

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-9-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000636</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Ms. Forkner, Depo,</i> <i>* Note due date 6/11/08</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-11-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Cleared 6/9/08, e-mail response attached.</i>			
2.			
3.			
4.			

Buen-
Log - Alicia

From: "Decaro, Teresa L. (CMS/CBC)" <Teresa.Decaro@cms.hhs.gov>
To: "Anna Dunn" <annam.dunn@ky.gov>, "Barbara Whitaker" <Barbara.whitaker@nc...
Date: 6/5/2008 11:55 AM
Subject: Monitoring compliance w verification & documentation of alien status

Dear State Medicaid Directors:

On March 18, 2008, my office sent a letter asking for information regarding each of your State's processes and procedures that are utilized by local eligibility workers to correctly determine Medicaid eligibility for qualified aliens. CMS staff performed desk reviews of the state's Medicaid eligibility intake operations and procedures based on your responses to questions posed and the materials you provided. Related to this matter, I now need you to provide a response to the following question:

How is the State monitoring statewide compliance with verification and documentation of alien status?

Please provide me with the additional information by June 11, 2008.

Thank you and my regards to you, Terese

Teresa DeCaro, RN, M.S.

Acting Associate Regional Administrator of Medicaid

Atlanta Regional Office

Centers for Medicare and Medicaid Services

404-562-7359

teresa.decaro@cms.hhs.gov

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JUN 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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HHS.
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DEPARTMENT OF HEALTH AND HUMAN
OFFICE OF DIRECTOR

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To PRONOT

TO <i>Floyd</i>	DATE <i>3-24-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000490</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-18-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Fortney, Deps, Jacobs</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Cleared 4/16/08, letter attached</i>			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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TO <i>Floyd</i>	DATE <i>3-24-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000490</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Fortney, Deps, Jacobs</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-18-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite. 4120
Atlanta, Georgia 30303-8909



March 18, 2008

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MAR 24 2008

Ms. Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

The Centers for Medicaid & Medicare Services (CMS) is committed to working with states to ensure that processes and procedures are in place which provide the means for local eligibility workers to correctly determine Medicaid eligibility for qualified aliens. Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996, are not eligible to receive Federally-funded benefits, including Medicaid and SCHIP, for five years from the date they entered the country with the status of "qualified alien." This Federal requirement mandates that states document and verify the immigration status for this population in the eligibility determination process.

CMS will perform a desk-review of all state Medicaid eligibility intake operations and procedures to determine how states are implementing these laws and regulations. Based on the results of the desk audits, CMS staff may conduct further review activity that would include analyses of eligibility files. The review protocol is attached.

We request the following information within 30 calendar days:

1. Do eligibility intake workers utilize the SAVE system when determining eligibility for qualified aliens?
2. If not, does the state utilize another system to ascertain this information? What system is currently in use?
3. Describe how eligibility workers receive training to ensure consistent application of eligibility rules across the state. Do eligibility intake workers, and/or applicants, utilize a checklist for verification of alien status?
4. Is there a specific form used by aliens when applying for Medicaid? If not, does the Medicaid application ask about alien status?
5. Are edits for alien status entered into the state's eligibility system?

Ms. Emma Forkner

March 18, 2008

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6. Provide statistics for the period of October 2006 through December 2006 identifying the number of aliens who applied for Medicaid, and the number of applicants denied due to the 5-year bar requirement.

Also, please furnish your regional office representative with the following documents:

- Relevant eligibility policy and state procedure manual instructions with regard to implementation of the 5-year bar for qualified aliens.
- A listing of relevant state laws, regulations, and written policy transmittals regarding alien eligibility.
- A checklist used by the intake worker and/or applicant, if one is used.
- A facsimile of an eligibility screen that documents alien status.

The CMS / DMCHO review member for your State is Sally Brown and she can be reached at (404) 562-7352.

We appreciate your responsiveness and the efforts of your staff in providing this information. Please feel free to contact me at (404) 562-7430 or Mary Kaye Justis at (404) 562-7417 if you have any questions or concerns.

Sincerely,



Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Marty Svolos
Director
Division of Benefits, Eligibility, and Managed Care

Desk Review

State _____

1. Does the state have written procedures for eligibility intake worker's regarding documentation and verification of alien status?
____ Yes ____ No Cite manual issuances/instructions and date of issuances. _____

2. Is the SAVE system utilized in normal eligibility processing?
____ Yes ____ No
If No, does the State utilize an alternative system which provides verification of qualified alien status? Please specify system used.

3. Does the eligibility worker have a check list available for processing alien applicants?
____ Yes ____ No
4. Is there a specific form used by aliens when applying for Medicaid?
____ Yes ____ No If not, does the Medicaid application ask about alien status?
(explain) _____

5. Does the state have an automated eligibility system with edits specific to alien status?
____ Yes ____ No
6. How is the State monitoring statewide compliance with verification and documentation of alien status?

7. Provide statistics for the period of October 2006 through December 2006 identifying the number aliens who applied for Medicaid, and the number of applicants denied due to the 5-year bar requirement.

8. Regional Office comments/recommendations based on the desk review of this State.

NOTE: If RO believes verification of alien status is questionable, or if State does not have verification guidelines for caseworkers in place, request a sample of actual records and claims associated with these cases, for the review period of 9/06 – 12/06.

**Case Review
State Policies and Guidelines**

State: _____

Case Name: _____

Case _____

Number: _____

____ Applicant _____ Recipient

Reviewer: _____

Review Sample Period: _____

1. Did eligibility intake workers utilize the SAVE system when determining eligibility for qualified aliens?

Yes _____ No _____

If no, does state use alternative system? _____

Please Specify: _____

2. List date when the applicant/recipient obtained qualified alien status.

3. When did the applicant apply for Medicaid? _____

4. Document which forms were used to verify the applicant's immigration status. _____

5. Was the 5-year bar verified? _____ Yes _____ No

Summarize outcome of review:

ENCLOSURE

Mr. Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Questions and Responses – South Carolina Department of Health and Human Services

1. Do eligibility workers utilize the SAVE system when documenting eligibility for qualified aliens?

Yes, the state regularly uses SAVE when determining eligibility for qualified aliens.

2. If not, does the state utilize another system to ascertain this information? What system is currently in use?

N/A

3. Describe how eligibility workers receive training to ensure consistent application of eligibility rules across the state? Do eligibility intake workers utilize a checklist for verification of alien status?

All new eligibility workers attend a number of standardized training sessions designed to acquaint them with the state's Medicaid and SCHIP eligibility policies and procedures. The training is delivered centrally and new staff is required to attend, participate and demonstrate an understanding of the agency's policies and procedures prior to assuming responsibility for a caseload.

Additionally, new workers and workers experiencing difficulty receive ongoing instruction and evaluation from regionally assigned training staff. This regional training can be done on an individual or group basis.

There is not a checklist used for verification of alien status; the checklists used are generic in nature and do not specifically apply to verification of alien status.

4. Is there a specific form used by aliens when applying for Medicaid? If not, does the Medicaid application ask about alien status?

All applicants regardless of citizenship status utilize the same set of application forms. The forms do request information regarding each individual's citizenship and alien status.

5. Are edits for alien status entered into the state's eligibility system?

Specific screens in the state's eligibility system are used to record and track the existence of non-citizens and document their status.

ENCLOSURE

Mr. Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

6. Provide statistics for the period of October 2006 through December 2006 identifying the number of aliens who applied for Medicaid and the number of applicants denied due to the 5-year ban.

Of the 2,069 non-citizens that applied for Medicaid during the October 2006 through December 2006 period, 131 were denied (or closed) with a reason code reflecting failure to meet the 5-year residency requirement and/or the 40 quarters wage requirement.

The following enclosed documents have been forwarded to Ms. Sally Brown, the designated CMS/DMCHO review member.

- Relevant eligibility policy and state procedure manual instructions with regard to implementation of the 5-year bar for qualified aliens.

Please see Attachment I

- A listing of relevant state laws, regulations and written policy transmittals regarding alien eligibility.

There are no state laws or regulations regarding alien eligibility. All direction related to this topic is based on federal legislation, regulation and policy.

- A checklist used by the intake worker and/or applicant if one is used.

The checklists used by worker's and/or applicants are generic in nature and do not relate specifically to the processing of non-citizen eligibility. Please see Attachment II.

- A facsimile of the eligibility screens that document alien status.

Please see attachments III.

ATTACHEMENT I

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- Current voter registration card

102.04 United States Citizens

(Eff. 07/01/06)

Most United States citizens are natural-born citizens, meaning they were born in the United States or born to United States citizens overseas. Individuals born in the United States (including, in most cases, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, the U.S. Virgin Islands and the Panama Canal Zone before it was returned to Panama) are U.S. citizens at birth (unless born to foreign diplomatic staff), regardless of the citizenship or nationality of the parents. (Refer to MPPM 102.04.15 for budgeting procedures).

102.04.01 Citizenship

(Rev. 03/01/07)

The Deficit Reduction Act (DRA) of 2005 amended the rules regarding verification of citizenship when initially applying for Medicaid or upon a beneficiary's first annual review on or after July 1, 2006.

Applicants must provide original documents establishing citizenship. In addition, current Medicaid beneficiaries must provide original documents establishing citizenship at the time of the first annual review of eligibility that occurs on or after July 1, 2006.

Originals must be copied and marked "Original Document Viewed." Original documents received by mail must be returned within 10 working days. An employee of the Department of Health and Human Services (DHHS), A DHHS Sponsored Worker, or Department of Health and Environmental Control (DHEC) employee, must view the original document.

Certain applicants and beneficiaries are exempt from verification of citizenship and identity. Refer to MPPM 102.04.07.

If citizenship is not verified and an application does not include the necessary information to use the DHEC or DMV web tool, the DHHS Form 3296, Citizenship and Identity Addendum, must be sent to the applicant/beneficiary to capture the necessary information. The eligibility worker is encouraged to call the applicant/beneficiary first to obtain this information.

102.04.02 Identity

(Rev. 03/01/07)

The Deficit Reduction Act (DRA) of 2005 amended the rules regarding verification of identity when initially applying for Medicaid or upon a beneficiary's first annual review on or after July 1, 2006.

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Applicants must provide original documents establishing identity. In addition, current Medicaid beneficiaries must provide original documents establishing identity at the time of the first annual review of eligibility that occurs on or after July 1, 2006.

Originals must be copied and marked "Original Document Viewed." Original documents received by mail must be returned within 10 working days. An employee of the Department of Health and Human Services (DHHS), A DHHS Sponsored Worker, or Department of Health and Environmental Control (DHEC) employee, must view the original document.

Certain applicants and beneficiaries are exempt from verification of citizenship and identity. Refer to MPPM 102.04.07.

If identity is not verified and an application or review form does not include the necessary information to use the DHEC or DMV web tool, the DHHS Form 3296, Citizenship and Identity Addendum, must be sent to the applicant/beneficiary to capture the necessary information. The eligibility worker is encouraged to call the applicant/beneficiary first to obtain this information.

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(Rev. 08/01/07)

102.04.03 Verification of Citizenship and Identity

The citizenship or immigration status on non-applicants (parents or other household members) is not applicable to the eligibility determination. Disclosure of citizenship or immigration status may not be requested for non-applicants.

The Systematic Alien Verification for Entitlement (SAVE) program procedures found in MPPM 102.04.19 of this chapter must be followed if US citizenship is not alleged and immigration papers are provided.

Primary evidence of citizenship and identity is documentary evidence of the highest reliability that conclusively establishes that the person is a U.S. citizen.

Certain applicants and beneficiaries are exempt from verification of citizenship and identity. Refer to MPPM 102.04.07.

The requirement for verification of citizenship and identity applies when initially applying for Medicaid or upon a beneficiary's first annual review on or after July 1, 2006.

This includes:

- New applications - an individual applying for new coverage or continuing coverage after eligibility was terminated.
- All annual reviews
- Transitional Medicaid (TMA) final 6 months review

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- LIF Quarterly review
- Moving a deemed baby (PCAT 12), at the end of the deemed period

This does not include an exparte or category change without requiring the submission of updated information, such as Pregnant Women to FP, ABD to SLMB, LIF to TMA, ABD to NH.

The following documents may be accepted as primary proof of both citizenship and identity:

Primary Documents	Explanation
U.S. Passport	<p>The Department of State issues this. A U.S. Passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation.</p> <p>The passport office will issue a US passport WITHOUT proof of citizenship on an emergency basis. The limitation is that the passport is good for one year only rather than the usual 10 years. When the holder returns to the US, he should provide proof of citizenship and the passport will be re-issued for 10 years.</p> <p>The only way these passports issued with limitations can be identified is to compare the issuance date and the expiration date. If the expiration date is one year from the issuance date, the passport has been issued with limitations and MAY NOT be used as proof of US citizenship. This means each passport presented as proof of citizenship must be examined closely to determine whether or not the passport was issued with limitations.</p> <p>Note: Spouses and children were sometimes included on one passport through 1980. U.S. passports issued after 1980 show only one person. Consequently, the citizenship and identity of the included person can be established when one of these passports is presented.</p> <p>Exception: Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.</p>
Certificate of Naturalization (N-550 or N-570)	Department of Homeland Security issues for naturalization.
Certificate of Citizenship (N-560 or N-561)	Department of Homeland Security issues certificates of citizenship to individuals who derive citizenship through a parent.

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Note: If the applicant/beneficiary presents a U.S. Passport, A Certificate of Naturalization, or a Certificate of Citizenship, the applicant/beneficiary has met the requirements for proof of both citizenship and identity.

If an applicant/beneficiary is Medicare Part A or B eligible, verification of citizenship and identity is not required since Medicare has already done it.

If an applicant is SSI or Social Security Disability Income (SSDI) eligible, verification of citizenship and identity are not required since SSA has already done it. This applies to: Payment Category 54, Nursing Home for SSI Recipient; Payment Category 80, SSI-Only; Payment Category 81, Essential Spouse; and Payment Category 86, Optional State Supplementation for SSI Recipient.

Verification of Citizenship and Identity is not required for Category 60, Regular Foster Care; Category 31, Title IV-E Foster Care; Category 51, Title IV-E Adoptions Assistance; and Category 13, Special Needs Adoption Children.

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Secondary evidence of citizenship is documentary evidence of satisfactory reliability that is used when primary evidence of citizenship is not available. In addition, a second document establishing identity MUST be presented.

Secondary Documents	Explanation
<p>A U.S. public birth record showing birth in:</p> <ul style="list-style-type: none"> • One of the 50 U.S. States; • District of Columbia; • American Samoa • Swain's Island <p>*Puerto Rico (if born on or after January 13, 1941);</p> <ul style="list-style-type: none"> • Virgin Islands of the U.S. (on or after January 17, 1917); • Northern Mariana Islands (after November 4, 1986 (NMI local time)); or • Guam (on or after April 10, 1899) 	<p>Most commonly known as a Birth Certificate. The State, Commonwealth, territory, or local jurisdiction may issue the birth record document. The birth record must have been recorded before the person was 5 years of age.</p> <p>A delayed birth record document that is recorded after 5 years of age is considered fourth level evidence of citizenship.</p> <p>*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. Collective naturalization occurred on certain dates listed for each of the territories.</p> <p>The following will establish U.S. Citizenship for collectively, naturalized individuals:</p> <p><u>Puerto Rico:</u></p> <ul style="list-style-type: none"> • Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant/beneficiary's statement that he or she was residing in the U.S. possession or Puerto Rico

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	<ul style="list-style-type: none"> on January 13, 1941; or Evidence that the applicant/beneficiary was a Puerto Rican citizen and the applicant/beneficiary's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain. <p><u>U.S. Virgin Islands</u></p> <ul style="list-style-type: none"> Evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927; The applicant/beneficiary's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a possession or the U.S. Virgin Islands on February 25, 1927 and that he or she did not make a declaration to maintain Danish citizenship; or Evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932. <p><u>Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI))</u></p> <ul style="list-style-type: none"> Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or <p>Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time).</p> <p>Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.</p> <p>The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S.</p>
Certification of Report of Birth (DS-1350)	

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	citizenship at birth, based on the information shown on the FS-240. When the birth was recorded as Consular Report of Birth (FS-240), certified copies of the Certification of Report of Birth Abroad (DS-1350) can be issued by the Department of State in Washington, D.C. The DS-1350 contains the same information as that on the current version of Consular Report of Birth FS-240. The DS-1350 is not issued outside the U.S.
Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)	The Department of State consular office prepares and issues this. A Consular Report of Birth can be prepared only at an American consular office overseas while the child is under the age of 18. Children born outside the U.S. to U.S. military personnel usually have one of these.
Certification of Birth Abroad (FS-545)	Before November 1, 1990, Department of State consulates also issued Form FS-545 along with the prior version of the FS-240. In 1990, U.S. consulates ceased to issue Form FS-545. Treat an FS-545 the same as the DS-1350.
Unites States Citizen Identification Card (I-197) or the prior version I-179	INS issued the I-179 from 1960 until 1973. It revised the form and renumbered it as form I-197. INS issued the I-197 from 1973 until April 7, 1983. INS issued Form I-179 and I-197 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings. Although neither form is currently issued, either form that was previously issued is still valid.
American Indian Card (I-872)	DHS issues this card to identify a member of the Texas Band of Kickapoos living near the U.S./Mexican border. A classification code "KIC" and a statement on the back denote U.S. citizenship.
Northern Mariana Card (I-873)	The former Immigration and Naturalization Service (INS) issued the I-873 to a collectively naturalized citizen of the U.S. who was born in the NMI before November 4, 1986. The card is no longer issued, but those previously issued are still valid.
Final adoption decree	The 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	The document must show employment by the U.S. government before June 1, 1976.
Official Military record of Service	The document must show a U.S. place of birth (for example a DD-214 or similar official document showing a U.S. place of birth).
The Department of Homeland Security's (DHS) Systematic Alien	Citizenship for naturalized citizens could be verified through the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database.

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Verification for Entitlements (SAVE) database.	
Other Methods to Verify Birth	<ul style="list-style-type: none"> • DSS 1207-Vital Statistics Verification • Death Certificate

Third level evidence of U.S citizenship is documentary evidence of satisfactory reliability that is used when neither primary nor secondary evidence of citizenship is available.

Third level evidence may be used **ONLY** when primary evidence cannot be obtained within the State's reasonable opportunity period, secondary evidence does not exist or cannot be obtained and the applicant or beneficiary alleges being born in the U.S. In addition, a second document establishing identity **MUST** be presented.

Third Level Documents	Explanation
A Part of (one or more documents from medical records) of hospital record on hospital letterhead established at the time of the person's birth and was created at least 5 years before the initial application date and indicates a U.S. place of birth	<p>Do not accept a souvenir "birth certificate" issued by the hospital.</p> <p>Note: For children under 16 the document must have been created near the time of birth or 5 years before the date of the Medicaid application.</p>
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.
Religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S.	The record must show either the date of 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 religious records.)
Early School record 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/beneficiary's parents.

Fourth level evidence of U.S. citizenship is documentary evidence of the lowest reliability. Fourth level evidence should **ONLY** be used in the rarest of circumstances.

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This level of evidence is used **ONLY** when primary evidence is not available, both secondary and third level evidence do not exist or cannot be obtained within the State's reasonable opportunity period and the applicant alleges a U.S. place of birth. In addition, a second document establishing identity MUST be presented. Available evidence is evidence that can be obtained within the reasonable opportunity period of 45 days.

Accept any of the documents listed in this Chart as fourth level evidence of U.S. citizenship if the document meets the listed criteria, the applicant/beneficiary alleges U.S. citizenship and there is nothing indicating the person is not a U.S. citizen (that is, lost U.S. citizenship). In addition, a second document establishing identity must be presented.

Fourth level evidence consists of documents established for a reason other than to establish U.S. citizenship and showing a U.S. place of birth. The U.S. place of birth on the document and the application must agree. The written affidavit may be used only when the eligibility worker is unable to secure evidence of citizenship listed in any other Chart.

Fourth Level Documents	Explanation
Federal or State census record showing U.S. citizenship or a 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 through 1950 contain certain citizenship information. To secure this information the applicant, beneficiary, or State 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.
Other document as listed in the explanation that was created at least 5 years before the application for Medicaid	This document must be one of the following and show a U.S. place of birth: <ul style="list-style-type: none"> • Seneca Indian tribal census record. • Bureau of Indian Affairs tribal census records of the Navaho Indians. • U.S. State Vital Statistics official notification of birth registration. • A delayed U.S. public birth record that is recorded 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. • The Bureau of Indian Affairs Roll of Alaska Natives.
Institutional admission papers from a nursing home, skilled care facility or other institution that	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.

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<p>was created at least 5 years before the initial application date and indicates a U.S. place of birth</p>	
<p>Medical (clinic, doctor, or hospital) record and was created at least 5 years before the initial application date and indicates a U.S. place of birth</p>	<p>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.</p> <p>Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.</p> <p>Note: For children under 16 the document must have been created near the time of birth or 5 years before the date of application.</p>
<p>Written Affidavit</p>	<p>Affidavits should ONLY be used in rare circumstances when the applicant/beneficiary is unable to secure evidence of citizenship from another listing. If the documentation requirement needs to be met through affidavits, the following rules apply:</p> <ul style="list-style-type: none"> • An affidavit by at least two individuals who have personal knowledge of the event(s) establishing the applicant's or beneficiary's claim of citizenship (the two affidavits could be combined in a joint affidavit). • At least one of the individuals making the affidavit cannot be related to the applicant or beneficiary and cannot be the applicant or beneficiary. • The person(s) making the affidavit must be able to provide proof of his/her own citizenship and identity for the affidavit to be accepted. • If the person(s) making the affidavit has (have) information that explains why documentary evidence establishing the applicant's claim of citizenship does not exist or cannot be readily obtained, the affidavit should contain this information as well. • The eligibility worker must obtain a separate affidavit from the applicant/beneficiary or other knowledgeable individual (guardian or representative) explaining why the evidence does not exist or cannot be obtained. • The person making the affidavit must also sign it under penalty of perjury. • Affidavits must be notarized. The DHHS 3294, General Affidavit, can be used for this purpose. <p>Note: For a child, an affidavit cannot be used for both citizenship and identity.</p>

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Procedure:

At Application:

The applicant must present, in order of preference, Primary, Secondary, Third, or Fourth Level, Evidence of Citizenship at **application**. If an applicant presents Secondary, Third, or Fourth Level, Evidence of Citizenship, a second document establishing identity must be presented.

- If verification is needed from the applicant, the Medicaid eligibility worker is required to complete the DHHS Form 1233 ME, Medicaid Eligibility Checklist, requesting the needed information and should allow at least 21 days for the applicant to submit the information to allow the application to be processed within the federal standard of 45/90 days. Refer to MPPM Section 101.08.
- When verification of citizenship and/or identity is needed, the eligibility worker must give the applicant a DHHS Form 1233 A, Proof of Citizenship and Identity Checklist, along with the DHHS Form 1233, Medicaid Eligibility Checklist.
 - If the applicant requests additional time to obtain verification, the eligibility worker can request an Extension of Promptness in MEDS. Refer to MPPM Section 101.08.03.
 - The eligibility worker must verify that the applicant is making an effort to obtain the necessary verification with a telephone call or other contact. The telephone call or other contact should be documented on the DHHS Form 1221 ME, Medicaid Contact Report.
- If citizenship and/or identity is not verified and an application does not include the necessary information to use the DHEC or DMV web tool, the DHHS Form 3296, Citizenship and Identity Addendum, must be sent to the applicant to capture the necessary information. The eligibility worker is encouraged to call the applicant first to obtain this information.
- If an application is denied solely for failure to provide information and the applicant provides all needed verifications within 30 days from the date on the denial notice, the date of the previous application must be used to determine the effective date of Medicaid eligibility.
 - If an application is denied solely because the individual has not provided verification of citizenship and/or identity and all avenues of verification have been exhausted, the application must be denied using Reason Code 061, You did not provide proof of citizenship; Reason Code 043, You did not provide proof of identity; or Reason Code 012, You did not provide proof of citizenship and/or identity.

Procedure:

If the denial is for one or more individuals and not the entire budget group, go to ELDD00 in MEDS and FAIL that individual(s) on citizenship and/or identity. The remaining budget group members will be eligible and an approval notice will be generated. The eligibility worker will have to send a manual notice to the denied individual(s) stating the reason for the denial. The DHHS Form 3229-A, Notice of Approval\Denial for Medical Assistance\Optional Supplementation, must be used for this purpose.

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Note: Citizenship and Identity do not have to be verified if the applicant is not otherwise eligible. Refer to MPPM Chapter 101.09.03.

At Review:

The beneficiary must present, in order of preference, Primary, Secondary, Third, or Fourth Level, Evidence of Citizenship at **annual review**. If a beneficiary presents Secondary, Third, or Fourth Level, Evidence of Citizenship, a second document establishing identity must be presented.

- If verification in addition to citizenship and/or identity is required from the beneficiary, the Medicaid eligibility worker is required to complete the DHHS Form 1233 ME, Medicaid Eligibility Checklist, requesting the needed information, and a DHHS Form 1233A, Proof of Citizenship and Identity Checklist.
 - For beneficiaries who have been determined to meet all eligibility requirements except verification of citizenship and/or identity, eligibility can continue while the beneficiary seeks the required documentation.
 - The beneficiary must be notified that verification must be received within 45 days.
 - The DHHS Form 3293 may be used for this purpose, or
 - The DHHS Form 3296 may be sent to the beneficiary to capture the necessary information to use the DHEC or DMV web tool. The eligibility worker is encouraged to call the beneficiary first to obtain this information.
 - The beneficiary must be informed that verification of citizenship and/or identity must be returned within 45 days.
 - If citizenship and/or identity cannot be verified, but all other criteria is verified and met for continuing eligibility, enter the "Form Received Date" in MEDS. Once verification has been received, complete the review process in MEDS.
 - The eligibility worker must check the MEDS Query Reports under "Pending Reviews Report" and take action on all BG's awaiting verification of citizenship and/or identity that are held over 45 days.
 - The eligibility worker must verify that the beneficiary is making an effort to obtain the necessary verification with a telephone call or other contact. The telephone call or other contact should be documented on the DHHS Form 1221 ME, Medicaid Contact Report.
 - If the beneficiary has not provided verification of citizenship and/or identity on the 45th day following the review date and all avenues of verification have been exhausted, the case must be closed using Reason Code 061, You did not provide proof of citizenship; Reason Code 043, You did not provide proof of identity; or Reason Code 012, You did not provide proof of citizenship and/or identity.
- NOTE:** This applies to children even though they have not received their 12 months of coverage.
- If an ongoing case is closed solely for failure to provide information and a completed signed review form with all required verifications other than citizenship and identity, is received within 30 days from the date of the closure notice, the case should be treated as a review and continued eligibility for the beneficiary should be determined using the information provided.

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- o Because MEDS does not currently generate a closure notice when certain budget group members are terminated, the worker must manually provide DHHS Form 3261, Notice that Medicaid Coverage Will End, to individuals who will lose coverage while other budget group members remain eligible.

Note: If a parent/child fails to meet requirements for Citizenship and/or Identity, include parent/child's needs and income, less disregards; however, the parent/child is not eligible for Medicaid.

Citizenship and/or Identity do not have to be verified, if the beneficiary is not otherwise eligible.

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Note: The BENDEX record is an extract of the Master Beneficiary Record and it does not currently house any data on U.S. citizenship or alien status; therefore, this system cannot be utilized.

102.04.04 Verification of Identity

(Rev. 08/01/07)

When primary evidence of citizenship cannot be obtained and a secondary, third, or fourth level of verification is used, identity must be verified.

The following documents may be accepted as proof of identity:

Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document	Acceptable if the document carries a photograph of the applicant or beneficiary, or has other personal identifying information relating to the individual.
Any identity document described in 8 CFR 274a.2 (b)(1)(v)(B)(1)	<p>This section includes the following acceptable documents for Medicaid purposes:</p> <ul style="list-style-type: none"> • Driver's license issued by State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color. • School identification card with 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. • Native American Tribal document. • U.S. Coast Guard Merchant Mariner card. <p>Exception: Do not accept a Voter Registration Card or Canadian</p>

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	<p>Driver's License.</p> <p>Children who are age 16 or younger may have their identity documented by other means, when the child does not have or cannot get any documents listed above. Those documents include:</p> <ul style="list-style-type: none"> • School records. • Daycare or nursery school record. • Clinic, doctor, or hospital record showing date of birth. • If none of the above documents are available, a statement of child's identity may be used. A statement is acceptable if it is signed under penalty of perjury by a parent or guardian stating the date and place of birth of the child. It is not necessary for the parent or guardian to prove citizenship. The <u>DHHS Form 3298, Statement of Child's Identity</u>, must be used for this purpose. It is not necessary to have this form notarized. The Statement of Child's Identity cannot be used if an affidavit for citizenship was provided.
Disabled Individuals in Residential Care Facilities	<p>Disabled Individuals in residential care facilities may have their identity attested to by the facility director or administrator when the individual does not have or cannot get any of the documents needed to establish identity. The <u>DHHS Form 3294, General Affidavit</u>, can be used for this purpose.</p> <p>Immunization Record, if it lists a date of birth.</p> <p>IDENT-A-KID Services of America.</p> <p>ID CONCEPTS, Inc.</p> <p>GUARD-A-KID ID</p> <p>Safe Kids ID</p> <p>Immigrant Community Access Point (ICAP) ID</p> <p>Child Identification Sheet created by local law enforcement</p> <p>Data matches with other agencies such as those with Federal or State governmental, public assistance, law enforcement, or corrections agencies can be used to verify identity. Such agencies may include:</p> <ul style="list-style-type: none"> • Social Security Administration <ul style="list-style-type: none"> ◦ If an applicant/beneficiary has a Medicare number on
Other Methods to Verify Identity	

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	<p>MEDS screen HMS08 that was verified by an interface (Buy In, MMA, BENDEX), citizenship and identity indicators are updated to Y on MEDS Screen HMS91. The eligibility worker needs no additional update, if SDX has verified citizenship and identity.</p> <ul style="list-style-type: none"> o An SSI beneficiary's citizenship status can be found in MEDS at "IND" under the word "Alien" on SDX01, (Client Inquiry Data). An "A" beside "IND" indicates that the beneficiary has proven his/her citizenship status. • Department of Social Services (DSS) <ul style="list-style-type: none"> o The Food Stamps Program verifies the identity of the person making the application and everyone in the budget group. If verified, it would appear on the ETRC Chip screen under ID as "Y". • Department Of Corrections <ul style="list-style-type: none"> o General Offender Profile o Incarcerated Inmate Search <u>Inmate Search</u> • Department of Motor Vehicles (DMV) <ul style="list-style-type: none"> o DMV Web Tool <p>Three (3) or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas and employer ID cards may be used to verify the identity of an individual. These documents are to be used only if the applicant/beneficiary submitted 2nd or 3rd level verification of citizenship. These documents cannot be used if the applicant/beneficiary submits a 4th level verification of citizenship.</p>
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102.04.05 Citizenship and Identity Documentation

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(Rev. 06/01/07)

Originals must be copied and marked "Original Document Viewed." If the documentation provided is a copy that can be verified by DHEC or DMV Web tools, it becomes acceptable. Original documents received by mail must be returned within 10 working days. An employee of the Department of Health and Human Services (DHHS), A DHHS Sponsored Worker, or Department of Health and Environmental Control (DHEC) employee, must view the original document.

Example:

- If the applicant/beneficiary brings in a copy of the "original" birth certificate and that copy can be verified through the DHEC web tool, it is acceptable.
- When a married woman brings in her birth certificate and driver's license and the driver's license does not give her maiden name, no further verification is necessary as long as the date of birth matches.

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The requirement for verification of citizenship and identity applies when initially applying for Medicaid or upon a beneficiary's first annual review on or after July 1, 2006.

This includes:

- New applications – an individual applying for new coverage or continuing coverage after eligibility was terminated.
- All annual reviews
- Transitional Medicaid (TMA) final 6 months review
- LIF Quarterly review
- Moving a deemed baby (PCAT 12), at the end of the deemed period

This does not include an exparte or category change that does not require submission of updated information, such as Pregnant women to FP, ABD to SLMB, LIF to TMA, ABD to NH.

The "ETRC" screen on CHIP can be used to verify identity only. "CHIPETR" cannot be used as a choice for Citizenship in the Source (SRC) Document field on HMS91 in MEDS.

Procedure for Accessing the "ETRC" screen on CHIP

- Enter "ETRC" in the "Next" field from the main menu
- Enter a benefit month (Ex. 1106)

* A month will have to be entered, so that CHIP will know what month to access.

Verification of citizenship and identity is a one-time requirement. Once citizenship and identity is verified, subsequent changes in eligibility will not require repeating the verification process. Eligibility workers must maintain verification of citizenship and identity in the permanent verification section of the case record. Refer to MPPM Chapter 104, Appendix C.

Two (2) new screens have been added to MEDS to capture Citizenship and Identity information for Medicaid applicants/beneficiaries. The HMS90 (HH MBRS CITIZENSHIP AND IDENTITY SUMMARY) screen provides a quick reference for workers to determine which HH members verifications have been completed. The worker will be able to select those HH members with incomplete verifications and update their detail information. The HMS91 (HH MBR PARENTAL/CITIZENSHIP/IDENTITY DETAIL) screen contains the detail information for each HH member.

There are separate sections for capturing Citizenship and Identity Information on HMS91.

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Procedure:

- The worker must enter (Y)es or (N)o to indicate whether the HH member's Proof of Citizenship and Identity has been verified.
- The worker must also enter the source document used to verify proof of Citizenship and Identity. If the source document contains a document number, it must be entered also.
- The system will require entry of a source document number when either a Birth Certificate or Driver's License is selected as the source document for Citizenship and Identity, respectively.
- If the worker selects OTHER as the source document, the worker will be required to enter a description of the document in OTHER DESC. A limited amount of text can be entered in OTHER DESC. However, if the worker needs to enter more details about the OTHER source document then the NOTES (HMS63) screen can be used.

Proof of citizenship and identity can be verified by MEDS if the information keyed on the HMS90 (HH MBRS CITIZENSHIP AND IDENTITY SUMMARY) screen is indicated by a "Y" (Citizenship and Identity Verified). A copy of the screen is to be filed in the case record in the permanent verification section. Refer to MPPM Chapter 104, Appendix C.

NOTE: In the MEDS application flow, these two (2) new screens will come right before the HMS44-Lock Application Process Screen.

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102.04.06 Reasonable Opportunity to Prove Citizenship and/or Identity (Rev. 03/01/07)

At application, applicants must be given a "reasonable opportunity" to present documentary evidence of citizenship and/or identity. The following is considered reasonable opportunity:

- When verification of citizenship and/or identity is needed, the eligibility worker must give the applicant a DHHS Form 1233A, Proof of Citizenship and Identity Checklist, along with the DHHS Form 1233, Medicaid Eligibility Checklist.
 - If the applicant requests additional time to obtain verification, the eligibility worker can request an Extension of Promptness in MEDS. Refer to MPPM Section 101.08.03.
 - The eligibility worker must verify that the applicant is making an effort to obtain the necessary verification with a telephone call or other contact. The telephone call or other contact should be documented on the DHHS Form 1221 ME, Medicaid Contact Report.
- If an application is denied solely for failure to provide information and the applicant provides all needed verifications within 30 days from the date on the

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denial notice, the date of the previous application must be used to determine the effective date of Medicaid eligibility.

At review, beneficiaries must be given a “reasonable opportunity” to present documentary evidence of citizenship and/or identity. The following is considered reasonable opportunity:

- If verification in addition to citizenship and/or identity is required from the beneficiary, the Medicaid eligibility worker is required to complete the DHHS Form 1233 ME, Medicaid Eligibility Checklist, requesting the needed information, and a DHHS Form 1233A, Proof of Citizenship and Identity Checklist.
 - For beneficiaries who have been determined to meet all eligibility requirements except verification of citizenship and/or identity, eligibility can continue while the beneficiary seeks the required documentation.
 - The beneficiary must be notified that verification must be received within 45 days.
 - The DHHS Form 3293, Request for Verification of Citizenship and/or Identity, may be used for this purpose, or
 - The DHHS Form 3296, Citizenship and Identity Addendum, may be sent to the beneficiary to capture the necessary information to use the DHEC or DMV web tool. The eligibility worker is encouraged to call the beneficiary first to obtain this information.
 - The beneficiary must be informed that verification of citizenship and/or identity must be returned within 45 days.
 - The eligibility worker must verify that the beneficiary is making an effort to obtain the necessary verification with a telephone call or other contact. The telephone call or other contact should be documented on the DHHS Form 1221 ME, Medicaid Contact Report.
 - If citizenship and/or identity cannot be verified, but all other criteria is verified and met for continuing eligibility, enter the “Form Received Date” in MEDS. Once verification has been received, complete the review process in MEDS.
 - If the beneficiary has not provided verification of citizenship and/or identity on the 45th day following the review date and all avenues of verification have been exhausted, the case must be closed using Reason Code 061, You did not provide proof of citizenship; Reason Code 043, You did not provide proof of identity; or Reason Code 012, You did not provide proof of citizenship and/or identity.
- NOTE:** This applies to children even though they have not received their 12 months of coverage.

A MEDS notice is only generated if the entire budget group closes. The eligibility worker must send a manual notice to the applicant/beneficiary if an individual loses coverage while other budget group members remain eligible. The notice must state the reason for

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closure. The DHHS Form 3261, Notice that Medicaid Coverage Will End, must be used for this purpose.

If the applicant or beneficiary is homeless, an amnesia victim, mentally impaired, or physically incapacitated and lacks someone who can act for the individual and cannot provide evidence of U.S. citizenship or identity, the eligibility worker must assist the applicant or beneficiary to document U.S. citizenship and identity.

Applications will not be denied until all avenues of verification have been exhausted.

Note: The final six months of Transitional Medicaid counts as an annual review; therefore, citizenship and identity must be verified at that time.

When an application or review form is received without proper verification, workers are encouraged to call the applicant/beneficiary first, to obtain the information. Additionally, for S.C. births, the DHEC web tool may be used to capture the necessary information on citizenship for the applicant/beneficiary.

1. The VCME (Verification of Citizenship for Medicaid Eligibility) Web tool is a web-based system designed specifically for the Department of Health and Human Services (DHHS) by the Department of Health and Environmental Control (DHEC). The purpose of the VCME System is to allow Medicaid Eligibility workers to verify South Carolina birth certificates of Medicaid applicant/beneficiaries. This information can be used as a form of proof of citizenship for applicants/beneficiaries.

The VCME System:

- Does not allow the user to search but only to match exact information submitted.
- Only looks for birth certificates for people born in SC.
- Will only be useful for people born on or after January 1, 1915.

Procedure for using the VCME System

- Click on the website address <http://www.scdhec.gov/vcme>
- Enter your Username and Password
- Once you've entered a valid username and password, the data input screen will appear. This is the screen where you enter the applicant/beneficiary data.
- To ensure an accurate and efficient match, the data must be entered into the system exactly as it appears in the Birth Certificate database at DHEC. All fields must be completed.

Once you have completed a successful match, Select the "print" button to print the "verified"

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letter. The name of the eligibility worker who verified the match is printed on the "verified" letter. Place the "verified letter" in the permanent verification section of the applicant/beneficiary's case file. **Do not give a copy of the "verified" letter to the individual. The letter is for internal use only!**

If your data does not match a record and you have no additional information available from the applicant/beneficiary to complete a successful match, document your findings. Select "print" and print two (2) copies of the "Not verified" letter. Give the applicant/beneficiary one copy and place the other in the permanent verification section of the case record.

2. Check DMV web tool. Full Name, Date of Birth and Social Security Number must be available.

Note: For new first issue Driver's Licenses issued from 2002 to the present, a DMV match could verify citizenship and identity. The DMV match will indicate if citizenship and/or identity are verified. For example, the DMV match could verify identity and not verify citizenship.

3. If the applicant/beneficiary is born in another state, www.vitalcheck.com is a resource for locating Vital Records agencies in other states. If documents are ordered through this website, there is a charge. The applicant/beneficiary will be responsible for this charge.

102.04.07 Exceptions to Verification of Citizenship and Identity

(Rev. 03/01/07)

1. If an applicant/beneficiary is Medicare Part A or B eligible, verification of citizenship and identity is not required since Medicare has already done it.
2. If an applicant is currently SSI or Social Security Disability Income (SSDI) eligible, verification of citizenship and identity is not required since SSA has already done it.
3. This requirement does not affect the assumptive eligibility process for pregnant women. Verification of citizenship and identity must be provided within 30 days unless an Extension of Promptness is justified.
4. Verification of Citizenship and Identity is not required for Regular Foster Care, Title IV-E Foster Care, Title IV-E Adoption Assistance, and Special Needs Adoption children.

102.04.08 Foreign-Born Children

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(Rev. 02/01/08)

Effective February 27, 2001, foreign-born children, including adopted children, acquire citizenship automatically if they meet the following requirements:

- The child must have at least one natural or adoptive parent who is a United States citizen (by birth or naturalization);

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- The child must be under 18 years of age;
- The child must currently permanently reside in the United States in the legal and physical custody of a parent who is a United States citizen; and
- The child must be a lawful permanent resident.

If adopted, there must be a full and final adoption of the child.

The law providing citizenship is not retroactive. Individuals who are age 18 or older on February 27, 2001 do not qualify for automatic citizenship under this provision and must apply for naturalization.

Proof of citizenship is not automatically issued to eligible children. If required, the parent may apply for a certificate of citizenship with the Bureau of Citizenship and Immigration Services and/or a passport with the Department of State.

102.04.09 Qualified Aliens

(Eff. 07/01/06)

For Medicaid purposes, certain aliens are referred to as "qualified aliens." Qualified aliens are potentially eligible for full Medicaid just like US citizens.

A qualified alien is:

- A lawful permanent resident (also referred to as a "resident alien")
- A refugee
- An alien who has had deportation withheld
- An alien granted parole for at least one year by the Bureau of Citizenship and Immigration Services (BCIS)
- An alien granted conditional entry
- A battered immigrant as defined by the BCIS
- An honorably discharged veteran and an alien on active duty in the United States armed forces, and the spouse or unmarried dependent child of such alien.

Certain qualified aliens (such as parolees, conditional entrants, battered aliens, lawful residents) who entered the United States on August 22, 1996, and later are subject to a five-year disqualification period. This means that these aliens cannot receive public benefits for the first five years he lives in the United States. During this five-year period, these aliens are eligible for emergency services only if they meet all other eligibility requirements.

At the end of the five-year disqualification period, eligibility for the full range of Medicaid benefits may occur if the individual has earned or can be credited with 40 quarters of wages and/or self-employment income that required payment of Social Security taxes.

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Procedures to Verify and Document Qualified Alien Status:

1. Verify the alien's current status.
 - Request the alien's original BCIS documents (not copies) for current status. Verification of citizenship/alien status is required only for applicants for whom benefits are being requested.
 - Verify the authenticity of the alien document and the date of admission using SAVE, Systematic Alien Verification for Entitlement program. (Refer to MPPM 102.04.14)
 - Document current alien status on the application/review form. Include a copy of the BCIS documentation in the record of the applicant/beneficiary.
2. Verify the date the alien entered the United States.
 - Determine whether the five-year disqualification period applies or whether the qualified alien is exempt from the disqualification period. (Refer to MPPM 102.04.09.)

102.04.10 40 Qualifying Quarters of Work

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(Eff. 07/01/06)

A qualifying quarter means a quarter of coverage as defined under Title II of the Social Security Act, which is worked by the alien, and/or:

- All the qualifying quarters worked by the spouse of such alien during their marriage and the alien remains married to such spouse or such spouse is deceased, and
- All of the qualifying quarters worked by a parent of such alien while the alien was under age 18.

Verification of Quarters of Coverage

Most quarters of employment will be verified through Social Security using the State Verification Exchange System (SVES). Detailed instructions regarding the use of the State Verification Exchange System are found in the MEDS Users Training Manual. With certain exceptions, an alien's work and work by his parents and/or spouses can be combined to attain the required 40 quarters.

Procedure:

1. Determine who can be included in the quarter coverage count. Question the applicant/beneficiary to determine that proper relationships exist and obtain the date of birth of the applicant/beneficiary. Request Social Security Numbers for each individual included.
2. Determine if it is possible for the applicant/beneficiary to meet the requirement. Ask how many years the applicant/beneficiary and each of the individuals to be included in the

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- quarter coverage calculation have lived in the United States. The total number of years for all of the individuals must equal at least ten (10) years (40 quarters). If the total is less than 10 years, the applicant/beneficiary cannot meet the 40 quarters coverage requirement.
3. Determine how many years included earnings from the total in step #2. Always determine the quarters of the applicant/beneficiary first. Many applicants/ beneficiaries 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/beneficiary is needed, a DHHS Form 943, Consent for Release of Information, and SSN must be obtained from each individual other than the applicant/beneficiary or the applicant/beneficiary must obtain verification of coverage from Social Security.
 4. Request a quarter coverage history using the State Verification Exchange System unless it is clear from the interview that the applicant/beneficiary or applicant/beneficiary in combination with others cannot meet the 40-quarter coverage exception.

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102.04.11 Non-Qualified Aliens

(Eff. 05/01/07)

Non-qualified aliens include aliens who are lawfully admitted for a temporary or specified period or who were admitted for a limited period of time and did not leave the United States when the period of time expired. Non-qualified aliens, who meet all eligibility criteria except citizenship, are entitled to emergency services only. Non-qualified aliens do not have to make a declaration of immigration status, nor does their status have to be verified. Non-qualified aliens also do not have to provide proof of identity. The eligibility worker must accept the applicant/beneficiary's statement if they say they have no documentation and look at emergency services only. Non-qualified aliens do not have to provide a social security number, or apply for a social security number if they do not have one.

102.04.12 Undocumented and Illegal Aliens

(Eff. 07/01/06)

Undocumented and illegal aliens were never legally admitted to the United States for any period of time or were admitted for a limited period of time and did not leave the United States when the period of time expired. These individuals, if they meet all eligibility criteria except citizenship, are entitled to emergency services only. Undocumented and illegal aliens do not have to make a declaration of immigration status, nor does their status have to be verified. Undocumented and illegal aliens also do not have to provide proof of identity. The eligibility worker must accept the applicant/beneficiary's statement if they say they have no documentation and look at emergency services only. Undocumented and illegal Aliens are not issued a social security number and therefore are not required to provide one in order to be considered for emergency services.

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102.04.13 Ineligible Aliens

(Eff. 07/01/06)

Ineligible aliens are lawfully admitted to the United States for a temporary or specified period as legal non-immigrants. These aliens are never qualified aliens. Because of the temporary nature of their admission status, ineligible aliens are not entitled to any Medicaid benefits, including emergency services.

Ineligible aliens are:

- Foreign government representatives on official business and their families and servants
- Visitors for business or pleasure including exchange visitors
- Aliens in travel status (tourists) while traveling through the US
- Crewmen on shore leave
- Treaty traders and investors and their families
- Foreign students
- International organization representatives and personnel, their families and servants
- Temporary workers including agricultural contract workers
- Members of the foreign press, radio, film or other informational media and their families

102.04.14 Alien Status Chart

Table of Contents
(Eff. 07/01/06)

The following chart identifies each alien group, whether the group can receive the full range of Medicaid benefits or just emergency services, and acceptable documentation used to establish alien status. The Systematic Alien Verification for Entitlement (SAVE) program procedures must be used to validate alien documentation presented by each individual in these groups. SAVE procedures are also used to verify the date of entry to the US for lawful permanent residents, parolees and conditional residents to determine if an individual in one of these qualified alien groups is entitled to full benefits or emergency services only.

MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<ul style="list-style-type: none"> • I-551 (Alien Registration Receipt Card) commonly referred to as the "green card" • Foreign passport stamped with an un-expired temporary I-551 stamp 	<u>LAWFULLY ADMITTED FOR PERMANENT RESIDENCE (LPR)</u>	Eligible for full Medicaid benefits if entered the US before August 22, 1996. If admitted August 22, 1996 or after, ineligible for full Medicaid benefits for 5 years from the date

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MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<ul style="list-style-type: none"> I-94 annotated stamped with a temporary I-551 stamp (for recent arrivals or aliens who have applied for a replacement I-551) 		<p>they entered the country, or obtained qualified status, whichever is later. Eligible for emergency services only during the disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period IF they have 40 quarters of income that required payment of Social Security taxes.</p>
<ul style="list-style-type: none"> I-94 stamped showing admission under section 207 of the INA and date of entry to the United States I-688B (Employment Authorization Card) annotated 274a.12(a)(3) I-766 (Employment Authorization Document) annotated "A3" I-571 (Refugee Travel Document) 	<u>REFUGEE</u>	<p>5-Year Disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month of entry. (Refer to MPPM 204.07)</p>
<ul style="list-style-type: none"> I-94 stamped showing grant of asylum under section 208 of the INA and date of entry A grant letter from the Asylum Office of the BCIS I-688B (Employment Authorization Card) annotated "274a.12(a)(5)" I-766 (Employment Authorization Document) annotated "A5" Count order of an immigration judge showing asylum granted under section 208 of the INA 	<u>ASYLEE</u>	<p>5-Year disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month of entry. (Refer to MPPM 205.07)</p>
<ul style="list-style-type: none"> Order of an immigration judge 	<u>DEPORTATION</u>	<p>5-Year disqualification period</p>

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MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<p>showing deportation withheld under section 243(h) of INA as in effect prior to April 1, 1997, or removal withheld under Sec. 241(b)(3) of the INA and date of grant</p> <ul style="list-style-type: none"> • I-6888B (Employment Authorization Card) annotated 274a.12(a)910 • I-766 (Employment Authorization Document) annotated "A10" 	<u>WITHHELD</u>	<p>does not apply.</p> <p>Eligible for any Medicaid category if they meet all other eligibility criteria.</p>
<ul style="list-style-type: none"> • I-94 annotated with stamp showing grant of parole under 212(d)(5) and a date showing granting of parole for at least one year 	<u>PAROLEE</u>	<p>If admitted August 22, 1996 or after, ineligible for full Medicaid benefits for 5 years from the date they entered the country or obtained qualified status, whichever is later. Eligible for emergency services only during the disqualification period</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period IF they have 40 quarters of income that required payment of Social Security taxes.</p>
<ul style="list-style-type: none"> • I-94 with stamp showing admission under 203(a)(7) of the INA, refugee-conditional entry • I-688B (Employment Authorization Card) annotated 274a.12(a)(3) • I-766 (Employment Authorization Document) annotated "A3" 	<u>CONDITIONAL ENTRANT</u>	<p>Eligible for full Medicaid benefits if entered the US prior to August 22, 1996</p> <p>If admitted August 22, 1996 or after, ineligible for full Medicaid benefits for 5 years from the date they entered the country or obtained qualified status, whichever is later. Eligible for emergency services only during the disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period IF they have 40 quarters of income that required payment of</p>

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MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<ul style="list-style-type: none"> • Green Form DD-2 marked "ACTIVE" OR • Current orders showing the individual is on full-time duty in the US Army, Navy, Air Force, Marine Corps, or Coast Guard (Reserves are not considered active duty.) 	<p><u>ACTIVE DUTY MILITARY</u> <u>Includes spouse and unmarried dependent children under 21</u></p>	<p>5-Year disqualification period does not apply.</p> <p>Eligible for any Medicaid category if they meet all other eligibility criteria.</p>
<ul style="list-style-type: none"> • DD-214 indicating honorable discharge, OR • Discharge papers indicating honorable discharge 	<p><u>VETERAN</u> <u>Includes spouse and unmarried dependent children under 21</u></p>	<p>Eligible</p> <p>5-Year disqualification period does not apply.</p>
<ul style="list-style-type: none"> • I-551 (Alien Registration Receipt Card) with the code CU6, CU7, or CH6 • Foreign passport stamped with an unexpired temporary I-551 stamp with the code CU6 or CU7 • I-94 stamped with an unexpired temporary I-551 stamp with the code CU6 or CU7 • I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) or the INA. 	<p><u>CUBAN/HAITIAN ENTRANT</u></p>	<p>5-Year disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month of entry. (Refer to MPPM 204.07)</p>
<ul style="list-style-type: none"> • I-551 with code AM6, AM7, or AM8 • Foreign passport stamped with an unexpired temporary I-551 stamp with the code AM1, AM2, or AM3 • I-94 stamped with an unexpired temporary I-551 stamp with the code AM1, AM2, or AM3 	<p><u>AMERASIAN IMMIGRANTS</u></p>	<p>5-Year disqualification period does not apply.</p> <p>Can qualify for full benefits up to 7 years if meets all requirements for any Medicaid category.</p> <p>After 7 years, must meet citizenship requirements (40 work quarters) to establish eligibility.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with the month</p>

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MEDICAID TREATMENT OF NON-CITIZENS		
VERIFICATION DOCUMENTATION	ALIEN STATUS	ELIGIBILITY STATUS
<ul style="list-style-type: none"> • I-797 indicating filing under one of the provisions listed below and approval of the petition or a finding that a prima facie case has been established. • Case Type: I-130 petition approved • Case Type: I-360 petition approved • I-551 with one of the following COA codes stamped on the lower left side of the back of a pink card demonstrates approval of a petition under C.3,j.(1)3. Above: IB1-IB3, IB6-IB8, B11, B12, B16, B17, B20-B29, B31-B33, B36-B38, BX1-BX3, or BX6-BX8 • Order from an immigration judge (EOIR) or the Board of Immigration Appeals granting suspension of deportation or cancellation of removal under VAWA (EOIR) Form 42B or an order from an immigration judge (EOIR) or Board of Immigration 	<p><u>BATTERED ALIEN</u> <u>Includes battered alien's child and parent of a battered alien child</u></p>	<p>of entry. (Refer to MPPM 204.07)</p> <p>Eligible if entered the US prior to August 22, 1996</p> <p>If admitted August 22, 1996 or after, ineligible for 5 years from the date they entered the country or obtained qualified status, whichever is later.</p> <p>Eligible after the 5-year disqualification period IF they have 40 quarters of income that required payment of Social Security taxes.</p>

Note: For battered aliens, the codes, types and stamps in foreign passports or on the I-94 that demonstrates an approved petition, or application under one of the provisions are too numerous to describe here. If an alien claiming pending or approved status presents a code different than those listed, or if you cannot determine the class of admission from the I-551 stamp, send G-845S along with a copy of the document(s) presented to BCIS.

Non-citizens who qualify for emergency services only cannot be denied for failure to provide proof of their immigration status, proof of identity, or for failure to provide a Social Security Number.

ALIEN GROUPS LISTED BELOW ARE INELIGIBLE FOR ANY SERVICES (Including Emergency Services)	
Foreign Students	Visa, Passports or Form I-766
Visitors	OR Form I-94, Arrival/Departure Record annotated with A to M

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ALIEN GROUPS LISTED BELOW ARE INELIGIBLE FOR ANY SERVICES (Including Emergency Services)

<p>Tourists</p> <p>Foreign government representatives on official business and their families and servants</p> <p>Crewmen on shore leave</p> <p>International organization representatives and their families and servants</p> <p>Temporary workers (individuals allowed entry temporarily for employment purposes)</p> <p>Members of the foreign press, radio, film, etc., and their families</p> <p>Short-term parolees</p>	<p>OR</p>	<p>Form I-688, Temporary Resident Card annotated with Section 210 or 245A</p> <p>OR</p> <p>Form I-688 A and B, Employment Authorization Card</p> <p>OR</p> <p>Form I-185, Canadian Border Crossing Card</p> <p>OR</p> <p>Form I-186, Mexican Border Crossing Card</p> <p>OR</p> <p>Form SW 434, Mexican Border Visitor's Permit</p> <p>OR</p> <p>Form I-95-A, Crewman's Landing Permit</p>
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102.04.15 Budgeting for Children Born in the US to Non-Citizen Parents (Eff. 07/01/06)

A child born in the United States to a non-citizen in the group listed in MPPM 102.04.09 may be eligible for Medicaid. To determine eligibility for Partners for Healthy Children, OCWI-Infants, or Low Income Families, count the needs and income, less disregards, of the non-citizen parent as well as the needs of non-citizen siblings in the budget group. However, the non-citizen parent/sibling cannot receive any Medicaid benefits.

102.04.16 Criteria for Approval of Emergency Services (Eff. 07/01/06)

Aliens who are not entitled to full Medicaid benefits (refer to MPPM 102.04.14) may be eligible for emergency services only, if the following conditions exist:

- All other eligibility requirements are met except satisfactory immigration status.
- The care and services needed are not related to an organ transplant procedure or routine prenatal or postpartum care.
- The alien has, after sudden onset, 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:
 - Placing the patient's health in serious jeopardy,
 - Serious impairment to bodily functions,
 - Serious dysfunction of any bodily organ or part, or
 - Is for labor and delivery

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The services supplied in this situation must relate to the injury, illness, or delivery causing the emergency. Services that are not directly related to the injury, illness, or delivery are not compensated by Medicaid.

102.04.17 Case Processing for Aliens Eligible for Emergency Medicaid **Services Only** Table of Contents (Eff. 07/01/06)

At the point of application, the Medicaid eligibility worker must explain to the applicant/beneficiary that because he is not a citizen or a qualified alien who is eligible for full Medicaid benefits, Medicaid may reimburse for emergency services only (including labor and delivery), if all other eligibility requirements are met. Aliens eligible for emergency services only do not receive Medicaid cards.

After the eligibility worker has established the individual's alien status, he must attempt to establish the nature of the individual's illness or injury and document such.

- If the service is verified as routine labor and delivery only, the Medicaid eligibility worker should process the application, determine eligibility, and authorize benefits as appropriate.
- If the service is other than routine labor and delivery, the Medicaid eligibility worker must determine whether the individual is categorically and financially eligible (except for enumeration) and determine if the service is an emergency.

Procedure to Determine if a Service is an Emergency:

1. Obtain a copy of the hospital bill or some other documentation from the hospital indicating the diagnosis of the individual's condition. If more than one diagnosis is indicated, at least one of the codes must be determined an emergency.
2. Go to the MMIS System:
 - Choose MMIS ADS/Online System
 - Choose Reference
 - Choose Diagnosis Information
 - Enter the Diagnosis Code
 - Look for the OUTPATIENT LEVEL IND.
 - Options are:
 - o 0 OP LEVEL NOT ESTABLISHED
 - o 1 NON-EMERGENCY
 - o 2 URGENT
 - o 3 EMERGENCY

Note: In order to be determined an emergency, at least one of the diagnosis coded for the

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service must have an OUTPATIENT LEVEL IND. of 3 - EMERGENCY.

Listed below are examples of diagnosis codes and outpatient level indicators:

Diagnosis Code	Outpatient Level IND	Emergency? Yes/No
715.0 General Osteoarthritis	0	No
002.0 Typhoid Fever	3	Yes
401.9 Hypertension	2	No
309.21 Separation anxiety	1	No
632.0 Missed Abortion	3	Yes
789.0 Abdominal Pain	2	No

Based on the final determination, the notification letter, DHHS Form 901, will be completed and mailed to the applicant/beneficiary and a copy retained in the file. As an alien eligible for emergency services only does not receive a Medicaid card, the applicant/beneficiary should be told to share this notification with the medical provider of the service. If the applicant/beneficiary fails to do this, the medical provider may request the Medicaid identification number by completing DHHS Form 900, Request for Medicaid Information – Coverage of Emergency Services for Aliens, and forwarding it to the county Medicaid eligibility worker.

102.04.18 Child Born to Non-Citizen Eligible for Emergency Services Only (Eff. 06/01/07)

A child born to an individual eligible for emergency services only is deemed eligible for Medicaid for up to one year as long as the child is a member of the mother's household and remains a resident of the state. When the child reaches age one, a new application is required and citizenship and identity must be verified.

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102.04.19 Systematic Alien Verification for Entitlement (SAVE) Program (Eff. 07/01/06)

The SAVE program provides a way for federal, state, and county government agencies to verify the immigration status of an applicant/beneficiary.

All participants in the SAVE program must verify the immigration status of all non-citizen applicants in order to avoid discrimination. Participants obtain immigration status information through the SAVE program's Verification Information System (VIS). VIS is a Web-based application that queries an immigration database containing information on more than 60 million non-citizens.

The SAVE program usually returns a response to a request within a matter of seconds. It is important for the Medicaid eligibility worker to verify that the information in the Initial Verification Results section matches what is on the immigration documentation of the

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applicant/beneficiary. If any discrepancies are detected, or if "Institute Additional Verification" appears in the System Response line, the Medicaid eligibility worker must request additional verification. (Note: The response time for "additional verification" is usually within three federal government workdays.)

When the Medicaid eligibility worker has received final verification, it is important that he remembers to print the case details for the record and closes the case in VIS. It helps overall system performance to close completed cases.

Procedure in VIS:

Access the system by entering the following Web address into the address line of your Web browser: <https://www.vis-dhs.com/WebOne>. If logging into the system for the first time, you will be required to enter your user ID and password that will be provided to you by your supervisor. After completion of the initial login, you will be prompted to change your password. Keep in mind that your new password must contain at least 3 of 4 of the following password characteristics:

- Uppercase letters
- Lowercase letters
- Numbers
- Special character (\$, !, #, etc.)

To ensure that you have entered the correct password, you will be prompted to re-enter the password in the Re-type New Password field.

The system is user-friendly; however, it is advisable that you take the time to visit the tutorial link found on the title navigation links bar. The tutorial is a Web-based, self-paced, role-sensitive tutorial. It is divided into lessons that focus on each major section of the navigation menu. Each lesson is comprised of topics that focus on each of the functions that can be performed in the system.

Procedure:

In some instances, the SAVE web based system may not provide sufficient information for a determination of immigration status or may request secondary verification. The eligibility worker must complete secondary verification when required using a Form G-845, Document Verification Request, and/or Form G-845 Supplement, Document Verification Request Supplement.

The eligibility worker must attach copies of both sides of any documents provided by the alien and mail to Bureau of Citizenship and Immigration Services (BCIS) at:

Bureau of Citizenship and Immigration Services (BCIS)
US Department of Justice
Martin Luther King Federal Building
77 Forsyth Street SW
Atlanta, GA 30303

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The G-845 and G-845 Supplement forms are accessible and available through the SAVE web based system.

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102.05 Social Security Number (SSN)

(Eff. 05/01/07)

All individuals applying for Medicaid must furnish a SSN or apply for one, if they do not have one. However, if the applicant/beneficiary has nothing with a number on it, but can provide the number, the Medicaid eligibility worker should accept the number. (Refer to MPPM 102.05.02 for verification requirements.)

Exception: Undocumented aliens applying for Emergency Services Only do not have to provide or apply for a Social Security Number.

Enumeration is the procedure used to assign SSNs. The SSN is used to:

- Determine accuracy and/or reliability of information given by the applicant/beneficiary (including processing the LEVS matches),
- Prevent duplicate payments, and
- Facilitate mass changes.

SSNs for non-applicants (parents or other household members) cannot be required as a condition of eligibility. The SSN of a non-applicant whose income is used to determine the eligibility of the applicant/beneficiary may be given on a voluntary basis. Medicaid eligibility workers should explain that the disclosure of the SSN might help to speed up the determination process. However, the application cannot be denied solely for the failure to provide the SSN of a parent or other household member who is not applying for benefits. (**Note:** Although SSN's for non-applicants is not a condition of eligibility, if a non-applicant whose income is considered provides their number voluntarily, it should be used for the LEVS match.)

102.05.01 Application for a SSN

(Eff. 10/01/05)

In South Carolina, three methods may be used to obtain an SSN. The methods are:

1. Completion of SS-5, Application for Social Security Card, at the county Medicaid eligibility office

The Medicaid eligibility worker must assist the applicant/beneficiary in completing the SS-5 in accordance with the Social Security enumeration procedures, if requested. Once completed, the SS-5, along with original documentation of age, citizenship and identity, must be sent to the county Social Security Administration (SSA) for processing. SSA will return the original documentation to the

**South Carolina Department of Health and Human Services
MEDICAID ELIGIBILITY CHECKLIST**

Applicant's Name: _____ Date: _____

Budget Group Number: _____ Social Security Number: _____

To determine Medicaid eligibility, the Department of Health and Human Services will need the items checked for the applicant, spouse, and children under age 21:

- ☐ Power of Attorney, Guardianship, or Conservator Papers
- ☐ Verification of Citizenship Identity Original Documents Required.
- ☐ Social Security numbers for persons requesting Medicaid
- ☐ Proof of gross income received by _____
- ☐ Proof of pregnancy and due date _____
- ☐ All bank or other financial account statements for _____

- ☐ Copies of trust agreements
- ☐ Pre-need burial contracts
- ☐ Proof of amount owed on real and personal property
- ☐ Proof of assets sold, transferred, or given away during the past _____ months
- ☐ Year, make, and model of all motor vehicles
- ☐ All life insurance policies
- ☐ All medical insurance policies or cards and proof of premiums
- ☐ DHHS Form 3218ME or 3218D-ME
- ☐ Proof of child care expenses
- ☐ DHHS Form 2700ME
- ☐ Other: _____

Please provide this information by _____. If you have any questions, please call your worker listed below for additional information. Thank you for your cooperation.

Worker: _____ Telephone: _____

Address: _____

PROD CLEMSON - EXTRA@Enterprise

File Edit View Tools Session Options Help

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/14/08
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

NAME: _____ MEMBER PERIOD START: _____ END: _____

RCP NUMBER: _____ HH NUMBER: _____

SSN: _____ VC: _____ APL STATUS: _____

APPLYING(A/NA): _____ AGE: _____

DOB: _____

DOD: _____

SEX: _____ RACE: _____

REL: _____

SSI APPLICATION DATE: _____

MARITAL STATUS: _____

STUDENT STATUS: _____ GRADE: _____

PREGNANT(Y/N): _____ EDC: _____ # _____

BLIND/DISABLED(Y/N): _____ RSP: _____

DISABILITY ONSET: _____ VC: _____

VETERAN(Y/N): _____ TPL INSURANCE: _____

US CITIZEN(Y/N): _____ ALIEN#: _____

US ENTRY: _____ BIRTH CNTRY: _____

UPDATED: USER ID: _____ DATE: _____

ME900029 ENTER RECIPIENT NUMBER OR SSN

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

05/14

ALTERNATE RECIPIENT NUMBER: _____

SC RES(Y/N): _____ QUESTIONABLE(Y/N): _____

MEDICARE COVERAGE(Y/N): _____

SS CLAIM NUMBER(Y/N): _____

RAILROAD NUMBER(Y/N): _____

LIV ARRANGEMENT: _____

PROVIDER NAME: _____

ADMISSION DATE: _____

DATE OF DISCHARGE: _____

CHILD SUPPORT/ALIMONY PAID(Y/N): _____

CHILD CARE/INCAPACITATED EXPENSE(Y/N): _____

EARNED INC(Y/N): _____ UNEARNED INC(Y/N): _____

REGISTER TO VOTE(Y/N): _____ REASON: _____

MEDICAL SERVICES LAST 3 MONTHS(Y/N): _____

SYSTEM ID: _____ DATE: _____

PROD CLEMSON - EXTRA@Enterprise

File Edit View Tools Session Options Help

MEDHMS90 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/14/08
MEDSPROD HH MBRS CITIZENSHIP/IDENTITY SUMMARY

HH NAME: _____ ACTION TYPE: _____ PAGE: 0

HH NUMBER: _____ APL STATUS: _____ ACTION DATE: _____

S RCP NUMBER PI NAME

AGE (Y/N)? VRF COMP(Y/N)?

PARENTS CITZNSHIP/ID

ME900048 ENTER HOUSEHOLD NUMBER

PF1->HELP PF3->NEXT SCR PF6->RETURN PF7->PREV PF8->NEXT

PF9->NOTES PF10->PREV MENU PF13->FIELD HELP

05/13

MEDHMS91 A S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/14/08
MEDSAT1 HH MBR PARENTAL/CITIZENSHIP/IDENTITY DETAIL ACTION:

NAME: HH NAME:
RCP NUMBER: HH NUMBER: 100027371 ACTION TYPE: MAINTENANCE
SSN: APL STATUS: ACTION DATE: 07/03/2007

COUNTY OF BIRTH: (FOR SC BIRTHS ONLY)

MOTHER'S INFORMATION:
FIRST NAME:
MAIDEN NAME:

FATHER'S INFORMATION:
FIRST NAME:
LAST NAME:

CITIZENSHIP INFORMATION:
PROOF OF CITIZENSHIP VERIFIED(Y/N):
SRC DOCUMENT:
OTHER DESC:
SRC DOCUMENT#:
STATE OF ORIGIN:

IDENTITY INFORMATION:
PROOF OF IDENTITY VERIFIED(Y/N):
SRC DOCUMENT:
OTHER DESC:
SRC DOCUMENT#:
STATE OF ORIGIN:

UPDATED: USER ID: DATE: SYSTEM ID: DATE:
ME904758 RECIPIENT VERIFICATION NOT FOUND - TO ADD INFO, USE MOD ACTION
PF1->HELP PF2->PREV MBR PF3->NEXT SCR PF4->REFH PF6->RETURN PF9->HH NOTES
PF10->MENU PF13->FIELD HELP PF21->HIST- PF22->HIST+ PF23->SDX01

MEDEL000 A
MEDSATL

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID ELIGIBILITY DECISION

DATE: 04/14/08
ACTION:
PAGE: 1 OF 3

DATES-FROM: 00 / 0000 THRU: 00 / 0000

HH NAME: _____ HH NUMBER: _____
BGN: _____ PCAT: _____ QCAT: _____ SPN: _____ ACT TYPE: _____
BGP: _____ BGP: _____ WKR: _____ ACT DATE: _____

REQUIREMENTS

APPLYING:

CITIZENSHIP:

RESIDENCY:

SSN:

PREGNANCY:

AGE:

RELATIONSHIP:

IDENTITY:

DISABLED/BLIND:

ASSIGNMENT OF RIGHTS:

REFERRAL TO OTHER BENEFITS:

LIVING ARRANGEMENTS:

UPDATED: USER ID: _____

DATE: _____

SYSTEM ID: _____

DATE: _____

ME900042 ENTER BUDGET GROUP NUMBER

PF1->HELP PF2->MBR CTZN/ID PF3->NEXT PF5->HH MBR DTL PF6->RET PF13->FIELD HELP
PF16->BGP DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

05/07

Log 0636 ✓

From: Alicia Jacobs
To: Teresa L. (CMS/CBC) Decaro
Date: 6/9/2008 1:17:31 PM
Subject: Re: Monitoring compliance w verification & documentation of alien status

South Carolina monitors compliance through several forms of Quality Assurance. While these reviews were not specifically designed to monitor verification and documentation of alien status, this aspect of eligibility is included in each review. (1) the Federally mandated Medicaid Eligibility Quality Assurance (MEQA). (2) an internal monitoring system, Assistance for Coaching Excellence (ACE) that systematically assesses eligibility determinations to provide measures of performance by supervisor caseloads. (3) Medicaid supervisors use DHHS Form 1258ME, Medicaid Supervisory Case Review Form, to randomly select cases for monthly review of recent actions; this form is used to review for accuracy, employee understanding and correct application of policy, and consistency of procedures. (4) PERM. For all of these efforts, we monitor results to identify trends in error findings, improper application of policy, etc. When trends are identified, we will conduct a specific review and follow up with training. Thanks

>>> "Decaro, Teresa L. (CMS/CBC)" <Teresa.Decaro@cms.hhs.gov> 06/05/08 11:54 AM >>>
Dear State Medicaid Directors:

On March 18, 2008, my office sent a letter asking for information regarding each of your State's processes and procedures that are utilized by local eligibility workers to correctly determine Medicaid eligibility for qualified aliens. CMS staff performed desk reviews of the state's Medicaid eligibility intake operations and procedures based on your responses to questions posed and the materials you provided. Related to this matter, I now need you to provide a response to the following question:

How is the State monitoring statewide compliance with verification and documentation of alien status?

Please provide me with the additional information by June 11, 2008.

Thank you and my regards to you, Terese

Teresa DeCaro, RN, M.S.
Acting Associate Regional Administrator of Medicaid
Atlanta Regional Office
Centers for Medicare and Medicaid Services
404-562-7359
teresa.decaro@cms.hhs.gov

CC: Emma Forkner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>6-9-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000636</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Depo,</i> <i>6/10/08</i> <i>* Note due date 6/11/08</i> <i>Log #440 Attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-11-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			