MA-2504 CITIZEN/ALIEN REQUIREMENTS
REVISED 09/01/08 – CHANGE NO. 19-08

I. INTRODUCTION

Each applicant/recipient (a/r) must provide or cooperate in obtaining proof of citizenship and identity or proof of alien status. Once documented in the case record, no further requests are made unless the documents become questionable or the individual's alien status changes. If the a/r is undocumented, no citizenship, identity, or alien documentation is needed.

The purpose of this section is to provide instructions for determining the citizenship and identity or alien status and the level of Medicaid coverage. Figure 1 provides definitions for the United States Citizenship and Immigration Services' (USCIS) terms with which you may not be familiar.

A. Individuals Not Citizens

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L.104-93), and numerous amendments to it, have significantly changed Medicaid eligibility for individuals who are not citizens of the United States. Some of the laws which amended the Personal Responsibility and Work Opportunity Reconciliation Act are Section 501 of the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (P.L.104-208), the Balanced Budget Act of 1997 (P.L. 105-33), the Noncitizen Benefit Clarification and Other Technical Amendments Act of 1998 (P.L. 105-306), and the Violence Against Women Act of 2000 (Division B of P.L. 106-386). The Trafficking Victims Protections Act of 2000 (Division A of P.L. 106-386) made changes that affected the eligibility of noncitizens.

B. Citizens

The Deficit Reduction Act of 2005 (P.L. 109-171) mandated requirements that affect all Medicaid applicants and recipients claiming to be citizens of the United States.

II. PRINCIPLE

To be eligible for full Medicaid, an individual must be a U.S. citizen or an alien admitted to the United States by USCIS under a specific immigration status. Immigrants who do not meet this requirement or citizens for whom citizenship and identity are questionable are eligible for Medicaid for emergency medical services only.

REGARDLESS OF IMMIGRATION STATUS, EACH A/R MUST MEET ALL CATEGORICAL AND FINANCIAL ELIGIBILITY REQUIREMENTS FOR THE AID PROGRAM/CATEGORY. THIS INCLUDES MA-2220, *STATE RESIDENCE* and MA-2525, *DISABILITY* (IF APPROPRIATE). ONCE EACH A/R MEETS ALL REQUIREMENTS, HE MAY BE ELIGIBLE FOR FULL OR EMERGENCY MEDICAID.

III. UNITED STATES CITIZEN

U.S. citizens are entitled to receive full Medicaid benefits provided all other eligibility requirements are met. All applicants and recipients claiming U. S. citizenship, must provide or cooperate in obtaining proof of citizenship and identity. Below is a list of who is a U.S. citizen but it is not an all inclusive list. Refer to III.B.4. on exceptions to providing proof of Citizenship/Identity.

A. A U.S. citizen is:

1. Any person born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, American Samoa, Swain's Island, or

2. Any person born outside the U.S. to a U.S. citizen, or

3. A person born outside the U.S. who has been approved by USCIS as a naturalized citizen, or

4. A person born outside of the U.S. who was under the age of 18 on February 27, 2001, and who meets all of the following criteria:

   a. Had at least one U.S. citizen parent (by birth or naturalization), and

   b. While under the age of 18 he resided permanently in the U.S. in the legal and physical custody of the U.S. citizen parent, and

   c. Was a lawful permanent resident before age 18.

   Citizenship begins no earlier than February 27, 2001.

   NOTE: 4 a. – c. also applies to an adopted child who meets the requirements applicable to adopted children under immigration law.

5. A National of the U.S.

B. Procedures to Document Citizenship and Identity

1. Application/Redetermination

   a. Each applicant or recipient claiming U.S. citizenship must provide or cooperate in obtaining acceptable proof of both citizenship and identity. To document citizenship and/or identity follow these procedures. MA-2504, Figure 12 is a guide/worksheet to assist in this process. Figure 12 is for county dss use only and is not to be sent to the a/r.

(III.B.1.)

b. Review the case record and all county records, including other program records, for citizenship and/or identity evidence the agency may have on file.

c. If evidence is located, make a copy of the evidence documentation for the Medicaid file and clearly document:

(1) Where the evidence was located,

(2) The date the documentation was provided to the county, and

(3) What citizenship/identity code it falls in.

If the date of receipt by the county is unknown, note the date the worker located the document.

d. If the evidence is not on file, discuss with the applicant what documents may be available and who can obtain the documents. If the applicant cannot obtain the necessary documents, requests help, or has special needs demonstrating a need for assistance and lacks someone who can act on his behalf, the county must assist the applicant/recipient in acquiring the documents. See MA-2303, Verification Requirements for Applications.

e. If any documentation, no matter the level, is provided within 45/90 days, process the application. See MA-2304, Processing the Application.

f. Pend the application up to 6 months with a "CID" entry on the Date Screen in EIS when:

(1) The applicant is making a good faith effort to provide the documentation, or

(2) The county has not received verification from an inquiry, and

(3) All other eligibility requirements are met except for those items listed in MA-2304, Processing the Application.

If additional items in MA-2304, Processing the Application, are also needed prior to processing the application, pend the application with the item most likely to take the most time to obtain. Process the application when all information is received.

g. Deny the application after pending 6 months when documentation is not received or necessary information to seek the evidence is unavailable. At the end of the 6 months, if the county knows of emergency services the applicant incurred, evaluate for emergency Medicaid. Do an administrative application using as the application date the first day of the month of the emergency service.

(III.B.1.)

h. If evidence is needed at redetermination, contact the recipient using the DMA-5097, DMA-5097s, Request for Information. Begin the redetermination process in case the documents are received.

(1) If the recipient has the documents proving citizenship and identity, obtain them. Make copies and document the record. (See III.B.5 below.) Complete the redetermination. Follow procedures in MA-2320, Redetermination of Eligibility.

(2) If the recipient cannot obtain the necessary documents, requests help, or has special needs demonstrating a need for assistance and lacks someone who can act on his behalf, the county must assist the recipient in acquiring the documents.

(3) If the recipient states he does not have documentation and is making a good faith effort to obtain the needed documents, document the record. Complete the redetermination. If all other eligibility requirements are met, use Special Review Code "Z" on the DSS 8125 to follow up on the status of obtaining the documents. Use the third month of the new certification period for the date. A message will show on the Case Management Report to remind the worker citizenship and/or identity documentation is needed. (See EIS 4000, Codes Appendix.)

(a) Contact the third party source or the recipient to determine status of obtaining the documents.

(b) Continue to use Special Review Code "Z" for another 3 months. Continue to contact the recipient every 3 months or until the end of the certification period, provided:

1) The recipient has not yet provided documents but continues to make a good faith effort to obtain the documents, or

2) The county has not received documentation or a response from an inquiry made to assist the client.

(c) Terminate at any time when a response is received indicating that no documentation confirming citizenship/identity is found or the recipient is not continuing a good faith effort to obtain the documents or provide the county with information needed to assist in obtaining documentation.

i. Use OLV to document citizenship and identity for current or former SSI and Medicare recipients. Use SDX to document citizenship and identity for former SSI recipients. Use SOLQ to document citizenship and identity for current or former SSDI and Medicare recipients.

(III.B.)

2. Citizenship

a. If possible in your county, establish citizenship through electronic data matching with the local register of deeds. Screen print the data. The county may also go to the register of deeds and locate the birth record. Document the birth record observed and the location at the register of deeds. Place documentation in the Citizenship/Identity Documentation file. See III.B.5. below.

When the a/r requests assistance in obtaining citizenship documentation, use MA-2504, Figure 11, U.S. Citizenship Documentation Birth Certificate Request, to send to the county register of deeds or State Vital Records to request a birth certificate. For the county to make a request for a birth certificate, the applicant, a parent or legal guardian must sign an authorization. A copy of the guardianship/custody papers must accompany the request.

Unless grandparents are legal guardians, they cannot authorize the release of the certified birth certificate to the county. However, the grandparent can request and obtain a birth certificate from the county register of deeds or State Vital Records.

Instructions on obtaining a North Carolina certified birth record/certificate are also on the North Carolina Vital Records web site at http://vitalrecords.dhhs.state.nc.us. Links to other state's Vital Records web sites are at http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm.

b. Citizenship documents must be either originals or copies certified by the issuing agency. Do not accept notarized copies. However, once you have seen the original or certified copy, document the record and make a copy of that document. In some situations, such as a mail-in application or redetermination, a copy of the original document is accepted. Do not ask the a/r to mail original documents such as driver's licenses. Ask the a/r to mail you a copy of the original document or come to the agency, if possible, so a copy can be made. A mother's copy of a birth certificate is not acceptable.

To establish U.S. citizenship the document must show:

(1) A U.S. place of birth, or

(2) That the person is a U.S. citizen.

Note: Children born in the U.S. to foreign sovereigns or diplomatic officers are not U.S. citizens. However, children born to U.S citizens in a foreign country have U.S. citizenship.

3. Identity

   a. Conduct an SOLQ social security number inquiry for each applicant or recipient at re-enrollment. The SSN given by the a/r when applying must match the information on the SOLQ. If the inquiry returns a validated social security number match, print the screen and follow procedures in III.B.5. below. If the social security number does not validate, pursue another form of identity.

   b. To establish identity a document must show evidence that provides identifying information that relates to the person named on the document.

4. Exceptions to Providing Proof at Application/Redetermination

   a. Title IV-E (IAS), Title IV-B (H-SF) children and Title IV-B children receiving under MIC. Follow procedures in MA-3420, Re-Enrollment, to obtain the necessary documentation verification of Title IV-B or Title IV-E status.

   b. Citizenship and identity documentation are not required at an ex parte review. Use citizenship/identity code 99 at the ex parte review and obtain the documentation at the next scheduled redetermination.

   c. Do not require further citizenship or identity verification of children born in the United States to mothers who were covered by Medicaid for the delivery. See III.C.1. Chart 1 for acceptable method of documentation.

   d. A current or former SSI or Social Security Disability Insurance (SSDI) recipient, a current or former Medicare recipient, and a current or former lawful permanent resident (LPR) applicant/recipient. Use OLV to access the SDX to prove current or former SSI status. Use OLV to access SOLQ to prove current or former Medicare and SSDI status. Refer to Figure 2 for acceptable documentation for LPR applicants/recipients and use SAVE, Systematic Alien Verification for Entitlement Program, to verify the authenticity of the LPR document. Print the screen with the evidentiary information and put in the Citizenship/Identity Documentation sub-folder in the recipient's permanent record.

5. Documentation of Citizenship/Identity

   a. Place copies of the original documents, certified copies, or data match screen prints used to document citizenship and identity in a sub-folder or file in the a/r's permanent record labeled "Citizenship/Identity Documentation".

(III.B.5.a.)

Document:

(1) The type of document used;

(2) How it was obtained (e.g. applicant, data match, etc.);

(3) The date it was provided, and

(4) Any other information the worker feels pertinent.

If a screen print is used, document the source of the evidence. Once citizenship and identity documentation is obtained, do not request documentation again unless you learn the previous document is questionable. Ensure any future reviewers or workers can find this file.

b. Use the following Citizenship/Identity (C/I) codes to document the appropriate hierarchy level. See EIS 4000, Codes Appendix.

(1) 10 is a document from Chart 1 (no identity needed).

(2) 25 is a document from Chart 2 and a document from Chart 5.

(3) 35 is a document from Chart 3 and a document from Chart 5.

(4) 45 is a document from Chart 4 and a document from Chart 5.

(5) 50 shows permanently exempt, SSI, Medicare, Social Security Disability Insurance (SSDI), Title IV-B (HSF) child and Title IV-B child receiving under MIC, Title IV-E (IAS) recipients of foster care maintenance or adoption assistance payments.

(6) 51 shows Lawful Permanent Resident (LPR) status other than Afghan/Iraqi Special Immigrants.

(7) 99 is used for ex parte situations where the individual is not required to provide verification until the next redetermination or for foster children at application if verification is unavailable.

c. For Citizenship/Identity codes for Refugees or other Immigrants refer to, EIS 4000, Codes Appendix.

C. The following charts list acceptable evidence of U.S. citizenship and/or identity in a hierarchy of reliability. Always try to obtain documents from the highest tier of hierarchy available. However, pursue any document to establish citizenship within the time period available. If a lower level is used, process the application or reenrollment. Continue to pursue documentation from at least Chart 2, if possible. Pursue documents from Chart 1 first. If the a/r presents documents from Chart 1, Primary Documents, no other information is required.

(III.C.)

If the a/r does not have documents from Chart 1, then pursue documents from Chart 2 and so forth until the highest verification documentation is obtained. If the a/r presents documents from Charts 2-4, Secondary, Third Level, and Fourth Level Documents, then an identity document from Chart Five, Documents to Establish Identity, must also be presented.

If the county is waiting to receive documentation from a higher level but can easily obtain documentation from a lower level, pursue the lower level documentation so the application will not pend or not pend any longer than necessary. Approve if all information has been provided. Continue to pursue the higher level of documentation. For example, a birth certificate is requested from Vital Records and the a/r has a hospital record indicating citizenship per Chart 3. Approve the application if identity and all other information has been provided with C/I code of 35. Change the C/I code level when the higher documentation is received.

1. Primary Documents

Primary documents are of the highest reliability and conclusively establish both citizenship and identity of the a/r.

Chart 1 (Code 10)

U.S. Passport	Does not have to be currently valid. Do not accept as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.
Certificate of Naturalization (N-550 or N-570)	
Certificate of Citizenship (N-560 or N-561)	
Born in the United States to a mother who was covered by Medicaid for the delivery. Verify that mother was authorized for Medicaid for the birth of the child.	Screen print from Eligibility Information System (EIS), Individual Eligibility (IE) screen of the mother at time of birth or obtain verification from DSS agency verifying Medicaid covered the delivery of the child.

2. Secondary Documents to Establish U.S. Citizenship

Accept any of the documents listed in Chart 2 as secondary evidence of U.S. citizenship if the document meets the listed criteria and there is nothing indicating the person is not a U.S. citizen (e.g., lost U.S. citizenship). Require an additional document from Chart 5 to prove identity.

(III.C.2.)

Chart 2 (Code 25)

A U.S. public birth record showing birth in: • One of the 50 U.S. States; • District of Columbia; • American Samoa (if born after November 4, 1986 (NMI local time)); • Swain's Island (if born after November 4, 1986 (NMI local time)); • *Puerto Rico (if born on or after January 13, 1941); • *Virgin Islands of the U.S. (if born on or after January 17, 1917); • *Northern Mariana Islands (if born after November 4, 1986 (NMI local time)); or • Guam	A data match with the local register of deeds or State Vital Records or a copy of a certified birth certificate is acceptable. Do not accept a souvenir "birth certificate" issued by the hospital. The birth record document may be recorded by the State, Commonwealth, territory or local jurisdiction. It must have been recorded before the person was 5 years of age. A delayed birth record document that is recorded at or after 5 years of age is considered fourth level evidence of citizenship. If recorded before 5 years of age, it is considered second level evidence. Note: if the document shows the individual was born in Puerto Rico, the Virgin Islands of the U.S., or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen. *See Figure 10 for additional requirements for Collective Naturalization.
Data Match with other state or federal agency's database that is known to verify citizenship.	Screen print the pertinent page and place in the file.
Certification of Report of Birth (DS-1350)	
Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)	
Certification of Birth Abroad (FS-545)	
United States Citizen Identification Card (I-197 or I-179)	
American Indian Card (I-872)	
Northern Mariana Card (I-873)	

Chart 2 (Code 25) Continued

Child adopted outside the U.S. (IR-3) Child coming to the U.S. to be adopted (IR-4)	Adopted or biological children born outside the U.S. may establish citizenship obtained automatically under the Child Citizenship Act.
Final adoption decree	Must show the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the child was born will not release a birth certificate prior to final adoption, a statement from a State approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.
Evidence of civil service employment by the U.S. government	Must show employment by the U.S. government before June 1, 1976.
Official military record of service	Must show a U.S. place of birth.
DOHS Systematic Alien Verification for Entitlement (SAVE) program	May be used to verify citizenship of naturalized citizens.

3. Third Level Documents to Establish U.S. Citizenship

If the county is waiting to receive primary or secondary evidence or it cannot be obtained **and** the a/r alleges being born in the U.S., use the third level of evidence. Also use third level evidence when documents from level one or two are unavailable or do not exist. The place of birth on the non-government document and the application must agree. Require an additional document from Chart 5 to prove identity.

Chart 3 (Code 35)

Extract of hospital record on hospital letterhead established at the time of the person's birth and created at least 5 years before the initial application date, and indicates a U.S. place of birth.	Do not accept a souvenir "birth certificate" issued by the hospital.
Children under 16 only Extract of hospital record on hospital letterhead created near the time of birth or 5 years before the initial date of application and indicates a U.S. place of birth.	Do not accept a souvenir "birth certificate" issued by the hospital.

Chart 3 (Code 35) Continued

Life or health or other insurance record showing a U.S. place of birth and was created at least 5 years before the initial application date.	Life or health insurance records may show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth.
Early school records showing a U.S. place of birth.	The school record must show the name of the child, the date of admission to the school, the date of birth, a U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents.
Religious records recorded in the U.S. within 3 months of birth.	The record must show that the birth occurred in the U.S. 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. Entries in a family bible are not considered recorded religious records.

4. Fourth Level Documents to Establish U.S. Citizenship

Use fourth level evidence in the rarest of circumstances. If the county is waiting to receive primary, secondary or third level evidence or it cannot be obtained **and** the a/r alleges being born in the U.S., use the fourth level of evidence. Also use fourth level evidence when documents from levels one, two or three are unavailable or do not exist. The place of birth on the non-government document and the application must agree. Require an additional document from Chart 5 to prove identity.

Chart 4 (Code 45)

Federal or State census record showing U.S. citizenship or a U.S. place of birth (Generally for persons born 1900 through 1950)	The census record must also show the applicant's age. Note: Census records from 1900-1950 contain certain citizenship information. To secure this information the a/r or DSS should 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 Medicaid eligibility. This form requires a fee.

(III.C.4.)

Chart 4 (Code 45) Continued

One of the following documents that show a U.S. place of birth provided it was created at least 5 years before the application for Medicaid.	• Seneca Indian tribal census. • Bureau of Indian Affairs tribal census records of the Navajo Indians. • The Roll of Alaska Natives maintained by the Bureau of Indian Affairs. • U.S. State Vital Statistics official notification of birth registration. • A delayed U.S. public birth record that is amended more than 5 years after the person's birth. • Statement signed by the physician or midwife who was in attendance at the time of birth.
Institutional admission papers, created at least five years before the initial application date, from a nursing facility, skilled care facility or other institution.	Admission papers generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth.
Medical (clinic, doctor, or hospital) record created at least 5 years before the initial application date that indicates a U.S. place of birth.	Medical records generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth. Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.
Children under 16 only: Medical (clinic, doctor, or hospital) record created near the time of birth or 5 years prior to the Medicaid date of application.	Medical records generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth. Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.

(III.C.4.)

Chart 4 (Code 45) Continued

Written Affidavit attesting to citizenship or naturalization:	Use **only** when the DSS is unable to secure evidence of citizenship listed in **any** other Chart. There must be at least two affidavits by two individuals who have personal knowledge of the event(s) establishing the a/r's claim of citizenship. At least one of the individuals making the affidavit cannot be related to the a/r. Neither of the two individuals can be the a/r. The person(s) making the affidavit must be able to provide proof of his/her own citizenship and identity for the affidavit. If the affiant has information which explains 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 separate affidavit from the a/r or other knowledgeable individual (guardian or representative) explaining why the evidence does not exist or cannot be obtained must be provided. The affidavits must also be signed under penalty of perjury by the person making the affidavit.

5. Evidence of Identity

When a document from charts 2-4 is presented, a document from chart 5 is also required.

Chart 5 (Code 25, 35, 45)

SOLQ Social Security number inquiry	Must have a "Social Security number verified" statement returned from the inquiry. Screen print the pertinent evidence for the file.
Data Match with other state agency's data systems	The data match must indicate that an identity has been verified. Screen print the pertinent evidence for the file.

(III.C.5.)

Chart 5 (Code 25, 35, 45) Continued

Driver's license	Must have a photograph of the a/r or other identifying information of the individual such as name, age, sex, race, height, weight or eye color. Does not need to be current. A copy of a driver's license is acceptable with mail-in applications.
School identification card	Must have a photograph of the individual
U.S. military card or draft record	
Identification card issued by the Federal, State, or local government with the same information included on driver's licenses.	
Military dependent's identification card	
Certificate of Degree of Indian Blood, or other Native American/Alaska Native tribal document	Must have a photograph of the a/r or have other personal identifying information relating to the individual.
U.S. Coast Guard Merchant Mariner card	
For children under 16 only: School, clinic, doctor, or hospital records.	School records include nursery or daycare records, and report cards. School records must be verified with the issuing school.
Children under 16 only:	If none of the above documents for identity are available, an affidavit may be used. An affidavit is only acceptable if it is signed under penalty of perjury by a parent, guardian, or caretaker relative and states the date and place of birth. It cannot be used if an affidavit for citizenship was used.
For disabled individuals in residential care facilities only:	If none of the above documents for identity are available, the disabled individual may have their identity attested to by the facility director or administrator. The affidavit must be signed under penalty of perjury.
Three or more corroborating documents, that together reasonably corroborate the identity of an individual provided such documents have not been used to establish the individual's citizenship and the individual submitted second or third tier evidence of citizenship. **You must ensure that no other identity evidence is available.**	Such documents must at a minimum contain the individual's name, plus any additional information establishing the individual's identity. All documents used must contain consistent identifying information. Such documents as high school and college diplomas from accredited institutions, marriage certificates, divorce decrees, property deeds/titles, and employee ID cards may be used if the individual submitted a second or third tier citizenship document, but not if they submitted a fourth tier citizenship document.

(III.)

D. Procedures When No Documentation or Information is Provided or Obtained

1. Individuals who meet the criteria in III.A.4. are not automatically issued proof of citizenship by USCIS. The parent may apply for a certificate of citizenship for his child with the USCIS and/or for a passport for his child with the Department of State.

2. If documentation confirming citizenship and/or proof of identity is not provided at the end of 6 months for an application, evaluate for coverage under emergency Medicaid. Open an administrative application using the first of the month of the date of emergency services as the application date.

3. If an applicant is a naturalized citizen and cannot provide verification or documentation of citizenship, refer the applicant to the address below:

   United States Citizenship and Immigration Services
   Charlotte Sub Office
   6130 Tyvola Centre Dr.
   Charlotte, NC 28217
   Telephone (800) 375-5283

   Treat this individual as a non-qualified alien until verification is provided.

IV. QUALIFIED ALIENS

A. Introduction

Individuals who live in the U.S. but are not citizens are aliens. For Medicaid purposes, certain aliens are referred to as "qualified aliens." Qualified aliens include: Lawful Permanent Residents (LPR), Asylees, Refugees, Cuban/Haitian entrants, persons paroled into the US for at least one year, persons granted withholding of removal/deportation, persons granted conditional entry (prior to April, 1990), certain victims of domestic violence, and victims of severe human trafficking.

Qualified aliens are potentially eligible for full Medicaid just like U.S. citizens. Some qualified aliens are banned from receiving assistance until 5 years from the date they became a qualified alien. (See B. below.) Other qualified aliens are exempt from this disqualification period. (See. C. below for who is exempt.)

An alien who is not a qualified alien is a "non-qualified alien." See XII for information on non-qualified aliens. Medicaid eligibility and level of coverage for an alien is based on whether the alien entered the U.S. before August 22, 1996, the number of years since he obtained qualified alien status, and his immigration status. The Deficit Reduction Act of 2005 (P.L. 109-171) did not change the requirements for qualified and non-qualified aliens.

(IV.)

B. 5 Year Mandatory Disqualification Period (Five-Year Bar)

There is a 5-year mandatory disqualification period for certain qualified aliens if admitted on or after August 22, 1996. If the 5-year disqualification period applies, evaluate for emergency medical services only. The 5-year disqualification period does not apply to aliens applying only for emergency Medicaid. After the 5-year disqualification period expires, these qualified aliens are potentially eligible for full Medicaid just like U.S. citizens. Refugees and asylees are exempt from the 5-year mandatory disqualification period and may receive full Medicaid if otherwise eligible.

The Centers for Medicare and Medicaid Service (CMS) lists the following as exempt from the 5 year bar: refugees, asylees, Cuban and Haitian entrants, Amerasian immigrants, persons granted withholding of deportation, victims of trafficking, veterans and active duty military personnel and their spouses and children, as well as certain Native Americans.

The five-year bar does not apply to emergency Medicaid services.

NOTE: If the five-year bar applies, the clock begins to run on the date that the person obtained qualified status; however, if the person entered the country prior to August 22, 1996, and remained continually present until they secured qualified immigrant status, the five-year bar does not apply. The person is eligible as soon as they obtained qualified immigrant status.

This rule applies equally to persons who were in the country without documents prior to August 22, 1996. Presence will likely be difficult to establish, but, can be verified through various forms of documentation including utility bills.

C. Eligibility Status

Refer to Figure 2 to determine the alien and eligibility status of an individual and whether he is eligible for Medicaid.

D. Lawful Permanent Resident (LPR)

An LPR is an alien who is legally admitted to the U.S. by the USCIS to live and work on a permanent basis. The majority of qualified aliens are LPR's. He is often referred to as a "resident alien." USCIS issues each LPR an I-551. This is known as a "green card," even though it is not green. Aliens recently admitted to the U.S. as a LPR, or who have applied for a replacement I-551 may only have the I-94 with a temporary I-551 stamp. Other documents issued by USCIS for “resident aliens,” include the I-155 or I-94 stamped with AM-1, AM-2, AM-3, AM-6, AM-7, and AM-8.

Refer to F. for documentation of LPR status.

(IV.)

LPRs are potentially eligible for full Medicaid. Refer to Figure 2 to determine if the 5-year mandatory disqualification period applies.

Refugees admissions can adjust their status to LPR. If he claims he was originally admitted as a political admission, he remains potentially eligible for Medicaid based on his original status when admitted. This is verified when the I-551 indicates a code of RE-6, RE-7, RE-8, or RE-9.

Example: An individual is admitted as refugee in January 1997. He adjusts his status to LPR in 1998. Regardless, he remains potentially eligible for full Medicaid based on being admitted as a refugee/asylee.

E. Exempt Aliens Who Adjust Status to LPR

Aliens who entered the U.S. in a status exempt from the 5-year bar remain exempt after they adjust to LPR status. These include: refugees, asylees, Cuban and Haitian entrants, Amerasian immigrants, persons granted withholding of deportation, victims of trafficking, veterans and active duty military personnel and their spouses and children, as well as certain Native Americans. They remain potentially eligible for full Medicaid without the 5-year bar.

Aliens can be legally admitted to the U.S. by the USCIS for many different reasons. For example, an individual may be admitted to the U.S. because he is fleeing persecution in his own country, or USCIS determines it is in the public interest for him to be admitted.

Example: An individual is admitted as refugee in January 1997. He adjusts his status to LPR in 1998. Regardless, he remains potentially eligible for full Medicaid based on being admitted as a refugee/asylee.

F. Procedures to Verify and Document Qualified Alien Status

Below are the procedures for verifying and documenting qualified alien status for applicants requesting medical assistance (applicants/recipients) except trafficking victims and battered aliens. (See VII. and VIII. below for these procedures.)

1. Verify the alien's current status.

   a. Request the alien's original USCIS documents (not copies) for current status. Verification of citizenship/alien status is required only for applicants for whom benefits are being requested.

   b. Use documents listed in Figure 2 to verify the alien's status. If the alien does not have one of these documents, he cannot be considered a qualified alien for Medicaid purposes.

(IV.F.1.)

c. If an applicant presents an expired document or is unable to present any immigration documentation evidencing his alien status, refer the applicant to the local USCIS Office to obtain documentation of his immigration status. (See III.C. above for the address.)

d. Verify the authenticity of the alien document, and the date of admission using SAVE, Systematic Alien Verification for Entitlement Program. Follow procedures in EIS 1108, SAVE Verification Information System. **NOTE**: DO NOT use SAVE as verification for trafficking victims. Follow procedures in VII. to verify trafficking victims.

e. Under most circumstances, an automated check of SAVE records is the first step in the verification process. However, there are circumstances that require you to perform secondary verification immediately instead of checking SAVE. Refer to XIV. for a list of these circumstances.

   While you are waiting on a response from the secondary verification, treat the applicant as a non-qualified alien and process for emergency medical services only. Proceed to XII.

f. Document his current alien status on the application/ redetermination form. Attach a copy of the USCIS documentation to the a/r's permanent record and return original document(s) to the a/r. Explain that when the person signs the form he certifies alien status for the applicant(s).

g. If the current documents verify he is a qualified alien as defined above, continue with these procedures.

2. Verify the date the alien entered the U.S.

A qualified alien who entered the U.S. before 8/22/96, and whose current alien status was granted after 8/22/96, may be able to provide a document (for example, a passport with an I-94 stamp) that shows that he was in an earlier status and the status was granted before 8/22/96. You must establish that he was continuously present in the U.S. until obtaining qualified alien status.

Potential sources of verification are tax returns, bills, rent receipts, or a letter from an employer. Any single absence from the U.S. of more than 30 days or a total of aggregate absences of more than 90 days should be considered to interrupt 'continuous presence.'

NOTE: "Continuous presence" is measured between the alien's last date of entry into the U.S. prior to 8/22/96 and the date qualified alien status is obtained. Therefore, if an alien entered the country on May 1, 1995, left on October 1, 1995, and returned on July 1, 1996, continuous presence is measured from July 1, 1996. The period between October 1, 1995, and July 1, 1996, is not counted as an absence.

(IV.F.)

If the individual is unable to provide a document, accept a written statement from a sponsor, family member, or as a last resort, the alien as verification. The statement must include when the alien entered the U.S., prior alien status, and the date that status was granted.

3. Determine whether the 5-year disqualification period applies or whether the qualified alien is exempt from the disqualification period. See Figure 2.

4. Determine the appropriate citizenship/identity code 60-66 for refugee or alien status for immigrants. Refer to EIS 4000, Codes Appendix.

5. Reverify alien status when the alien status is subject to change.

   Examples of when alien status is subject to change include:

   a. An individual admitted under a temporary status may change to lawful permanent resident status.

   b. An individual admitted under a temporary status that has expired may have updated his status.

   c. A refugee may change his alien status to lawful permanent resident status.

   d. An individual may meet the requirements as a battered alien or some other type of qualified alien status.

   e. An illegal alien may change to a legal status.

   Note: This is not an all-inclusive list. There may be other times when an individual's alien status may change.

6. Reporting to USCIS

   Individuals who apply for any Medicaid program or service are not subject to any USCIS reporting requirements and should not be reported to the USCIS.

   Declining to provide documentation of alien status is not a valid reason for USCIS referral. The a/r who declines to present documentation of alien status or a SSN will only be able to receive emergency Medicaid, if otherwise eligible. Therefore, there is no reason to seek further verification of his alien status.

7. Confidentiality of Alien Status

   All rules of confidentiality must be applied in regard to alien status. It is a breach of confidentiality to discuss the alien status of an individual with employers, landlords, etc.

V. IRAQI AND AFGHANISTAN SPECIAL IMMIGRANTS

A. Introduction

The Consolidated Appropriations Act of 2008 signed into law on December 26, 2007, granted Iraqi and Afghan aliens special immigrant status under section 101(a) (27) of the Immigration and Nationality Act (INA) eligibility for resettlement assistance, entitlement programs, and other benefits available to refugees admitted for a period not to exceed 6 months. Eligibility cannot begin on a date prior to December 26, 2007.

Effective January 28, 2008, the National Defense Authorization Act extended eligibility to eight months for Iraqi aliens granted special immigrant status.

Effective March 10, 2009, the Omnibus Appropriations Act of 2009 aligned the eligibility of both Iraqi and Afghan Special Immigrants to eight months.

Iraqi and Afghan immigrants may have special status that entitles them to full Medicaid benefits for 8 months after the date of entry into the United States. These Special Immigrants are admitted as LPRs.

B. Eligibility Status

A Special Immigrant must meet all other Medicaid eligibility requirements. If he is found ineligible for Medicaid, he is automatically eligible to apply for Refugee Medical Assistance (RMA), but only during the 8 months after entry.

The Special Immigrant may apply for all Medicaid Programs/NCHC, including Medicaid for Pregnant Women (MPW). Automatic newborn coverage applies <u>if the mother is authorized for Medicaid</u> on the date of birth, or the mother is approved after the child's birth and Medicaid authorization is effective no later than the date of birth. Continuous eligibility does not apply for children who receive Medicaid/NCHC under Special Immigrant status.

The individual may also apply for TANF benefits and/or Maintenance of Effort (MOE) funded public benefits as well as Refugee Cash Assistance (RRF).

Authorization of Medicaid coverage depends on the date of application for the Iraqi and Afghan Special Immigrant. Follow all policy rules regarding eligibility, including the 3-month retroactive period. If an Iraqi or Afghan Special Immigrant does not apply during the month of entry, he or she may actually receive Medicaid for less than 8 months.

(V.B)

The date of eligibility is the date he was admitted to the U.S. as an Iraqi/Afghan Special Immigrant. The *entry* date begins the 8 month period. The individual may not be authorized for the entire 8 months depending on when an *application* for Medicaid is made. The date of eligibility for Medicaid cannot be prior to December 26, 2007.

Example

The individual's entry date is November 1, 2007. This begins the 8 month period. However, his Medicaid eligibility cannot begin prior to December 26, 2007. Thus, the individual would not be eligible for Medicaid benefits after June 30, 2008, regardless of his date of application for Medicaid benefits as this would be eight months after date of entry.

Example

The individual's entry date is March 1, 2009. This begins the 8 month period. However, he does not apply for Medicaid benefits until April 15, 2009 Thus, the individual would not be eligible for Medicaid benefits after October 31, 2009 as this would be eight months after the date of entry.

C. Afghan and Iraqi Special Immigrant 5 Year Disqualification Period

After the 8 month Special Immigrants period of initial entry expires, Iraqi and Afghan Special Immigrants and their families may only qualify for Medicaid coverage of emergency medical services, until such time that they satisfy the 5 year disqualification period. The 5 year disqualification period starts with the date of entry into the United States, even though these immigrants may be eligible for full Medicaid benefits during their initial 8 month period.

D. No Deductible-Iraqi or Afghan Special Immigrants

Authorize ongoing coverage for an Iraqi or Afghan Special Immigrant from the month of application through the 8 month period of initial entry when the applicant does not have a deductible.

E. Deductible-Iraqi or Afghan Special Immigrants

If the ongoing c.p. is less than 6 months, the individual must meet a 6 month deductible prior to authorization. If an Iraqi/Afghan Special Immigrant has a deductible and ongoing eligibility would be more than 6 months, you may only give a 6 month certification period. You must update for a new 6 month deductible for any remaining months.

Example: In January an Iraqi entered the country with Special Immigrant status for 8 months, Jan.-Aug. He applied for Medicaid in February and was found to be over the income limit. Therefore, he has a deductible. He may be eligible for January as a retro month. His ongoing certification period is February through July with a 6 month deductible. His redetermination is conducted for August with a new 6 month deductible. However, the 8 month period ends August 31.

F. Documentation of Iraqi and Afghan Special Immigrants

Refer to Figure 2 to determine Iraqi/Afghan Special Immigrant status of an individual.

VI. IMMIGRANTS - REFUGEE CODE, DATE, ALIEN ID AND CITIZENSHIP/IDENTITY CODES

Enter a Refugee Code to designate the immigrant's country of origin, date the individual entered the United States or the date the individual was assigned the immigrant/refugee status as applicable and an Alien ID number for each immigrant whose citizenship/identity code is 60-66. Key only the numeric parts of the Alien ID. Do not key the alpha "A." Refer to EIS 4000, Codes Appendix.

For Lawful Permanent Residents (LPRs), other than Iraqi/Afghan Special Immigrants, key only citizenship/identity code 51. Alien ID and Refugee Codes, date the individual entered the United States or the date the individual was assigned the immigrant/refugee status are not required for LPRs. Refer to EIS Manual Section 4000, Codes Appendix.

VII. TRAFFICKING VICTIMS

A. Definition

A victim of a severe form of trafficking is an alien who has been forced into the international sex trade, prostitution, slavery and forced labor through coercion, threats of physical violence, psychological abuse, torture, and imprisonment.

An alien whose status as a trafficking victim has been verified with the Office of Refugee Resettlement (ORR) is potentially eligible for full Medicaid to the same extent as refugees. The five-year disqualification period does not apply.

B. Verify and document the alien's status as a trafficking victim

ORR issues a certification letter for an adult who has been subjected to a severe form of trafficking and meets statutory certification requirements. In addition, ORR issues similar eligibility letters for children who have been found to be victims of a severe form of trafficking.

NOTE: Other agencies, such as the USCIS, may issue letters or other documents to victims of severe forms of trafficking. However, only the original ORR letter may be accepted as proof of certification. Do not require a victim of severe trafficking to provide any USCIS documentation.

1. Verify the status of trafficking victims:

   a. Obtain the original certification letter for adults or eligibility letter for children issued by the ORR from the a/r. Place a copy of the letter in the file; **and**

   b. Call the trafficking verification line at (202) 401-5510 to confirm the validity of the certification letter or eligibility letter for children and to inform ORR of the type of benefits for which the individual has applied.

      NOTE: At this time, SAVE does not contain information about victims of severe forms of trafficking. Until further notice, do not contact SAVE concerning victims of severe forms of trafficking.

2. Contact the North Carolina State Refugee Office at (919) 733-7650 if you believe an adult or child may have been subjected to a severe form of trafficking and they have not applied for certification under the Trafficking Victims Protection Act

VIII. BATTERED ALIEN (VIOLENCE AGAINST WOMEN ACT)

A. Definition

An alien who has been battered or subjected to extreme cruelty and meets the requirements below is considered a qualified alien. The battered alien must be the spouse, former spouse, widow, child, or parent of a child of a U.S. citizen or LPR alien.

(VIII.A)

NOTE: If a parent is a battered alien, his child who lives with him also meets the criteria as a battered alien. If a child is a battered alien, his parent who lives with him also meets the criteria as a battered alien as long as the parent did not actively participate in the battery or extreme cruelty.

B. Medicaid Eligibility

Battered aliens are potentially eligible for full Medicaid. The 5-year disqualification period applies if the battered alien was admitted on or after August 22, 1996. It does not apply to anyone who entered the U.S. before 8/22/96.

C. Verify and document the alien's status as a battered alien

1. Refer to Figure 2 and Figure 3 for a list of documents and actions to take when an individual claims to be a battered alien and either has or does not have verification.

2. Verification of battered alien status consists of either an order granted by USCIS (such as an approval letter or prima facie determination) or a bona fide copy of a petition or application filed with USCIS or the Executive Office of Immigration

   Review (EOIR). EOIR is the office in the Department of Justice that oversees the Board of Immigration Appeals.

3. Confirm that:

   a. USCIS or EOIR has either granted a petition of the applicant filed under the Violence Against Women Act (VAWA) or family-based petition, or

   b. There is prima facie approval under the VAWA or a family-based petition.

4. Document the client's current alien status in the case file.

D. Battered or subject to extreme cruelty

"Battered or subject to extreme cruelty" includes, but is not limited to, any act or threatened act of violence, including any forceful detention, which results or threatens to result in physical or mental injury. Psychological or sexual abuse or exploitation, including rape, molestation, incest (if the victim is a minor), or forced prostitution are considered acts of violence.

1. Verify that the alien or alien's child has been battered or subject to extreme cruelty in the United States by a:

   - Spouse;
   - Parent of the alien; or
   - Member of the spouse's or parent's family residing in the same household.

(VIII.1)

"Member of the spouse or parent's family" means any person related by blood, marriage, or adoption to the spouse or parent of the alien.

2. Corroborate, if possible, the claim of abuse, and document the corroboration used:

   a. If the alien has a pending or approved petition filed under VAWA, there is no need to request additional proof. The USCIS or EOIR has already made a determination that the alien or the alien's child has been battered and/or subject to extreme cruelty. There is no need to request additional proof to corroborate the claim of abuse.

   b. If the alien has a pending or approved petition as a widow(er) of a U.S. citizen or petition for immediate relative status, attempt to corroborate the claim of abuse through one of the following documents:

      - Reports or affidavits from police, judges and other court officials, medical personnel, school officials, clergy, Child Protective Services' staff, or counseling or mental health personnel;
      - Any legal documents that document the abuse (protection orders, police reports, etc.);
      - Evidence that indicates that the alien sought safe haven in a shelter for battered individuals or similar refuge because of battery;
      - Statements by other people knowledgeable of the applicant's circumstances; or
      - Signed statement by the applicant.

3. In cases where an applicant's child has been battered, the applicant must submit his statement indicating that he did not actively participate in the battery or extreme cruelty.

E. Substantial Connection Between Battery and Need for Medicaid

A substantial connection between battery (or extreme cruelty) and the need for Medicaid must exist. Any of the following circumstances may be considered to determine whether a substantial connection exists:

1. To enable the individual to become self-sufficient following separation from the abuser;

2. To obtain medical attention or mental health counseling caused by abuse;

3. To provide medical care during a pregnancy resulting from the abuser's sexual assault or abuse of, or relationship with, the individual; or

4. To replace medical coverage and/or health care services lost when the individual separated from the abuser.

This list is not intended to be all-inclusive. There may be other circumstances that could be considered reasonable for determining that this requirement is met.

(VIII.)

F. Battered Individual No Longer Resides in the Same Household With the Abuser

1. In order to be a qualified alien based on battery or extreme cruelty, the battered individual must no longer be physically residing in the same household as the individual responsible for the battery or extreme cruelty. (See 4 below if the alien is still living with the batterer.) Accept any of the following as verification:

   - Reports or affidavits from police, judges or other court officials, medical personnel, school officials, clergy, Child Protective Services' staff, or counseling or mental health personnel,
   - Signed statement from a staff member at a shelter for battered individuals or homeless persons,
   - Rental records or utility receipts in the battered alien's name,
   - School records
   - Statement by family member, friend, or other person knowledgeable of the battered alien's circumstances; or
   - Signed statement by the battered alien.

2. If the battered individual resumes living with the batterer, he no longer meets the requirements as a battered alien beginning the month after the month in which they resume living together.

3. In cases where the a/r's child or the a/r's parent has been battered, the a/r and the battered individual must BOTH be residing in the same household apart from the batterer.

4. Applicants who still reside with the batterer may need the assurance of the availability of benefits in order to leave their batterer and survive independently. If this is the case, complete the eligibility determination and allow the alien up to the 45th day processing deadline to verify that he has left the batterer. See F.1. above for potential sources of verification. If on the 45th day the applicant has not left, do not allow any exemption as a battered alien.

IX. PUBLIC CHARGE

Aliens who seek admission to the U.S. must establish that they will not become 'public charges.' Many aliens establish that they will not become public charges by having 'sponsors' who pledge to support them. (See MA-2262, Sponsor Deeming.)

Aliens may ask staff about the consequences of becoming a public charge by applying for assistance. This is of concern to aliens who want to become a Legal Permanent Resident (obtaining a Green Card). A "public charge" is an alien who has become (for deportation purposes) or who is likely to become (for admission/adjustment purposes) **solely** dependent on government assistance as demonstrated by either:

(IX)

- The receipt of public cash assistance for income maintenance (including Work First or SSI), or

- The institutionalization for long-term care at government expense (institutionalization for short periods of rehabilitation does not constitute primary dependence).

Refugees and persons granted asylum may receive any benefit, including Work First, without affecting their chances of becoming a Legal Permanent Resident (LPR) or a U.S. citizen.

NOTE: "Income Maintenance" does **not** include one-time cash payments for emergency assistance or Benefit Diversion. The receipt of public cash assistance for income maintenance for a child does **not** create a public charge problem for the parent **unless** that cash assistance is the only source of income for the family.

Long term institutionalized care under Medicaid may result in a public charge determination; however, it does not include short-term rehabilitation stays in long-term care facilities. Being institutionalized for long-term care does not automatically make an individual inadmissible to the U.S., ineligible for legal permanent resident status, or deportable on public charge grounds. The law requires that USCIS officials consider several additional issues. Each determination is made on a case-by-case basis. The county is not involved in this determination. Determine eligibility for this person following all requirements in Medicaid.

X. SPONSOR DEEMING

Legal permanent residents (LPR's) whose sponsor signed the I-864 Affidavit of Support are subject to alien sponsor deeming rules. See MA-2262, Sponsor Deeming, for the policy and procedures on sponsor deeming.

XI. VERIFYING 40 QUALIFYING QUARTERS

A. Definitions

Quarter -- A quarter means a period of three calendar months ending on March 31, June 30, September 30, or December 31 of any year. The quarters credited may be worked by the alien himself, the parent while the alien was under age 18, or by a spouse during the marriage if the alien remains married to the spouse or the marriage ended by the death of the spouse.

Any quarter of coverage, beginning after December 31, 1996, in which the alien or spouse or parent of the alien applicant received Work First, SSI, or Medicaid cannot be credited to the alien for purposes of meeting the 40-quarter requirement.

Quarter of Coverage (AC) --Credit for a requisite amount of covered earnings assigned a calendar quarter. This information is shown in IEVS.

(XI.)

Covered earnings --Wages or self-employment income that requires payment of FICA (social security) taxes.

QC History (QCH) --A display of Quarters of Coverage (QC's) by quarter and year. This displays in IEVS.

TPQY – Third Party Query in IEVS which is the system that will be used to request QC Histories.

Lag Quarters – Current year quarters and proceeding year quarters that may not appear in the QC history because SSA has not processed the employer report. This could be up to seven quarters depending on when a request for QC history is processed.

B. Verification of Quarters of Coverage

If the a/r receives Food Stamps, you may use verification in the food stamp record. If the food stamp record shows that the a/r has met the 40 qualifying quarters requirement, no further verification is needed. If the food stamp record shows verification for less than 40 quarters, you must verify whether additional quarters have been worked since the food stamp verification was obtained.

Most quarters of employment will be verified through IEVS. Detailed instructions regarding the use of IEVS are found in the EIS-1107, State Online Query/Third Party Query. As explained previously, the alien's work and work by his parents and /or spouses can all be combined to attain the 40 quarters required. The following steps are used in applying the 40 quarters of coverage provisions.

1. Determine who can be included in the quarter coverage count. Question the applicant to determine that proper relationships exist, the date of birth of the applicant, and request social security numbers for each individual included.

2. Determine if it is possible for the applicant to meet the requirement. Ask how many years the applicant and each of the individuals to be included in the quarter coverage calculation have lived in the U.S. The total number of years for all of the individuals must equal at least ten years (40 quarters). If the total is less than ten years, the applicant cannot meet the 40 quarters coverage requirement.

3. Determine how many years in the total from step 2 included earnings. Always determine the applicant's own quarters first. Many applicants may have sufficient quarters on their own record and it will not be necessary to request earnings history for other individuals. If verification of quarters for individuals other than the applicant is needed, a consent for Release of Information from each individual other than the applicant must be obtained or the applicant must obtain verification of coverage for the others.

(XI.B)

4. Request a quarter coverage history using the 40 QC History query in IEVS when the interview shows:

   a. The alien individual may meet the 40 quarter requirement with lag quarters.

   b. The alien individual will not meet the 40 quarter requirement, but the alien still believes he meets the requirement.

   c. Earnings by a qualifying parent, current or former spouse which must be verified.

5. Follow instructions in EIS-1107, State Online Query/Third Party Query to access the QC History in IEVS.

XII. NON-QUALIFIED ALIENS

An alien who does not meet the specific requirements of a qualified alien is a non-qualified alien for Medicaid purposes. A non-qualified alien who meets the N.C. residency requirement (See MA-2220, State Residency) and who meets all other Medicaid eligibility factors can receive Medicaid for emergency medical services only. The following aliens are eligible for emergency Medicaid only.

A. Illegal (undocumented) alien

An illegal (undocumented) alien is:

1. An alien who entered the U.S. without knowledge of USCIS, or

2. A person lawfully admitted as a non-immigrant for a limited period of time, but violated the terms of the status or did not leave the U.S. when the period of time expired.

B. Non-immigrants (temporary residents)

Non-immigrants may be legally admitted to the U.S., but only for a temporary or specified period of time. These aliens are INELIGIBLE for full Medicaid or emergency medical services because they do not meet the N.C. residency requirement unless they are admitted for employment purposes. Refer to MA-2220, State Residence.

An alien admitted for a limited period of time who does not leave the U.S. when the period of time expires becomes an illegal alien. If he then establishes N.C. residency, he may be eligible for emergency Medicaid only. Refer to MA-2220, State Residence, for procedures for establishing state residency.

(XII. B.)

Examples of legal non-immigrants include, but are not limited to, the following:

1. Foreign government representatives on official business and their families and servants,

2. Visitors for business or pleasure, including exchange visitors,

3. Aliens in travel status while traveling directly through the U.S.,

4. Crewmen on shore leave,

5. Treaty traders and investors and their families,

6. Foreign students,

7. International organization representatives and personnel and their families and servants,

8. Temporary workers including agricultural contract workers, and

9. Members of foreign press, radio, film, or other information media and their families.

C. An alien admitted legally to the U.S., but he does not fall into one of the specific categories of qualified aliens listed in Figure 2 is a non-qualified alien.

This includes individuals who have PRUCOL status and Legal Temporary Residents (LTR). This also includes individuals who are given temporary administrative statuses (i.e. stay of deportation, voluntary departure) until they can formalize permanent status, or individuals paroled for less than one year, or individuals under deportation procedures.

D. Procedures to Establish and Document Non-qualified Alien Status of A/R's

1. Ask the a/r alien his status with USCIS. Record in the case record the a/r's verbal statement of his status. For example, "unknown to USCIS" or "papers have expired."

2. If the a/r alien does not know his status, request any documentation he has from USCIS. If his documents indicate he may be a qualified alien, evaluate under IV. above.

3. The a/r alien does not have to:

   a. Make a written declaration of alien status, or

   b. Provide USCIS documentation.

4. The IMC does not have to verify non-qualified alien status through SAVE.

(XII.D.)

5. Ask the alien whether he is a N.C. resident. This is a separate determination from his USCIS status. Refer to MA-2220, State Residence, to establish state residence.

6. Explain to the alien that if he meets all the eligibility requirements for this program, including disability if it is a disability application, he will only be eligible for Medicaid for the dates he received emergency medical services. Refer to XIII.

7. Non-qualified aliens who are legally admitted must meet the enumeration requirement. Illegal aliens do not have to be enumerated. Refer to MA-2450, Enumeration Procedures.

8. Reporting to USCIS

   A/r's identified as illegally in the U.S. because they are applying for Medicaid/NCHC are not subject to any USCIS reporting requirements and should not be reported to the USCIS. Also, persons who apply for benefits on behalf of others (for example, an ineligible mother applying for her eligible child) are not subject to any USCIS reporting requirements themselves.

   Declining to provide documentation of immigration status is not a valid reason for USCIS referral. The a/r who declines to present documentation of alien status or a SSN will only be able to receive emergency Medicaid, if otherwise eligible. Therefore, there is no reason to seek further verification of their alien status.

9. Confidentiality of Alien Status

   All rules of confidentiality must be applied in regard to alien status. It is a breach of confidentiality to discuss the alien status of an individual with employers, landlords, etc.

Note: To determine if an applicant is a qualified alien refer to IV.A.

XIII. COVERAGE FOR EMERGENCY MEDICAL SERVICES

A. Principle

1. Non-qualified aliens are eligible for Medicaid for emergency medical services only. Also, qualified aliens during the 5-year disqualification period are eligible for Medicaid for emergency medical services only.

2. Evaluate the applicant who does not have citizenship and identity documentation after the 6 month pending period for emergency medical services if he states he has had an emergency.

3. This means the applicant who does not provide citizenship/identity documentation, the qualified alien who is not eligible for full coverage during the 5 year period from date of entry, and the non-qualified alien can only be authorized for Medicaid for the actual days he received an emergency medical service. An emergency medical service is defined in B.

4. The county departments of social services (dss) determine the dates of coverage when the emergency service is labor and regular delivery or Caesarean delivery. The Carolinas Center for Medical Excellence (CCME) determines for the Division of Medical Assistance (DMA) the dates of coverage for all other emergency services including miscarriages and other pregnancy terminations.

   Medicaid may not be authorized until after the emergency service has occurred. Follow procedures in this section to determine whether a non-qualified alien or qualified alien with a 5-year disqualification period is authorized for Medicaid and the dates of coverage.

B. Definition of Emergency Services

1. Labor and delivery, including delivery by Caesarean section, or

   NOTE: For miscarriages and pregnancy terminations, follow procedures in D. to determine if and when an emergency existed.

2. Treatment after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

   a. Placing the patient's health in serious jeopardy, or

   b. Serious impairment to bodily functions, or

   c. Serious dysfunction of any bodily organ or part.

      NOTE: Once the medical condition is stabilized, even if it remains serious or results in death, it is no longer an emergency.

C. Procedures to Establish Authorization Dates for Labor and Delivery, including Delivery by Caesarean Section

1. When the IMC is notified that labor and delivery or a Caesarean section has occurred:

   a. Contact the hospital and obtain information regarding the day of admission and delivery, and

   b. Document the record with the information obtained from the hospital.

2. Vaginal Deliveries

   a. Authorize one day if the day of admission and the day of delivery are the same day. Authorize one postpartum day. (2 total days)

(XIII.C. 2)

b. Authorize two days if the day of admission and the day of delivery are consecutive days. Authorize one postpartum day. (3 total days)

c. Authorize one day if the day of admission and the day of delivery are **not** the same day and are not consecutive, authorize the day of delivery. Authorize one postpartum day. (2 total days)

3. Caesarean Section --Authorize a Caesarean section delivery for a maximum of 5 days beginning with the day the section is performed, i.e. day of Caesarean section plus 4 days maximum.

4. Determine other eligibility factors, including state residence. When all other eligibility requirements have been met, process the case as open/shut M-PW using the appropriate classification code according to EIS instructions.

   NOTE: Regular delivery and Caesarean section do not include prenatal care, postpartum care, or the 60 days continuation period.

5. If the pregnant woman alleges other emergency medical services relating to her pregnancy, the days must be approved by DMA through The Carolinas Center for Medical Excellence (CCME). Follow instructions below.

6. If the due date is not within the 45 day processing period or the pregnant woman has not delivered by the 45th day, deny the application.

D. Procedures to Establish Authorization Dates for Other Emergency Medical Services

IT IS VERY IMPORTANT TO FOLLOW THESE PROCEDURES TO ASSURE CCME HAS THE MEDICAL INFORMATION REQUIRED TO DETERMINE EMERGENCY STATUS OF A NON-QUALIFIED ALIEN

1. If the applicant does not allege an emergency service, deny the application.

2. For an applicant eligible only under the Medicaid for the Disabled Program and disability is not established, follow instructions in MA-2525, Disability, to determine disability. The determination of emergency medical treatment by CCME is a separate determination from the disability determination made by Disability Determination Services (DDS). Continue to process the application while awaiting a disability decision or approval of emergency dates from CCME.

3. Approval or denial of date(s) of emergency medical services is made by The Carolinas Center for Medical Excellence (CCME) for the Division of Medical Assistance (DMA), and is based on medical evidence submitted by the IMC.

4. When the request is for approval of an inpatient hospital admission, the following medical evidence is required:

   a. Physician's order sheets,

   b. Physician's progress notes,

(XIII.D. 4)

c. Admitting history and physical,

d. Death summary, discharge summary, or interim summary:

However, if a discharge summary or interim summary is not readily available, send information in. The reviewer will determine if it is needed.

If the applicant has been hospitalized more than 60 days, the attending physician may submit an "interim summary" in lieu of the official discharge summary.

(1) It must be clearly marked as "interim."

(2) The decision rendered will cover only the admission date through the interim summary cut-off date.

5. When the request is for approval for an emergency room, clinic, or doctor's office visit (there is no inpatient hospitalization), the following medical evidence is required:

a. Entire medical record for the date requested, and

b. Statement indicating "Emergency Room [or Clinic/Doctor's Office] Record Only - No Other Documentation."

6. Request the required evidence from the appropriate provider using Figure 6.

7. **The county must review information submitted by the hospital, clinic, and doctor. Ensure that the information received includes all required information for the dates requested. Check to see if the copies are legible. Faxed copies may not be clear. Ensure that the medical records received from the provider belong to the applicant. Do not send to CCME unless all necessary information is included for all dates requested.**

8. When it is verified that all the necessary information has been received, attach it to the completed Figure 7, and forward the medical records by CD, DVD, paper, or fax to The Carolinas Center for Medical Excellence (CCME). :

CCME
100 Regency Forest Drive
Suite 200
Cary, NC. 27518-8598
ATTN: Alien Emergency Services Review
Fax
(866) 932-5926

(XIII.D.8)

When completing Figure 7:

- Please type or print legibly.
- Fill form out completely with specific dates requested.
- Include the Medicaid Identification Number (MID) for the applicant the review is for (patient). This may be different from the casehead. (e.g. A child is the patient but the mother is the casehead. Use the child's MID number.)
- Include a county contact person, contact phone, fax number and e-mail address.
- Provide complete review dates. If it is for a period of time, provide a beginning date and an ending date to be reviewed.
- Do not request a review for dates that have previously been reviewed unless a hearing decision requires the re-submittal for a new decision.
- Do not request a review for labor and delivery unless the days exceed the number allowed per XIII.C. above.
- Submit medical records for each day being requested. Bills are not needed. Do not send medical records for dates you did not list on Figure 7.

9. Information Submitted to CCME

   a. If during the initial review, CCME determines that the information attached to Figure 7 is incomplete or inaccurate, the entire package will be returned to the county DSS indicating what is missing or inaccurate on Figure 6B.

      (1) Request the missing, or correct information from the provider. Write on Figure 6A: "Additional Request for Information" and note items that are needed.

      (2) Upon receipt of the missing, or correct information, re-submit the entire package to CCME as soon as possible.

   b. If during the medical review, CCME determines that additional information is needed Figure 6B noting what is needed will be faxed to the county.

      (1) Request the additional information from the provider. Write on Figure 6A: "Additional Request for Information" and note items that are needed.

      (2) Upon receipt of the additional information, send the information and Figure 6B to CCME as soon as possible.

10. When the provider states on the request that there is no additional information in the record, write on Figure 7 or Figure 6B "No additional information can be obtained," and re-submit to CCME. This applies to this additional request only.

(XIII.D)

11. When the county DSS forwards the information to CCME for a decision regarding a request for emergency services, the county DSS will receive from CCME an acknowledgement of receipt. If acknowledgement is not received within 14 calendar days, call CCME at 1-800-682-2650.

12. Do NOT have the hospital or other medical provider send the information directly to CCME. Submission of all information goes through the county dss.

13. When sending information requested by CCME, do not send a new Figure 7. When a second one is completed and returned with the requested information, it appears to be a new request and will slow the review process.

14. When the required medical evidence has not been received from the provider or you have not received a decision from CCME by the 45th day, deny the application for missing information following procedures in MA-2304, Processing the Application. However, if it is a MAD-90 application and disability is not established, continue to pend the application until you receive the disability determination or 6 months, whichever comes first.

15. If you receive notification from CCME that date(s) have been approved as an emergency after you have denied the application, reopen following instructions in MA-2304, Processing the Application. Ensure the applicant meets all other eligibility requirements.

E. Approval and Authorization in EIS

1. The Carolinas Center for Medical Excellence (CCME) will transmit the determination for emergency coverage with the dates of approval/denial indicated to the appropriate county DSS as a password protected attachment to an e-mail or via secure fax, depending on the capabilities and preferences of each county DSS office. Upon receipt, take appropriate action immediately.

2. The completed and signed Figure 7 is mailed to the appropriate DSS within a week of when CCME's decision is faxed. The medical records are NOT returned to you.

3. Determine other eligibility factors, including establishing disability and/or state residence. When all other eligibility requirements have been met, process the case as open/shut in the appropriate aid program/category and the appropriate classification code. Refer to EIS instructions.

4. Authorize only the dates approved by CCME. If multiple dates in a month are approved, but they are not consecutive, contact the EIS unit for assistance in keying.

(XIII. 4.)

NOTE: Inappropriate Medicaid authorization for this group of aliens will result in claims being charged to the county dss.

5. If no days are approved by CCME, deny the application.

F. Procedures to Establish Authorization Dates for Ongoing Hemodialysis

1. Follow procedures in D. and E. for the initial determination of emergency services for hemodialysis.

2. Once it is determined that the individual is eligible for hemodialysis, CCME issues a blanket approval by stating "…all on-going hemodialysis …" on the faxed decision and Figure 7 you receive. For future applications for this individual, do not submit medical information for hemodialysis. The individual meets the emergency service's criteria for each hemodialysis treatment. The approval of emergency services for hemodialysis is indefinite.

3. Verify with the provider of hemodialysis the dates that the applicant received dialysis in the retroactive months and in the month of application.

4. Include in the approval letter the dates approved. Remind the individual when he needs to apply again by giving the month in which he next needs to apply.

5. Notify the applicant to reapply at least every four months. Each application is for the month of application and three months of retroactive coverage. After the initial application, further applications are administrative.

6. Do not issue Medicaid cards. Inform the client that NO Medicaid cards will be issued.

7. Because there are so many dates that a patient with renal disease must have dialysis, and because MMIS can accommodate only so much data before it begins to "drop" eligible dates, be conscientious to handle these cases timely.

8. To authorize multiple dates in months that are not consecutive, contact the EIS Unit at 919/855-4000 for assistance.

   NOTE: Inappropriate Medicaid authorization for this group of aliens will result in claims being charged to the county dss.

9. Emergencies other than hemodialysis must be handled as any other request for emergency services, including a situation connected with the dialysis that results in a hospitalization or other need for emergency services.

   NOTE: This procedure does not apply to peritoneal dialysis. Follow instructions in D. and E. for each application that includes peritoneal dialysis.

XIV. PROCEDURES TO OBTAIN USCIS VERIFICATION

The IMC must verify the alien status for all qualified aliens through the Systematic Alien Verification for Entitlements (SAVE) Program. This requirement does not apply to non-qualified aliens.

A. Initial Verification Procedures

The U.S. Department of Homeland Security Systematic Alien Verification for Entitlements (SAVE) system is used for verifying the status of an alien in order to determine eligibility for Medicaid. This web-based system is used to verify the authenticity of the alien's USCIS documents, the date of admission, and his current immigration status. This is the primary automated procedure for verifying alien status. Instructions for accessing and using this web-based system are found in EIS-1108, SAVE Verification Information System.

B. Secondary Verification Procedures: Form G-845S and G-845 Supplement

1. Require secondary verification using Form G-845S (Figure 8) and G-845 Supplement (Figure 9) any time:

   a. A document appears to be counterfeit or altered. Characteristics of suspect documentation include photograph substitution and ink discoloration.

   b. A non-citizen presents unfamiliar documentation, or a document that indicates immigration status, but does not contain an A-number.

   c. A non-citizen presents immigration documentation with an A-number in the 60,000,000 or 80,000,000 series.

   d. The non-citizen has no immigration documentation and is hospitalized, medically disabled, or who can otherwise show good cause for his inability to present documentation. Good cause may be defined as hospitalized or disabled as shown by receipt of Social Security benefits.

   e. The non-citizen presents a foreign passport and/or Form I-94 and the "Admission for Permanent Residence" endorsement is more than 1 year old.

2. Obtaining Secondary Verification

   a. To initiate secondary verification, complete and mail form G-845S (Figure 8) and G-845 Supplement (Figure 9) to USCIS with fully readable photocopies of original immigration documents.

(XIV.B.2)

b. Complete a separate G-845S and G-845 Supplement for each alien requesting Medicaid. Attach a photocopy of all applicable printed pages of each piece of immigration documentation presented for that person only. If a family unit has applied for a benefit, each a.u. member with alien status will require a separate G-845S and G-845 Supplement.

- A G-845S and G-845 Supplement sent to USCIS without photocopies showing front and back of original documents will be returned without a status determination.

- Although a USCIS document is all the identification required to complete the secondary verification process, the attachments should include identification bearing a photograph of the a/r whenever possible. If the alien has presented another pertinent document, such as a marriage record or court order, it should be included as well. Examples of USCIS documentation must be returned to the alien a/r.

c. Retain a copy of every alien a/r's immigration documentation in his file. Return the original documentation to the alien.

3. Completing Form G-845S (Figure 8)

Complete the G-845S as fully as possible. It is essential that the form contain enough information to identify the alien. Complete the G-845S as follows:

a. Alien Registration or I-94 Number:

- Enter the A-Number as the letter "A" followed by a series of seven or eight digits.

- Include the Admission Number if available. The Admission Number is found on Form I-94 and in the Alternate ID field.

b. Applicant's Name: Enter last, first, and middle names of the a/r. If user documentation indicates more than one variation of the name, enter all versions.

c. Nationality: Enter the foreign nation or country to which the applicant owes legal allegiance. This is normally, but not always, the country of birth.

d. Date of Birth: Enter the birth date using the format MM/DD/CCYY. If the complete date of birth is not known, give available information.

(XIV B. 3)

e. Social Security Number: Enter the alien's nine-digit Social Security Number, if known. Copy the number directly from the alien's Social Security Card whenever possible.

f. Verification Number: Enter the Verification Number assigned during the automated query, if applicable.

g. Photocopy of Document Attached/Other Information Attached: Indicate that USCIS documentation is attached by checking the top box. Use the bottom box if other information has been included in support or in lieu of USCIS documents.

h. Benefit/Your Case Number: Mark the blocks showing the entitlement benefit program(s) for which this alien has applied. Show applicable county case numbers for the appropriate block.

i. The submitting IMC should provide his name, title, telephone number, and the current date. The name and address of the dss should be typed or stamped in the block labeled "From."

4. Completing Form G-845 Supplement (Figure 9)

The G-845 Supplement may only be used in conjunction with the G-845S, not separately. It should also be completed as fully as possible. The following information should be provided on the G-845 Supplement:

- Non-citizen applicant's last, first, and middle name;
- Social Security Number (if available);
- Alien Registration Number (A-Number) and/or I-94 Number;
- Typed or stamped name and address of submitting agency;
- Current date;
- Submitting agency's telephone number.

You must indicate what status information is required from USCIS by checking off the appropriate numbered blocks in the "Complete the following items:" section on the top portion of the Form G-845 Supplement. It is very important that you complete this section, so that USCIS can provide all appropriate USCIS status information required to make a determination regarding the applicant's eligibility for benefits. The following USCIS information can be obtained by submitting the G-845 Supplement:

a. immigration status;
b. date alien entered the United States;
c. date status was granted;
d. date status expires;
e. citizen status;

(XIV.B.4)

f. special benefit provisions for certain victims of abuse; and
g. affidavit of support.

5. Mailing Form G-845S and G-845 Supplement to USCIS

a. Copies of USCIS documentation should be stapled to the G-845S and G-845 Supplement with a single staple in the upper left-hand corner. The form(s) and documents should then be folded and placed in a window envelope so that the block labeled "To" will appear in the address area. More than one G-845S and G-845 Supplement may be mailed in a single envelope; however, USCIS discourages collecting forms over an extended period of time in order to mail them in bulk.

b. Mail the document verification requests to the USCIS office listed below. Additional supplies of the G-845S and G-845 Supplement may be ordered through the USCIS Forms Request Line: 1-800-870-3676 (Due to the high volume of calls to this line, the best time to call is early mornings.); however, users may duplicate the blank Form G-845S (Figure 8) and G-845 Supplement (Figure 9) to meet immediate needs.

U.S. Citizenship and Immigration Services
26 Federal Plaza
5th Floor, Room 5-100A
New York, NY 10278

Attn: Immigration Status Verification Unit

6. G-845S Response From USCIS

a. The Immigration Status Verifiers (ISV) at the USCIS will research the alien's records in USCIS files, complete the response portion of Form G-845S, and return both the form and the attached photocopies to the dss within ten working days of receipt by the USCIS Office.

b. The G-845S is a self-reply form. The ISV will check all appropriate statements on the lower half and the back of the form to indicate the a/r's immigration status and work eligibility.

c. Statements on the front of the form are interpreted as follows:

(1) This document appears valid and relates to a **Lawful Permanent Resident alien** of the United States: Checked where the documentation submitted is determined to be a valid I-551, I-181, or I-94, with the notation "Processed for I-551, Temporary Evidence of Lawful Admission for Permanent Residence." Immigration law allows this person to live and work in the U. S. on a permanent basis.

(XIV.B.6.c. (1))

The term "temporary" used here refers to documentary evidence. It does not mean the immigration status itself is temporary.

This person is a qualified alien. The IMC must determine whether the alien is under the five-year disqualification period.

(2) This document appears valid and relates to a **Conditional Resident alien** of the United States: Checked when the documentation submitted is determined to be a valid I-551, I-181, or I-94 stamped with the notation "Processed for I-551, Temporary Evidence of Lawful Admission for Permanent Residence." Under the law, this person is allowed to live and work in the U.S.; however, USCIS will re-evaluate his status within two years. Conditional resident alien status normally is granted to aliens that marry U.S. citizens or nationals, or permanent resident aliens.

This individual is ineligible for full Medicaid coverage unless he has a valid I-551 showing he is admitted as an LPR and has met the disqualification period.

(3) This document appears valid and relates to an alien **authorized employment** as indicated below: Checked to indicate whether the authorization covers full time or part-time employment and when, if applicable, the period of employment will expire. "Indefinite" will be indicated if there is no specific expiration date for employment eligibility. This individual is not a qualified alien.

(4) This document appears valid and relates to an alien who has an application pending for: Checked when an alien is pending a new immigration status or change of status is pending, the appropriate block indicating the current status also will be checked. This individual is not a qualified alien.

(5) This document relates to an alien having been granted **asylum/refugee** status in United States: Checked when an alien has been granted asylee or refugee status in the U.S. because of persecution or a well-founded fear of persecution in his country of nationality. Documentation presented may include Form I-94, stamped with “Section 207-Refugee” or “Section 208 - Asylee,” or a Form I-571. This individual is a qualified alien.

(6) This document appears valid and relates to an alien **paroled** into the United States pursuant to Section 212 of the I&N Act: Checked for an alien allowed to enter the United States under emergency conditions or when his entry has been determined to be in the public interest. This status is temporary. Documentation presented may include Form I-94,

(XIV.B.6.c. (6))

stamped with "Section 212(d)(5) - Parolee." This individual is a qualified alien if the record shows he has been paroled for the duration of at least one year. You must determine whether the alien is under the five-year disqualification period.

(7) This document appears valid and relates to an alien who is a **Cuban/Haitian entrant**: Checked for Cubans who entered the United States between April 15, 1980, and October 10, 1980, and Haitians who entered the country before January 1, 1981. Documentation presented may include Form I-94, stamped "Cuban/Haitian Entrant." This status is covered by section 502(e) of I&N Act. This individual is a qualified alien.

(8) This document appears valid and relates to an alien who is a **conditional entrant**: Checked to indicate a refugee who entered the United States or adjusted his status to lawful permanent resident alien under the seventh preference category of Public Law 89-236. Documentation presented may include Form I-94, stamped with "Section 203(a)(7)." This status was defined by section 203(a)(7) of I&N Act, but was abolished by the Refugee Act of 1980. This individual is a qualified alien.

(9) This document appears valid and relates to an alien who is a **non-immigrant**: Checked to indicate an alien who is temporarily in the U.S. for a specific purpose. This category includes students, visitors, and foreign government officials. Documentation presented may include Form I-94. This individual is not a qualified alien.

(10) This document appears valid and relates to an alien **not authorized employment** in the United States: Checked when an alien's status prohibits employment in the United States. Several immigration statuses do not allow gainful employment. This individual is not a qualified alien.

(11) Continue to process as legal alien. USCIS is searching indices for further information: Checked if USCIS will withhold judgment regarding the status or validity of documentation pending further investigation. This statement does not imply that the applicant is an illegal alien or the holder of fraudulent documentation. Benefits should not be denied on the basis of this statement. The alien should be presumed legal until USCIS sends a final notification regarding immigration status. This individual is not a qualified alien.

(XIV.B.6.c.)

(12) This document is **not valid** because it appears to be: Checked for expired documentation or when an item appears to be counterfeit or altered. The ISV will use the back of Form G-845S to elaborate on this entry. When the entries for counterfeit or altered documents are checked, the dss should follow its own guidelines for investigating and prosecuting cases of fraudulent documentation. This individual is not a qualified alien.

d. The "Comments" block on the second page is used to give the IMC further instructions. It includes the following statements:

(1) No determination can be made from the information submitted. Please obtain a copy of the **original** alien registration documentation and resubmit. This individual is not a qualified alien unless additional documentation is received and verified.

(2) No determination can be made without seeing **both** sides of the document submitted: Resubmit the G-845S with copies of all sides of each document. This individual is not a qualified alien.

(3) Copy of document is not readable: Resubmit the G-845S with higher quality copies of the original alien documentation. This individual is not a qualified alien.

(4) Items 16 and 17 on the G-845S are designed to assist benefit issuing agencies and institutions in determining when an alien applicant is permanently residing in the United States under color of law (PRUCOL). This information is only provided to the Social Security Administration. Any additional comments will be included in item 18. This individual is not a qualified alien.

e. ISV will initial and stamp the front of the form in the block labeled “USCIS Stamp.”

7. <u>G-845S Supplement Response From USCIS</u>

Following is an explanation of the USCIS information that will be returned on the G-845 Supplement.

a. **Immigration Status**. The USCIS will provide the non-citizen applicant’s current immigration status by conducting a thorough search of USCIS automated databases and paper files.

(XIV.B.7)

b. **Date alien entered the United States**. The USCIS will provide the original date the non-citizen applicant entered the United States. (This date is not always the same as what is provided through the SAVE Verification Information System. It may be different if a non-citizen adjusts his immigration status. In most cases, the date of entry changes in SAVE Verification Information System to reflect the date the non-citizen obtained his Lawful Permanent Resident status.)

c. **Date status was granted**. The USCIS will provide the date the non-citizen obtained his current immigration status as noted in paragraph a. above.

d. **Date status expires**. The USCIS will provide the date the non-citizen's immigration status expires. If the non-citizen's immigration status is indefinite, USCIS will provide this information in the response.

e. **Citizen status**. The USCIS will confirm whether a prior non-citizen is naturalized and is a United States citizen.

f. **Special Benefit Provision for Certain Victims of Abuse**. The USCIS will confirm whether or not a non-citizen obtained his Lawful Permanent (or Conditional) Resident status because he was a battered alien or a parent of a battered child or a victim of domestic violence.

g. **Affidavit of Support**. The USCIS will confirm whether or not the non-citizen was sponsored on Form I-864, Affidavit of Support, and if so, USCIS will provide sponsorship information.

The ISV will initial and stamp the back of the form in the block labeled "**Stamp**."

8. When the G-845S and G-845 Supplement are returned, the IMC must refer to Medicaid eligibility requirements and Figure 2 to determine whether the a/r qualifies for Medicaid and the level of coverage.