing the patient's health in serious jeopardy,
- Serious impairment to bodily function or
- Serious dysfunction of any bodily organ or part.

Maryland Medicaid regards emergency medical services as those services rendered in a hospital from the moment the individual presents with an emergency medical condition to the time the person's condition is stabilized. Emergency medical services may also include:

- Labor and delivery
- Dialysis and related services for end stage renal disease (ESRD)
- Services for Acquired Immune- Deficiency Syndrome (AIDS) and
- Cancer treatments that are considered by the Department of Health and Mental Hygiene as an emergency medical services.

The emergency medical services covered for undocumented or ineligible aliens under coverage group X02 do not include:

- Routine pre-natal or post –partum care
- Any medical services used to treat and/or evaluate a condition if the services do not meet the definition of emergency medical services
- Medical support, medical equipment, or prescribed drugs which are required beyond the point at which an emergency medical condition is stabilized and
- Any services related to an organ transplant or other transplant procedure.

(d)General Eligibility Requirements for Coverage Group X02

Except for citizenship/alien status requirements and enumeration (SSN), all MA technical eligibility requirements including residency must be met for X02 coverage.

- All financial eligibility requirements must be met for the community based coverage group for which eligibility would be determined if the applicant met the federal citizenship/alien requirements for Families and Children(FAC) in the F track, Aged, Blind or Disabled (ABD) in the S-track or Maryland Children's Health Program (MCHP) in the P-track 9 (except for P13 and P14).
 1. Spend- down of any excess income is required before X02 eligibility may be established if the applicable coverage group is Medically Needy FAC (F99) or ABD (S99).
 2. Resources are not considered if eligibility is determined under MCHP rules for a child under 19 years old or a pregnant woman.
- The eligibility requirements include assistance unit requirements, including the consideration of income and resources of financially responsible members who are not requesting coverage (i.e., the applicant's spouse or the parents of an unmarried minor child applicant).
- An applicant between the ages of 21 and 64 who is not pregnant and is not the parent or other caretaker relative of an unmarried minor child living in the household (i.e., is not technically eligible under FAC or MCHP rules) must be determined blind or disabled by the Social Security Administration or the Maryland Department of Human Resources' State Review Team (SRT) in order to meet the technical eligibility rules for an ABD coverage category. If a non- elderly adult is not blind or disabled, the applicant is technically ineligible for X02 coverage, even if the applicant received emergency medical service.
- Non- qualified aliens applying for coverage of emergency medical services are not required to:
 1. Sign a written declaration or otherwise provide documentation of immigration status.
 2. Provide or apply for a Social Security Number (SSN) or
 3. Provide immigration documents or an SSN for non- applicants in the household, such as the applicant's spouse or parents.

Only a person with incurred expenses for emergency medical services received by the person may be certified in the X02 coverage group.

The certification period for X02 is only for the month(s) that the Utilization Control Agent (UCA) approves the applicant's medical eligibility for emergency medical services, or the month of the applicant's labor and delivery.

(1) Medical Eligibility Requirements for Coverage Group X02

For an alien to be eligible in X02, the service received must be consistent with the “Explanation of Emergency Medical Services”. The UCA determines whether the service meets the X02 coverage requirements by reviewing a medical report of the treatment received. The medical report must be in sufficient detail for the UCA to determine both the diagnosis and whether the treatment was of an emergency nature. The documentation of the emergency nature of the medical services must include:

- Diagnosis (or diagnoses),
- Description of treatment,
- Dates of treatment and
- MMIS Screen 1 or the CARES or MMIS inquiry screen showing the results of a search for whether the applicant has a previous history on CARES or MMIS.

Following is a list of acceptable medical documentation:

- When the patient have been discharged
 1. Discharge summary with admission and discharge dates.
- When the patient has not been discharged:
 1. Course of medical treatment, including admission date and tentative discharge date.

The following materials are unacceptable for medical documentation:

- Bills
- Nurses notes
- State Review Team (SRT) materials, including DHR 402B
- Case record materials, including immigration documents.

(e) Documentation of Services**(1) Documentation of Labor and Delivery Services**

- The medical eligibility review process by DHMH does not apply to labor and delivery services. The applicant/representative must provide the LDSS or LHD with a copy of the Discharge Summary or other written documentation from the hospital (but not nurses notes or a bill) that includes the mother’s name, the child’s name, the admission and discharge dates, the date of delivery, and confirmation of live birth. This documentation is not required to be signed by the physician or another hospital representative.

(2) Documentation of Disability

- Coverage as X02 is only available to persons who would be eligible in a federal coverage category (MA, FAC, ABD or MCHP) but not for the qualified aliens status. The applicant is only eligible if the emergency medical condition requirement is met as well

as all other requirements in a federal MA or MCHP category, except citizenship and SSN. Therefore, if the alien is applying as ABD and is not aged (65 or older,) a disability determination by SRT is necessary in addition to the emergency medical review. Then local department should promptly submit the paperwork to UCA for review of the emergency medical condition.

The local department should include a copy of the SRT decision with the request sent to UCA for a medical review.

(3) Medical Eligibility Review Process

All services, except labor and delivery, must be reviewed and approved by a medical professional within the Delmarva Foundation before payment is made. Medical Assistance does not compensate for service that are not directly related to the injury or illness that caused the emergency. The approval authorizes payment for only those services necessary for treatment and stabilization of the emergency medical condition, not the full range of services covered under the Medical Assistance State Plan

The medical report for determining medical emergency must be sent to:

**Delmarva Foundation
Attn: MDMA Acute
6940 Columbia Gateway Dr., Suite 420
Columbia, Md. 21046-2788
Fax 1-888-513-1995**

The DES 401 should accompany each report. If the applicant requires an SRT disability determination, the SRT decision must also be included. The UCA will evaluate the medical report to determine if the services received were for the treatment of an emergency medical condition. The local department will be notified of whether the services received meet that requirement.

NOTE: The medical eligibility review process does not apply to labor and delivery services. The LDSS or LHD will determine whether the woman meets the medical eligibility requirements based on the documentation of labor and delivery services discussed above.

(f) Certification of Eligibility of X02

If all eligibility requirements are met, certify on a one time only basis the alien who has the incurred expense for the approved emergency service (including labor and delivery). If eligibility is being determined by a hospital outstation worker, the LDSS supervisor must review the case and approve eligibility before the worker finalizes the X02 eligibility.

Attachment A- DES 401 EMS Undocumented or Unqualified Aliens

**EMERGENCY SERVICES TO
UNDOCUMENTED OR UNQUALIFIED ALIENS**

Date: _____

To: Delmarva Foundation
Attn: MDMA Acute
6940 Columbia Gateway Drive, Suite 420
Columbia, MD 21046-2788
1-888-513-1995 (fax number)

From: Local Department Name: _____

Local Department Address: _____

Telephone #: _____

SUBJECT: Determination of Emergency Services- Aliens

Customer Name: _____

Customer Date of Birth: _____

Head of Household Name (if not the customer): _____

Case Number: _____

Date of MA Application: _____

Facility Name: _____

The above named applicant has submitted a Medical Assistance application for coverage of emergency services received from _____ to _____.
(date) (date)

Federal category for which the applicant is eligible, but for his/her alien status:

- FAC
- MCHP
- Aged
- Disabled/Blind

A copy of the following must be attached:

- Discharged summary with admission and discharge dates
- ER admission
- Documentation showing the emergency nature of the medical services

I have checked and agree that the technical and financial information for the applicant has been reviewed and meets the MA requirements except for citizenship

Case Manager Signature: _____
(Please sign your name)

Note: no bills or other extraneous information should be submitted

DES 401 (updated 11/11)

Attachment B- Notice of Eligibility

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF ELIGIBILITY
State Funded or Emergency Medical Services for Ineligible or Illegal Aliens

Applicant's Name: _____

Date of Notice: _____

Applicant Address: _____

Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____,
Eligibility is approved for:

- Coverage of full Medical Assistance benefits
- Coverage of full Maryland Children's Health Program benefits

The following person or persons are covered: _____

You will receive a Medical Care Program card for each approved person. When it is time for eligibility to be redetermined, the Program will send you a packet to complete and return by a specified due date.

Eligibility is **approved** for coverage **of emergency medical services only** for the following person: _____. Eligibility is limited to services received between _____ and _____.

When this period ends, you must file a new application in order to be considered for further assistance. Full benefits under Medical Assistance (COMAR 10.09.24) or Maryland Children's Health Program (COMAR 10.09.11) are not approved because the Program's citizenship or qualified alien requirements are not met at this time. You will not receive a Medical Care Program card. You must show this notice and any other health insurance membership card to the providers(s) of all emergency medical services received, so they may bill Medical Assistance.

If you have any questions about this notice, call your Case Manager at the number below. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Case Manager

Telephone Number

Summary of Procedure for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice. If you think the decision is wrong you may:

- Calling your Case Manager;
- Calling the State's help line at 1-800-332-6347;
- Visiting your local department office; or
- Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearing to reschedule the hearing or to identify the person who will attend in your place. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or eligibility technician.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. 431. 200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1800-999-8904 or the Maryland Disability Law Center at 1800-233-7201.

Attachment C- Notice of Ineligibility

Notice Ineligibility (Non-Financial Reasons)
Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF INELIGIBILITY
SERVICES FOR INELIGIBLE OR ILLEGAL ALIENS

Applicant's Name: _____ Date of Notice: _____

Applicant's Address: _____ Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, you have determined ineligible for full Medical Assistance or Maryland Children's Health Program benefits or for coverage or emergency medical services for the reason (s) checked below:

- You are not a resident of the State of Maryland
- The Medicaid Utilization Control Agent determined that you are not disabled.
- The Department of Human Resources State Review Team determined that you are not disabled.
- You failed to appear at the local department for the required interview.
- You did not provide the following required information or verifications:

Specify: _____

Other _____

This decision is based on COMAR 10.09. _____ .

You may reapply at any time. If you do not agree with the decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Case Manager

Telephone Number

Summary of Procedure for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice.

If you think the decision is wrong you may:

- Calling your CM;
- Calling the State's help line at 1-800-332-6347;
- Visiting your local department office; or
- Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearing to reschedule the hearing or to identify the person who will attend in your place. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or eligibility technician.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. 431. 200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1800-999-8904 or the Maryland Disability Law Center at 1800-233-7201.

Attachment D- Notice of Ineligibility

Notice Ineligibility (Financial Reasons)
Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF INELIGIBILITY
SERVICES FOR INELIGIBLE OR ILLEGAL ALIENS
Financial Reasons

Applicant's Name: _____ Date of Notice: _____

Applicant's Address: _____ Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, you have been determined ineligible for full Medical Assistance or Maryland Children's Health Program benefits or coverage of emergency medical services for the reason (s) checked below:

Your income is more than the amount allowed. The income considered for the period is:

<u>SOURCE</u>	<u>AMOUNT</u>	<u>DEDUCTIONS</u>
Your total income is \$ _____ . The amount of deduction is \$ _____ . Your net amount of income is \$ _____ . The most net income allowed for _____ person(s) is \$ _____ . Therefore, you have \$ _____ more than is allowed.		

This decision is based on Medical Assistance policy at COMAR 10.09. 24.08 and 10.09. 24.09. You may reapply at any time. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting are on the back of this notice.

Sincerely,

Case Manager

Telephone Number

Summary of Procedure for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice. If you think the decision is wrong you may:

- Calling your Case Manager;
- Calling the State's help line at 1-800-332-6347;
- Visiting your local department office; or
- Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearing to reschedule the hearing or to identify the person who will attend in your place. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or eligibility technician.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. 431. 200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1800-999-8904 or the Maryland Disability Law Center at 1800-233-7201.

500.7 Residency

In order to be eligible for the MA assistant program, a person must be a resident of Maryland. The applicant's statement of his residential address on the signed application will be accepted as verification of State residency. No other verification of residency is necessary unless the local department has reason to question the truth of the statement. Reason to question the stated address exists when the applicant furnishes inconsistent address information or when the applicant's address information varies from community knowledge or other information in the possession of the local department. In these instances, proof of the residential address must be provided by the applicant to meet the technical eligibility requirement of Maryland residency. A minimum duration of in- state residence is not required. Residency established on any day in the month of application for the MA program constitutes residency for the full month. A person who was a Maryland resident for only part of the period under consideration is ineligible on the basis of residency for any month in which the person was not a resident.

A person is not a resident of Maryland if the person entered Maryland for a specific, time-limited purpose and does not intend to remain here permanently or indefinitely. A person who comes to Maryland temporarily seeking only a non institutional medical care (e.g., acute hospital services, labor and delivery services) is not a resident of Maryland. A visitor to the State is not a resident.

A student from another state may or may not be a resident of Maryland. Among the factors to consider with regard to a student is the student's registration with the school as an in state or out-of-state student or the state that is on record for the student's voter registration, student aid, or driver's license.

A person may not be eligible for MA in two states at the same time. This does mean that a case may not be open in two states at the same time. When a person moves from one state to another, the person is no longer eligible in the former state, the case should be closed immediately. Adequate and timely written notice must be given before a case can be closed. The eligibility CM may not wait for the former state to process a case closure before granting MA eligibility to an otherwise eligible person. The fact that a case is still open in another state is not sufficient reason to deny or delay eligibility for an otherwise eligible case. When granting eligibility in such a case, the eligibility should still make every effort to verify that the former state is aware of the change of residency. The case should be flagged for a reasonable interval to insure that the closing is eventually verified. The CM may assist the other state by sharing case information which may expedite the eligibility determination process.

NOTE: Residency is retained until abandoned. Temporary absence from the State, with intention to return to the State, does not interrupt continuity of residency.

The situation of a person who routinely lives part of each year in another state must be evaluated to determine which state is the permanent residence. A person is a Maryland resident if throughout an annual absence from Maryland the person declares their intention to remain a resident of Maryland and has not been certified for MA in another state. The anticipated dates of

absence from Maryland should be ascertained and the case flagged for the anticipated date of return if it falls within the certification period.

Routine absence from the state does not include periods of absence for medical treatment preauthorized under the Maryland MA program or unanticipated medical care. Such absences would not adversely affect Maryland residency.

NOTE: Notwithstanding any other provisions of this section, the state of residence for a recipient of a state supplementary SSI payment is the state making the supplementary payment.

A person receiving state – supplemented SSI from another state may move to Maryland with the intention of making his permanent home here. This person is not automatically eligible for MA in Maryland until his change of state residence had been verified and appropriate changes in his payment amount have been verified and appropriate changes in his payment amount have been made by the Social Security Administration (SSA). SDX provides the appropriate verification.

NOTE: A person may become ineligible for SSI if he has income exceeding the basic SSI limit and was eligible in his former state of residence only because of the higher state supplement limit.

(a) Residency Criteria for Non-Institutionalized Persons

A non- institutional person younger than 21 years old:

- Residence shall be established for the parent(s) or other caretaker relative with whom a non institutionalized person younger than 21 years old lives.
- Residence shall be established for non institutionalized person younger than 21 years old when its is determined that the child is not living with a parent or other caretaker relative and these persons are no longer responsible for the day to day care and supervision of child.

A non institutionalized person 21 years old or older is a resident of the state in which the applicant:

- Is living voluntarily with the intention of making his/her home or
- Is living at the time of application, if the applicant is not receiving assistance from another state and entered with a job commitment or seeking employment (whether or not currently employed). The applicant who declares that they entered Maryland seeking employment meets the residency requirement. Proof of employment is not necessary. However, the CM should advise the applicant who has been unsuccessful in finding employment of the services available through the local Employment Security office and any other public employment agency operating in the area.
- The temporary purpose restriction shall be waived for members of an assistance unit with a migrant worker, if the migrant worker otherwise qualifies.

- Notwithstanding any other provisions of this regulation, the state of residence for a person placed in another state is the state making the placement.

(b) Residency Criteria for Institutionalized Person(s)

For the purpose of this section, a person is considered incapable of indicating intent if:

- The applicant IQ is 49 or less or has a mental age of 7 or less based on tests acceptable to the DHMH Developmental Disabilities Administration
- The applicant is judged legally incompetent
- Medical documentation or other documentation acceptable to the State, supports a finding that he is incapable of indicating intent.

Most persons residing in Maryland institutions are considered Maryland residents. However, some of those people should not be considered Maryland residents (such as, a person placed by another state in Maryland facility or a person under 21 years of age whose parents do not live in Maryland). For all other institutionalized persons, the ability to indicate intent with regard to state residency governs the determination of the state of residence.

A person who had been judged legally incompetent or has been determined to be incompetent according to the procedures set forth above may not make a blinding statement of intent on his own behalf. The date on which the person is considered to have become incapable of indicating intent will be the date established by the court as the first day of incompetency, the date of the adjudication if not prior day of onset is specified by the court, or the date established by the certifying physician. The incompetency status will continue until rescinded by the court or revised by the certifying physician.

The person for whom current (within 6 months of the date of application) IQ or mental age determination exists will be determined incapable of indicating intent if those findings indicate and IQ of 49 or less or mental age 7 or less. The IQ or mental age determination must have been made by a testing agency approved to administer IQ or mental age tests by the state of Maryland. Approved agencies include federal, state, and local governments; local boards of education; and licensed psychiatrists, psychologists, psychiatric, psychological, and associations. The effective date of the inability to indicate intent will be the date established by the testing agency as the earliest date to which the findings are applicable, or the date of the testing if no prior date of applicability is specified by the testing agency. The IQ or mental age determination will remain applicable until modified by a more recent IQ or mental age determination made by an approved testing agency. An applicant is not required to prove IQ or mental age.

Any other institutionalized person will be assessed on the basis on the applicant statement of their ability to indicate intent, if the applicant is representing their in the application process.

- A person is a resident of Maryland if the applicant resides in an institution in Maryland,

except as provided elsewhere in this section.

- Notwithstanding any other provisions of this section, the state of residence for a person placed in an institution located in another state is the state making the placement. A resident of a long term care facility in Maryland can intend to remain in that facility for an indefinite period and can be considered a Maryland resident while still having an intention to return to his home out of state at the end of his institutional stay. The out-of-state home may be excludable as home property.
- A person younger than 21 years old is a resident of the state which:
 - The applicant parents (or legal guardian if one has been appointed) reside; or
 - The parent applying for Medical Assistance on the applicant behalf resides (if the parents reside in separate states and there is no appointed legal guardian).
- An institutionalized person who is 21 years old or older and became incapable of indicating intent when the applicant was younger than 21 years old, is a resident of the state in which:
 - The applicant or legal guardian (if one has been appointed) reside; or
 - The parent applying for Medical Assistance on the applicant's behalf resides (if the parents reside in separate states and there is no appointed legal guardian).
- Any other person who is 21 years old or older is a resident of the state in which the applicant is living with the intention to remain permanently or for an indefinite period.

(c) Visitor Visas, State Residency, and Emergency Medical Services

State residency is a requirement of eligibility for all coverage of emergency medical services in coverage group X02. A person who entered the State of Maryland for a temporary purpose cannot be considered a resident of Maryland unless the person subsequently decides to remain permanently or for an indefinite period and can verify this intent. An alien with a visitor's visa or other time-limited approval for U.S. entry may be considered a Maryland resident if the person entered the state:

- With a job commitment or seeking employment including a migrant worker or
- On a temporary basis but remained in Maryland and established it as the State where he/she lives.

An alien's student visa or other immigration documents may indicate a specific period of time that the person was approved to remain in the U.S. by the Department of Homeland Security. If CM knows that an applicant has a visitor's visa or other time-limited visa, this is cause for questioning the individual's residency. Applicants may be asked about their intent to remain in Maryland and how they intend to stay in Maryland. If there is any question about whether the

applicant is a resident, the CM is required to ask the applicant for written verification of residency. Appendix Verification/ Documentation

When an individual with a temporary visa indicates the intent to remain in Maryland permanently or indefinitely, regardless of the expiration date on the visa, the CM must consider various factors when determining whether the residency requirement have been met. The CM must ask the applicant about present and past living arrangements and other pertinent questions in order to verify residency such as:

1. When did you come to Maryland? Why did you come? For how long do you plan to stay in Maryland?
2. Are these living arrangements permanent or temporary? If temporary, what are you future plan?
3. Are you working in Maryland or someplace else? How are you supporting yourself? What are your sources of income?

500. 8 Aged, Blind, and Disability Determination

(a) Age

In order to be eligible as an aged person, a person shall be at least 65 years old.

- For determining a person's age July 1 shall be used as an arbitrary birth date if the year, but not the month, of birth is known.
- An age is reached on the day of the anniversary of birth.
- The regulations applying to aged, blind, or disabled person may not be applied to a non-blind or non-disabled person for any month prior to the first month that the person may be considered aged as determined by this standard.
- The local department of social services shall accept the Social Security Administrations' determination of age 65 for a person receiving a Social Security benefit based on age 65.

(b) Blind

In order to be eligible as a blind person, a person shall meet the definition of blindness under Regulation .02 of COMAR 10.09.24.

Procedure for Determination of Blindness:

- The person shall be examined by an ophthalmologist or a licensed optometrist unless both of the person's eyes are missing.

- The ophthalmologist or licensed optometrist shall submit a report of the examination to the LDSS or LHD.
- The report shall be reviewed by an ophthalmologist, contracted by the Department or its designee, who determines on behalf of the local department of social services or other designated entity determining Medical Assistance (MA) eligibility:
 - Whether the person meets the definition of blindness and
 - The need and frequency of re- examination for periodic redetermination of blindness.

When processing applications involving determination of blindness, it is important for the CM to keep in mind the period under consideration. If the applicant is requesting assistance for the retroactive period under consideration and indicates the existence of the impairment during that period, the required medical and social information must be collected for the retroactive period.

The medical form specifying blindness must be completed and used to report information to the SRT and the State's reviewing ophthalmologist. This form may be supplemented by any additional medical statements or reports submitted by the examining practitioner. Payment may be made to the customer's ophthalmologist or optometrist, through issuance of a vendor payment, for completion of the medical form at the time of the customer's MA application and at a scheduled review.

Re- examinations for periodic redeterminations' of blindness will be conducted according to the Procedure for Determination of Blindness. The LDSS or other entity determining MA eligibility shall accept the Social Security Administration's determination of blindness for a person receiving a Social Security benefit based on blindness.

(c) Disability Determination

To be eligible for Medical Assistance as disabled in an Aged, Blind or Disabled (ABD) coverage group an applicant shall meet the definition of "disabled." "Disabled" is defined as the inability to engage in any substantial gainful activity due to any medically determinable physical or mental impairment which is expected to result in death, or which has lasted or is expected to last for a continuous period of not less than 12 months.

Applicants must also meet all other technical and financial requirements. That includes the requirement that the applicants apply for and take all other necessary steps to obtain and accept all income benefits to which he or she may be entitled. Therefore, all applicants must be referred to the Social Security Administration (SSA) to apply for income benefits. Acceptable proof that an applicant has made an SSA application(s) will be discussed later in this Section.

(1) Procedure for Determination of Disability

Applicant with pending SSA Determination

The State Review Team (SRT) of the Department of Human Resources determines disability of MA applicants who are requesting eligibility in an ABD coverage group if SSA has not already determined the applicant is currently disabled.

The case manager must determine if the applicant meets or does not meet Substantial Gainful Activity by calculating the applicant's countable earnings and compare earnings to MA-Schedule for SGA guidelines. If the individual doesn't meet SGA, they have met then initial criteria for being determined "Disabled, the case is then referred to the State Review Team with an SRT Referral Packet.

The Referral Packet consists of:

- DHR/FIA 707 State Review Disability or Blindness Determination Transmittal Form
- Verification of SSA status:
 - Verification from SSA; OR
 - Original printout of the appropriate SDX, SVES, and/or SOLQ screen.
- Original DHR/FIA 827 Authorization to Disclose Information Form;
- Original DHR/FIA 3368 Disability Report form is completed only when:
 - The applicant is applying for MA under the X02 category; or
 - The applicant and/or spouse applying are receiving any type of income
- Verification of any earned income, if the applicant is employed;
- OES 06 SGA Worksheet when required, including the Impairment-Related Work Expenses descriptions. The applicant is expected to complete the top portion of the SGA Worksheet;
- Any original medical documentation that the applicant provides to the LDSS; and
- DHR/FIA 700 Customer Declaration of Disability Form

(3) Applicant with current SSA Determination (Disabled or not Disabled)

If SSA has determined the applicant is currently disabled, the LDSS or other entity determining MA eligibility does not need to submit the disability determination package to SRT for an applicant requesting eligibility in an ABD category. A SSA determination is binding on the State. If SSA changes their decision, their new decision is also binding on the State.

The LDSS must use the State Data Exchange (SDX), State Verification Eligibility System (SVES), or State Online Query (SOLQ) to determine the applicant's Social Security benefits status before sending a disability referral to the SRT as specified below.

If the above referenced systems indicate a different status than the applicant states to the LDSS, then verification from SSA is required. A receipt from SSA will serve as proof that the applicant

applied for SSA benefits. A letter from SSA that contains the SSA determination will serve as proof of SSA's determination.

If SSA has previously denied disability and the applicant alleges new information or produces new evidence affecting the previous denial, the LDSS or other entity determining eligibility shall refer the applicant to SSA to file a new application or for reconsideration of the applicant's case. The LDSS shall accept the application but the original SSA determination of "not disabled" is binding unless SSA changes their determination after reconsidering the case.

Retroactive Consideration

If the applicant indicates the existence of one or more impairments during the three months prior to application (retroactive period), the LDSS shall request the retroactive period on the DHR/FIA 707 form submitted to SRT.

SRT Procedures

The SRT shall review the information provided by the LDSS and other evidence to make a disability determination. The SRT will make every effort to obtain additional information when necessary.

Notification to Applicant of "Not Disabled" Determinations (736 and 739 Forms)

If the SRT determines the applicant is not disabled, the SRT will send the LDSS two (2) copies of the DHR/FIA 736 (Medical, Vocational and Educational Assessment). The LDSS uses the DHR/FIA 739 (Disability Determination Notice of Action) as a cover letter to send one copy of the DHR/FIA 736 to the applicant or an authorized representative. The other copy remains in the case record.

500.9 Caretaker Relative

In order to be eligible for a MA Families and Children (FAC) coverage group as a caretaker relative an individual must meet the definition of "caretaker relative" as being the parent or other adult who is:

- Related to a child by blood, marriage, or adoption and
- Living with and caring for the child

For this purpose, a child is defined as an unmarried person less 21 years old. The required verification of an applicant or recipient's status as a caretaker relative (is addressed under Chapter 6 of this Manual).

500.10 Institution

(a) Inmate of a Public Institution

In order to be eligible for Medical Assistance, a person may not be an inmate of a public institution. An “inmate of a public institution” is defined as an individual who is incarcerated and serving a sentence imposed by the court for a criminal offense or an individual who is otherwise confined involuntarily in a public correctional facility, including a State- owned and operated juvenile service facility.

This section does not apply to the first partial month of residence in a public institution.

- A person is considered to be incarcerated as an inmate of a public non-medical institution because he or she has been accused or found guilty of a criminal offense. Inmate status includes when the individual is involuntary residing for any duration of time in a public institution awaiting criminal proceedings, penal dispositioning, or other involuntary detainment determination
- Placement or admittance to the facility must be involuntary (by a legal process). An individual who is voluntarily residing in a public institution would not be considered an inmate.
- A public institution is defined for this purpose as a non medical facility in which a person lives and receives the treatment or the services provided by the facility. It does not include a medical institution, nursing facility, or a publicly operated community residence serving no more than 16 residents.
- A person is not considered an inmate if he or she is in a:
 - Public educational or vocational training institution for the purpose of receiving educational or vocational training or
 - Public institution for a temporary period pending other arrangement appropriate to his or her needs
- A person who is injured during the commission of a criminal act, is hospitalized and has not yet been incarcerated because of the hospitalization is not considered an inmate and may receive Medicaid, if otherwise eligible.
- The inmate status does not end until a person is released from the institution on parole or otherwise. During the time that the person is physically in the public institution after any initial partial month, he or she may be eligible for fee-for service Medicaid if hospitalized.
- A person who is injured during the commission of a criminal act, is hospitalized and has not yet been incarcerated because of the hospitalization is not considered an inmate any may receive Medicaid, if otherwise eligible.
- The inmate status does not end until a person is released from the institution on parole or otherwise. During the time that the person is physically in the public institution after any initial partial month, he or she may be eligible for fee-for service Medicaid if hospitalized.
- A person’s inmate status continues until the indictment is dismissed or for other reasons (bail, parole, probation, pretrial release, home detention, or pardon). Upon release from

the public institution, the individual is considered a community resident and may apply for Medicaid. If residing with his or her child (ren), such person may not be considered an absent parent. The parent must be included in the assistance unit with other family members unless applying separately as ABD. The former inmate's income and resources, if applicable would be countable for the child (ren) if Medicaid is requested for the child (ren).

- Interruption or termination of inmate status for a person not in the penal system occurs when the person is transferred to a public or private institution providing medical care and is admitted as an inpatient or resident, regardless of the length of stay. (A person receiving outpatient medical treatment outside of this institution, such as a doctor's visit, is still considered an inmate and is not eligible for Medicaid).
- A person (juvenile or adult) who attends a day treatment program or who participates in day – time employment (such as work release) but who resides in the correctional facility at night is considered an inmate. The person is not eligible for Medicaid.
- Inmate status applies when a person is accused of a criminal offense and is sent directly to a mental institution for a mental examination or because he has been determined mentally incompetent to stand trial.
- A person committed by the court to a mental institution based on a verdict of “not guilty by reason of insanity” is not in the custody of the penal system and may be entitled to Medicaid, if otherwise eligible.

Additional Information Related to Children Committed to the Department of Juvenile Justice

- Children committed by the court to a correctional institution for a violation of the law are considered inmates of a penal institution. They are not eligible for Medicaid.
- When children committed to the Department of Juvenile Justice (DJJ) are boarded in State-owned and State-operated institutions or training schools, they are not eligible for Medicaid.
- A child's status as an inmate does not cease until the child is released from the facility.
- A child placed under the custody of DJJ may be eligible for Medical Assistance in the following circumstances:
 - The child is living with parents. (The income and resources of the parents are counted in determining the child's eligibility)parent
 - The child living in a group home. (The child is considered an assistance unit of one, and only the child's income and resources are used in determining his or her eligibility)
 - The child is living in a privately-run DJJ facility. (If the child has been placed in a privately-run DJJ institution, the child is not considered to be in a public institution. The child is considered an assistance unit of one, and only the child's income and resources are used in determining his or her eligibility)

Attachment A- Department of Juvenile Justice Facilities State Owned- State Operated

<p>Alfred D. Noyes Children’s Center 9925 Blackwell Road <u>Alfred D. Noyes Children’s Center (Detention)</u> Location: Montgomery County Capacity: 57 Beds Serves: Male and Female Youth, Ages to 20 LOS: 1- 30+ Days</p> <p>Cheltenham Youth Facility 1101 Frank Tippet Road Cheltenham, MD 2063 <u>Structured Shelter Care- 2 Buildings</u> Location: Prince George’s County Capacity #1: 12 Beds (Superintendent’s House) Capacity #2: 24 Beds Serves: Male Youth, Ages 12-17 LOS: 1-30+ Days</p> <p><u>Cheltenham Detention</u> Location: Prince George’s County Capacity: 130 Beds Serves: Male Youth, Ages to 20 LOS: 1-30+ Days</p> <p>J.DeWeese Carter Youth Center P.O. Box 229 Chestertown, MD 21620 <u>J. DeWeese Carter Youth Center (Detention)</u> Location: Kent County Capacity: 27 Beds Serves: Male and Female Youth, Ages to 20 LOS: 1-30+Days</p>	<p>Maryland Youth Residence Center 721 Woodbourne Avenue Baltimore, MD 21212 <u>Structured Shelter Care</u> Location: Baltimore City Capacity: 36 Beds Serves: Male Youth, Ages 12-18 LOS: 1-90 Days</p> <p>Maryland Youth Residence Center (continued) <u>MYRC Living Classroom “Fresh Start” Program (Independent Living)</u> Location: Baltimore City Capacity: 11 Beds Serves: Male Youth, Ages 16-18 LOS: 9 months</p> <p>Thomas J.S. Waxter Children’s Center 375 Red Clay Road, S.W. Laurel, MD 20724 <u>Waxter Children’s Center Detention</u> Location: Anne Arundel County Capacity: 36 Beds Serves: Female Youth, Ages 12-18 LOS: 1-60 Days</p> <p><u>Young Women’s Residential Substance Abuse Treatment Program</u> Location: Anne Arundel County Capacity: 15 Beds & 5 Drug Court Beds as Sanctions Serves: Female Youth, Ages of 13-18</p> <p><u>Young Women’s Secure Program</u> Location: Anne Arundel County Capacity: 15 Beds Serves: Female Youth, Ages 13-18 LOS: 9 Months</p>
---	---

<p><u>Washington County Holdover</u> <u>Washington County Holdover</u> Location: Washington County Capacity: 8 Beds Serves: Male and Female Youth, Ages to 20 LOS: 1-72 Hours</p> <p><u>Meadow Mountain Youth Center (Substance Abuse Program)</u> Location: Garrett County Capacity: 40 Beds Serves: Male Youth, Ages 14-18 LOS: Orientation 6 weeks and 90 Day Substance Program</p> <p><u>Savage Mountain Youth Center</u> Location: Garrett County Capacity: 36 Beds Serves: Male Youth, Ages 14-18</p>	<p><u>William Donald Schaefer House</u> 907 Druid Park Lake Drive Baltimore, MD 21217 <u>Substance Abuse Program</u> Location: Baltimore City Capacity: 19 Beds Serves: Male Youth, Ages 14-18 LOS: 60 Days</p> <p><u>Backbone Mountain Youth Center</u> Location: Garrett County Capacity: 40 beds and 10 for SAIL Program Serves: Male Youth, Ages 14-18 LOS: 6 months</p> <p><u>Green Ridges Youth Center</u> Location: Garrett County Capacity: 40 Beds Serves: Male Youth, Ages 14-18 LOS: 6 Months</p>
---	---

(1) Case Processing Procedures

- When the case manager is notified and confirms that an adult or juvenile recipient meets the definition of an inmate of a public institution, the case manager should close the Medicaid case effective the end of the current month, giving at least 10 days notice and information on appeals rights.
- The case manager should use the SVES system when attempting to verify a person's incarceration. Information may be available in this database for an individual who was receiving Social Security benefit.
- The DHR Office of the Inspector General (OIG) receives a quarterly report from the Department of Public Safety and Correctional Services (DPSCS), listing the inmates in DPSCS and Baltimore City Jails. The OIG checks the CARES database to match individuals on the DPSCS report. When a match is found, they send a report on the inmate with a cover letter to the FIP Assistance Director at the LDSS. The documents are then given to the appropriate supervisor to distribute to the case manager. When the case manager receives the match report from the OIG allows 90 days for the LDSS to take appropriate action on the case and return the completed DPSCS match report. If the report is not returned and overdue notice is sent to LDSS
- When the case manager receives a "Conflicting Data Report" (DHMH 4541) from DHMH. The case must be reviewed to resolve the conflicting information and determine whether the individual is still entitled to Medicaid eligibility. The green copy of the DHMH 4541 should be returned to DHMH (the address is on the back of each page of the document), advising DHMH of resolution.

(2) Medicaid Applications for Prison Inmates Prior to Release

Policies and procedures to facilitate applications by certain inmates for Medical and/or the Family Investment Administration (FIA) programs and services they will need upon release from incarceration, Medicaid, Food Stamps, Temporary Case Assistance, or Temporary Disability Assistance Program. This AT replaced AT 98-46. These enhanced procedures are intended to assure the eligibility will begin on the date the customer is released from incarceration. The special population for this pre-release assistance is limited to terminally ill or chronically physically or mentally ill inmates requiring treatment upon release. The Department of Human Resources and DPSCS reached an agreement for interaction between staff from the LDSS's and DPSCS, particularly as related to expedited Medicaid.

To be eligible for a pre-release Medicaid application and inmate must:

- Reside in Maryland upon release;
- Currently serving a sentence and have a projected release date of at least 6 weeks in the future;
- Have no detainer that would result in incarceration in another jurisdiction and
- Either be terminally ill or have a chronic physical or mental illness requiring treatment upon release.

DPSCS Staff is Responsible for:

- Identifying all inmates who appear to meet the criteria.
- Completing a need assessment to determine if the inmate is a candidate for the pre release application process for Medicaid and/or FIA benefits.
- Developing a release plan indicating whether the inmate will reside in the community or an institution.
- Conducting the required face-to-face interview for benefits, assisting the inmate with completing the DHR/FIA application form for Medicaid and FIA benefits and forwarding the application and accompanying information to the LDSS at least 60 days before the inmate's expected release date including a release plan an application for benefits, DHR/FIA 402B and DHMH 4204 completed by the DPSCS medical department, DHR/FIA 161 Authorization to Release Information form signed by the customer or representative all the verifications and documentation necessary for the LDSS to determine eligibility for benefits (e.g., address and living arrangement upon release, SSN, income, resources, verification that application has been made for all potential benefits).
- Contacting the SSA about the status of the customer's application for SSDI/SSI if need.
- Telephoning the LDSS Inmate Liaison in the jurisdiction where the customer will reside to alert them the application and information are being forwarded and to provide contact information for the DPSCS Inmate Liaison.
- Telephoning the LDSS Inmate Liaison as soon as release date is set
- And on the release date:
 - For inmates released to the community, informing the inmate of the status of the application for Medicaid and/or FIA benefits and the LDSS address or
 - For inmates released to an institution, making arrangements for the transfer and notifying the LDSS Inmate Liaison of the transfer.

The LDSS is Responsible for:

- Reviewing and processing the DHR/FIA application and accompanying materials, requesting any additional information form the DPSCS Inmate Liaison (sending a 1st reminder notice, a 2nd reminder and then denying the application if the information is not received by the due date given in the 2nd reminder notice) and completing a referral to the SRT for a disability determination, if necessary.

Upon Notification by DPSCS of the Inmate's Release:

- Finalizing the eligibility determination if all of the required information is received;
- Sending the appropriate notice to the applicant in care of the DPSCS Inmate Liaison and if the customer is determined eligible, fax information on a C-TAD to DHMH on the day of discharge so that DHMH will activate the case on MMIS to assure that the next day

the Medicaid card is issued and Eligibility Verification System will verify for providers that the customer is Medicaid- eligible. The LDSS should print MMIS Recipient Screen 1 the next day for verification.

(b) Institution for Mental Disease (IMD)

A person between 22 and 64 years old institutionalized in an IMD is not Medicaid- eligible until the individual is discharged from the IMD to the community or to another type of medical institution such as a general hospital or nursing facility. An IMD includes such long- term facilities as:

- Psychiatric hospital, residential treatment center (RTC) for children or Regional Institute for Children and Adolescents (RICA);
- Intermediate care facility- alcoholic (ICF-A) and
- Residential drug-free treatment program.

If an individual enters an IMD before age 21, the recipient may remain Medicaid-eligible as an institutionalized person in the IMD up to the 22nd birthday. If the recipient is discharged from the IMD and then is readmitted and institutionalized at 21 or older, the recipient loses Medicaid eligibility. Therefore, Medicaid covers a recipient's services in an IMD for individuals under age 21 until the earlier of the following dates that the recipient:

- Is determined to no longer require the IMD services;
- Is unconditionally discharged from the IMD;
- Reaches age 22; or
- Loses Medicaid eligibility for other reasons.

(c) Conditional Release or Convalescent Leave from an Institution for Mental Disease

A person on conditional release or convalescent leave from an IMD is not considered to be institutionalized in the IMD, with one exception. An individual younger than 22 who is receiving inpatient psychiatric services for individuals under 21 is considered institutionalized in an IMD until the earlier date that the individual is unconditionally released from the IMD or reaches age 22. For an individual under age 22, conditional release or convalescent leave must involve a change of residence to community residence, not to a licensed and certified long term- care facility, in order to alter the individual's status as institutionalized in an IMD. Conditional release includes a child's placement in foster care. An individual under age 22 is considered a community resident beginning with the first full month of deinstitutionalization.

(d) Residence of an Institutionalized Person

Effective immediately, an institutionalized person is a resident of the State in which he is residing with the intention of remaining permanently or for an indefinite period.

- A resident of another state who enters Maryland for a temporary period is not a resident of the state and must apply for MA in the state where he formerly resided.
- A person who leaves Maryland to reside in an Long Term Care Facility (LTCF) in another state is not a resident of the state and must apply for MA in the state where he/she is residing.

If the person is a Maryland MA recipient, their case must be cancelled with timely and adequate notice. The person may apply for Medicaid in the state of his new residence. The person becomes ineligible as a Maryland resident on the day he arrives in the other state with the intention of remaining there permanently or for an indefinite period. Since there is no durational residence requirement, the person becomes a resident of the other state on the date of arrival in that state.

The LDSS may expedite the eligibility process in the new state by sharing case information.

(1) Placement by a State in an Out of State Institution

In the instance of a state placing a person in an out of state facility, the following policies apply:

- Any agency of the State that arranges for a person to be placed in an institution located in another state, including an entity recognized under state law as being under contract with the state for such purposes, is recognized as acting on behalf of the state in making a placement. The state which arranges or actually makes the placement is considered the person's state of residence.
- Any action beyond providing information to the person or the person's family constitutes arranging or making a state placement. However, the following actions do not constitute State Place:
 - Providing basic information to person(s) about state's Medicaid program or about the availability of health care services and facilities in another state.
 - Assisting a person in locating an institution in another state, provided the person is capable of indication intent and independently decides to move.
- When a competent person leaves the out of state facility in which he/she has been placed by a state, that person's state of residence, for Medicaid purposes, is the state where the person physically resides.
- Where a placement is initiated by a state because the state lacks a sufficient number of appropriate facilities to provide services to its residents, the person's state of residence is, for Medicaid purposes, the state making the placement.

Staff at Maryland's state hospital often arrange for placement of a state hospital patient in an out of state facility. Under this circumstance, such a person maintains his Maryland residence.

(2) Former Maryland Residents Residing in Out of State Facilities

Former Maryland residents who are current Maryland MA recipients in certain out of State facilities, but were not placed there by the State, will maintain their Maryland coverage for as long as eligibility continues uninterrupted. If a person is terminated from the program, the resident requirements in the release apply.

The out of state facilities that receive Medicaid payments for former Maryland residents are:

- Seaford Health Care Center, Inc.
Seaford, Delaware
- Harrison House of Delmar
Delmar, Delaware
- Brandy Convalescent Home, Inc
Wilmington, Delaware
- Washington Home for Incurables, Inc
Washington, D.C.

Section 500 Frequently Asked Questions and Answers Non-Financial Eligibility Requirement

1. Is citizenship and identity needed for all MA program?

No, citizenship and identity is not needed for the following:

- Recipient of Supplemental Security Income (SSI)
- Recipient of Social Security Disability Insurance (SSDI)
- Child in Foster Care or Subsidized Adoptions under Title IV part E (EO I or E02),
- Child for whom child welfare services are made available under Title IV-B on the basis of being a child in foster care.
- Newborn, automatically eligible, (P03 and P 12 applicants made eligible through the DHMH 1184 process),
- Pregnant woman who is determined automatically eligible by the provider's attestation through the Accelerated Certification of Eligibility (ACE)
- Medicare eligible individual or Medicare recipient (
- Aliens: (coverage group X02).

2. All illegal and ineligible aliens are eligible for full medical assistance?

No, illegal and ineligible aliens are only eligible for emergency and labor and delivery services.

Coverage as X02 is only available to persons who would be eligible in a federal coverage category (MA, FAC, ABD or MCHP) but for the no qualified aliens status.

3. Are the only forms of proof of citizenship and identification an applicant can use is a birth certificate and a state identification card?

No, the most known proof of citizenship and identity is a birth certificate and a state identification card. The following are acceptable as proof for citizenship:

- Data match of Vital Statistics records by DHMH to document birth record
- Systematic Alien Verification for Entitlements (SAVE)-for naturalized citizens only.

- For child under 16: a record created near the date of birth, or 5 years before initial MA/MCHP application, and showing U.S. place of birth on hospital letterhead or other medical record.
- Record showing U.S. place of birth, if created at least 5 years before initial MA/MCHP application: record on hospital letterhead or other medical record created near the date of birth, institutional admission papers, signed statement by physician or midwife who attended the birth, Vital Statistics notice of birth registration, insurance record.
- Final adoption decree for child born in U.S.

The following are acceptable as proof for identity:

- Data match with other benefit programs(current or past TCA, Food Stamps, DAP, SSI eligibility) to document identity
- Photo school ID card
- Photo ID issued by a federal, state, or local government
- U.S. military ID card, discharge document, or draft record

4. Who determines a MA applicant requesting eligibility in an ABD coverage group if SSA has not ready determined a decision?

The State Review Team (SRT) of the Department of Human Resources determines disability if a determined has not been made.

5. If a person receives state supplemented SSI from another state but relocated his/her permanent home in Maryland, will the person automatically be eligible for MA?

No, the person will not until he/she change their state residence, have been verified and appropriate changes in his/her payment amount have been made by the SSA.

