Manual: Family and Children’s Medicaid

Change No: 08-09

To: County Directors of Social Services

Effective: 06/01/2009

I. BACKGROUND

A review by the Department of Health and Human Services (DHHS), Office of Civil Rights (OCR) revealed discrepancies within certain state and county forms, policies, and procedures that may deter applicants’ access to Federal public benefit programs and services.

The purpose of this change notice is to provide policy verbiage changes and clarification as mandated by the Office of Civil Rights (OCR), to the Medicaid eligibility policies and procedures regarding immigration status, and undocumented immigrants with multiple names and Social Security Numbers.

II. CONTENT OF CHANGE

MA-3330, Citizen/Alien Requirements:

The following sections have been revised:

MA-3330, IV. A., A list of qualified aliens is added.

MA-3330, IV. B. and E., Categories of aliens exempt from the mandatory 5 year disqualification period are added.

MA-3330, IV. D., Additional documents issued by USCIS for LPRs are added and “political admissions” is replaced with “refugees”.

MA-3330, IV. F.1.f and g., Clarification is added regarding the responsibility of the person signing the Medicaid application/redetermination form.
MA-3330, IV. F. 6., Paragraph regarding reporting to USCIS is changed.

MA-3330, XII. A. 1 and 2., The definition of illegal alien is updated.

MA-3330, XII. B., Clarification is added stating that the list of legal non immigrants and verification of alien status is not all inclusive.

MA-3330, XII. D., Clarification is added stating that the non-qualified person is not required to furnish their SSN, citizenship status, or immigration information; however, they may submit this information voluntarily.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 06/01/2009. Apply this change to applications taken and redeterminations started on or after 06/01/09, as well as to those presently in process.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-3330, Citizen/Alien Requirements, pages 15-20, 29-32 and Figure 2.

B. Insert: MA-3330, Citizen/Alien Requirements, pages 15-20, 29-32 and Figure 2 dated 06/01/2009.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

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Director

CLG:skm

(This material was researched and written by Sandi Morrow, Policy Consultant, Medicaid Eligibility Unit)