

Medi-Cal Verification Requirement Chart

ITEM	VERIFICATIONS REQUIRED		
Proof of California Residency	<p>The following are evidences of California (CA) residency:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> CA Driver's License or Identification Card CA Vehicle Registration Employment in California (pay stubs) Employment Services School enrollment in CA Receipt of Public Assistance in CA </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Voter Registration Form and/or Receipt Voter Notification Card (VNC) Abstract of Voter Registration Rent/Mortgage Receipt or Utility Bill Other evidence </td> </tr> </table> <p>(See MPG Article 4, Section 7.5 for additional residency regulations)</p>	<ul style="list-style-type: none"> CA Driver's License or Identification Card CA Vehicle Registration Employment in California (pay stubs) Employment Services School enrollment in CA Receipt of Public Assistance in CA 	<ul style="list-style-type: none"> Voter Registration Form and/or Receipt Voter Notification Card (VNC) Abstract of Voter Registration Rent/Mortgage Receipt or Utility Bill Other evidence
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Proof of Identity	<p>U.S. Citizens/Nationals applying for Medi-Cal benefits:</p> <p>Unless otherwise exempt, are required to provide acceptable evidence of identity as specified in MPG Article 7, Section 2.2. Acceptable identity documents shall include any one of the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document Driver's license issued by a State or Territory School identification card with a photograph of the individual U.S. military identification card or draft record Identification card issued by the Federal, State, or local government with the same identifying information included on driver's license U.S. Military dependent's identification card </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> U.S. Coast Guard Merchant Mariner card U.S. Passport, current or expired, even if issued with limitation. Affidavits of identity for disabled individuals in institutional care facilities Three or more corroborating identity documents, provided that the documents were not used to establish citizenship and the applicant/beneficiary provided a second or third level evidence of citizenship. Documents submitted must at a minimum include the individual's name or any other identifying information. </td> </tr> </table> <p>Note: Expired identity documents are acceptable proof of identity. Proof of identity is not required for Healthy Families/Medi-Cal Mail-In applications and Minor Consent Services.</p> <p>U.S. Citizens/Nationals not requesting Medi-Cal benefits:</p> <p>Are not subject to requirements specified above. However, these individuals must still provide verification of identity in the same manner as non-citizens as specified below.</p> <p>Non-Citizens:</p> <p>Unless otherwise exempt, non-citizens are required to provide verification of identity. Acceptable verifications for the identification of non-citizen applicants are:</p>	<ul style="list-style-type: none"> Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document Driver's license issued by a State or Territory School identification card with a photograph of the individual U.S. military identification card or draft record Identification card issued by the Federal, State, or local government with the same identifying information included on driver's license U.S. Military dependent's identification card 	<ul style="list-style-type: none"> U.S. Coast Guard Merchant Mariner card U.S. Passport, current or expired, even if issued with limitation. Affidavits of identity for disabled individuals in institutional care facilities Three or more corroborating identity documents, provided that the documents were not used to establish citizenship and the applicant/beneficiary provided a second or third level evidence of citizenship. Documents submitted must at a minimum include the individual's name or any other identifying information.
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<p>Proof of U.S. Citizenship</p>	<p>U.S. Citizens/Nationals requesting Medi-Cal</p> <p>The following documents are classified as primary evidence and shall be used to satisfy both U.S. citizenship AND identity verification requirements:</p> <table border="1" style="width: 100%;"> <tr> <td> <ul style="list-style-type: none"> • U.S. Passport issued without limitation, current or expired (i.e. U.S Passport Book, U.S. Passport Card) • Certificate of Naturalization (DHS Form N-550 or N-570) • Certificate of Citizenship (DHS Form N-560 or N-561) </td> </tr> </table> <p>These are documents of the highest reliability and conclusively establish that an individual is a U.S. citizen. Applicants or beneficiaries born outside of the U.S. who were not citizens at birth must submit one of these documents.</p> <p>(See MPG Article 7, Section 4.C or MPG Article 7, Section 4 - Appendix B for information on additional documents that may be used to establish U.S. Citizenship only,</p> <p>Declaration of citizenship status</p> <p>(See MPG Article 4, Section 2.9 for information on the declaration of citizenship status and MPG Article 4 - Appendix C for instructions on completing the MC 13).</p>	<ul style="list-style-type: none"> • U.S. Passport issued without limitation, current or expired (i.e. U.S Passport Book, U.S. Passport Card) • Certificate of Naturalization (DHS Form N-550 or N-570) • Certificate of Citizenship (DHS Form N-560 or N-561) 	
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<p>Citizenship/Identity Verification Not Required</p>	<p>Medi-Cal applicants/beneficiaries in any of the following groups are exempt from the citizenship and identity verification requirements as long as they remain recipients of those programs:</p> <ul style="list-style-type: none"> • Current Supplemental Security Income (SSI)-Title XVI beneficiaries • Current Social Security Disability Insurance (SSDI)-Title II beneficiaries • Current Medicare- Title XVIII beneficiaries (Parts A, B, C, or D) • Current Social Security Retirement and Survivors Insurance (RSI) Title II beneficiaries who receive those benefits based on their own disability • Minor Consent Medi-Cal applicants and beneficiaries (Aid Code 7M, 7N, 7P, 7R) • Children who are recipients of Title IV-E or Title IV-B foster care assistance, Foster Care 45 aid code, adoptions assistance, Kinship Guardianship Assistance Payments (KIN-GAP) 		

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	<ul style="list-style-type: none"> • Children who are in receipt of Former Foster Care Children (FFCC) 4M aid code • Individuals who are receiving Medi-Cal Dialysis Only and Dialysis Supplement Program (Aid Code 71) • Individuals who are receiving Total Parenteral Nutrition (Aid Code 73) • Individuals Indigent Long Term Care (Aid Code 53) <p>(See MPG Article 7, Section 2.2D for additional exemption requirements)</p>		
Alien Status	<p>Proof of Legal Resident Alien Status:</p> <ul style="list-style-type: none"> • MC 13 • Documentation from the U.S. Citizenship and Immigration Services (USCIS) • Systematic Alien Verification for Entitlements (SAVE) showing satisfactory immigration status for legal resident alien <p>PRUCOL Aliens-Permanently Residing in the United States Under Color of Law and requesting full scope Medi-Cal benefits. These aliens are entitled to full-scope Medi-Cal benefits if otherwise eligible. Alien Medi-Cal applicants may claim any one of sixteen PRUCOL categories on Form MC 13. Acceptable CIS documentation of the sixteen categories of PRUCOL indicated on Form MC 13 are found in MPG Article 7, Section 3.1E.</p> <p>(See MPG Article 7, Section 3 for additional alien regulations)</p>		
Social Security Numbers (SSN)	<p>Condition of eligibility for full-scope Medi-Cal benefits: Every person requesting Medi-Cal who has a Social Security Number (SSN) at the time of application is asked to provide it regardless of immigration status. Verification must be received within 60 days of the date of application but not necessarily prior to the approval of eligibility. Acceptable SSN verification include:</p> <table border="1" data-bbox="443 917 1948 1079" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Social Security card • form series OA-702 • SSA award letter • SSN notification letters for IRCA aliens • Medicare card </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • SSA check showing the applicant's name and SSN with the letters A, HA, J, T or M following the SSN • Income Eligibility Verification System (IEVS) applicant report with a code "A" or "W" in the SSN-VER Field </td> </tr> </table> <p>The following applicants/beneficiaries would be exempt to this regulation:</p> <ul style="list-style-type: none"> • Deemed Eligible Infants • Refugees under Refugee Medical Assistance/Entrant Medical Assistance (RMA/EMA) program • Applicants for Minor Consent Services <p>(See MPG Article 4, Section 11 for additional SSN requirements.)</p> <p>Restricted Benefits - Aliens: Aliens eligible only for restricted benefits are NOT required to provide a SSN as a condition of eligibility. The worker will leave the SSN field blank in CalWIN. MEDS will issue a pseudo SSN for the MEDS record.</p> <p>(See MPG Article 4, Section 11.1E for SSN requirements for undocumented aliens.)</p>	<ul style="list-style-type: none"> • Social Security card • form series OA-702 • SSA award letter • SSN notification letters for IRCA aliens • Medicare card 	<ul style="list-style-type: none"> • SSA check showing the applicant's name and SSN with the letters A, HA, J, T or M following the SSN • Income Eligibility Verification System (IEVS) applicant report with a code "A" or "W" in the SSN-VER Field
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Income	<p>Earned Income:</p> <p>The following are acceptable verifications of earned income: I</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Verification</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>One pay stub</td> <td>Does not have to be dated within the last 30 days or within a certain time period as long as it is the most recent available to the applicant/beneficiary and it accurately reflects the amount reported on the application/redetermination form. Additional pay stubs may be requested if income reported is inconsistent with that of the submitted pay stub. A discrepancy does not exist if income reported on the application is clearly "NET" earnings. If additional pay stubs are requested, a case comment is required. MPG Article 10, Section 4, Appendix C provides information on how to read a pay stub.</td> </tr> <tr> <td>Income Tax Return</td> <td>A copy of the previous year's federal income tax return that accurately reflects current income. See MPG Article 10, Section 2.4A regarding the use of the federal income tax return.</td> </tr> <tr> <td>Statement from employer</td> <td>Signed letter from employer that shows gross amount and date of paycheck.</td> </tr> <tr> <td>Sworn Statement</td> <td>When the worker determines that verification is unavailable, a sworn statement from the applicant, dated and signed under penalty of perjury, must be obtained. See MPG Article 4, Section 7.10C regarding the use of a sworn statement</td> </tr> </tbody> </table> <p>(See MPG Article 10, Section 2.2 and MPG Article 10, Section 2.4 for additional earned income regulations.)</p> <hr/> <p>Self-Employment Income:</p> <p>The following are acceptable verification of earned income from self-employment:</p> <ul style="list-style-type: none"> • Receipts showing gross earnings and expenses • Business records (profit/loss). These records are not required to be for the entire year • A copy of the most recent federal income tax return and appropriate schedules: <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 30%;">Schedule</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Profit or Loss from Business</td> </tr> <tr> <td>D</td> <td>Capital Gains and Losses</td> </tr> <tr> <td>F</td> <td>Profit or Loss from Farming</td> </tr> </tbody> </table> <p>(See MPG Article 10, Section 2.4A regarding the use of the federal income tax return for purposes of self-employment income verification)</p> <p>1931(b) applicants/beneficiaries:</p> <p>Persons with self-employment income may choose one of two income exclusion methods (Actual or 40%) be applied to the MFBU's self-employment income.</p> <p>(See MPG Article 19, Section 2.4 for additional 1931(b) self-employment income regulations)</p>	Verification	Description	One pay stub	Does not have to be dated within the last 30 days or within a certain time period as long as it is the most recent available to the applicant/beneficiary and it accurately reflects the amount reported on the application/redetermination form. Additional pay stubs may be requested if income reported is inconsistent with that of the submitted pay stub. A discrepancy does not exist if income reported on the application is clearly "NET" earnings. If additional pay stubs are requested, a case comment is required. MPG Article 10, Section 4, Appendix C provides information on how to read a pay stub.	Income Tax Return	A copy of the previous year's federal income tax return that accurately reflects current income. See MPG Article 10, Section 2.4A regarding the use of the federal income tax return.	Statement from employer	Signed letter from employer that shows gross amount and date of paycheck.	Sworn Statement	When the worker determines that verification is unavailable, a sworn statement from the applicant, dated and signed under penalty of perjury, must be obtained. See MPG Article 4, Section 7.10C regarding the use of a sworn statement	Schedule	Title	C	Profit or Loss from Business	D	Capital Gains and Losses	F	Profit or Loss from Farming
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	<p>Unearned Income</p> <p>The following are acceptable verifications for unearned income:</p> <ul style="list-style-type: none"> • Award letter or most recent COLA increase notice • IEVS/PVS printout • Current bank statement for unearned income that is direct deposited • Copy of check or check stubs • Signed statement from person or organization providing income. • Statement of Facts (SOF) or a sworn statement for income received from the United States government shall constitute verification pending receipt by the worker of verification from the appropriate government agency <p><i>(See MPG Article 10, Section 2.3 and MPG Article 10, Section 2.4 for additional unearned income regulations.)</i></p>		
Property	<p>Proof of Personal Property</p> <p>Personal property includes possessions or interests, exclusive of real property, that may be easily transported or stored; including but not limited to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Cash on hand • Bank accounts • Notes • Mortgages • Deeds of trust </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Cash surrender value of life insurance • Motor vehicles • Uncollected judgments • An interest in a firm in receivership • Patents and copyrights </td> </tr> </table> <p><i>(See MPG Article 9, Section 6 for additional personal property regulations.)</i></p> <hr/> <p>Proof of Real Property</p> <p>The market value of other real property must be verified prior to approval by viewing any of the following:</p> <ul style="list-style-type: none"> • A current tax statement from the Tax Assessor's Office • Records maintained by the Tax Assessor • A written statement from a qualified real estate appraiser which gives the appraisal value of the property <p>Reminder: No proof of property is required for Pregnant Women, Infants and Children Federal Poverty Level (FPL) Programs</p> <p><i>(See MPG Article 9, Section 5 for additional real property regulations.)</i></p>	<ul style="list-style-type: none"> • Cash on hand • Bank accounts • Notes • Mortgages • Deeds of trust 	<ul style="list-style-type: none"> • Cash surrender value of life insurance • Motor vehicles • Uncollected judgments • An interest in a firm in receivership • Patents and copyrights
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Pregnancy	<p>Proof of Pregnancy</p> <p>The following items may be accepted as verification of pregnancy:</p>		

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	For pregnancy-only services	A self-declaration of medically verified pregnancy for an otherwise eligible woman to receive pregnancy only related services.
	For full-scope Medi-Cal	A self-declaration of medically verified pregnancy for an otherwise eligible woman, with pregnancy as the only linkage, to receive full-scope Medi-Cal for 60 days, if requested. A written pregnancy verification must be submitted within 60 days or the following action will be taken: <ul style="list-style-type: none"> • Benefits will be converted to pregnancy only related services, with timely notice, if the beneficiary qualifies for the 200% FPL Program; or • Benefits will be discontinued, with timely notice, if the beneficiary does not qualify for the 200% FPL Program and her eligibility is based solely on pregnancy.
	Unborn in MFBU	A self-declaration of medically verified pregnancy is sufficient to include an unborn (1) in the MFBU in which full-scope benefits are being issued. The Medi-Cal beneficiary will be given 60 days to provide written pregnancy verification. If no written verification is provided, the unborn will be discontinued with timely notice. Additionally, written pregnancy verification is required for multiple unborns to be reflected in the MFBU.
	Estimated Date of Confinement	The estimated date of confinement (expected date of birth) may be provided with the oral statement if the pregnancy is self-declared or the written verification does not include this information. An oral statement giving the estimated date of confinement must be documented in case comments.
	<u>Minor Consent Services</u>	Pregnancy verification is not required
(See MPG Article 4, Section 7.8 for additional pregnancy regulations.)		
Medical Support Referral Requirements	<p>A child's Medi-Cal eligibility will not be affected by the failure of the custodial parent/caretaker relative to cooperate with the Department of Child Support Services (DCSS). However, a custodial parent/caretaker relative must be informed that failure to cooperate without good cause, when a medical support referral is required for a child born out of wedlock or with an absent parent, will make the custodial parent/caretaker relative ineligible and the worker will refer the children to DCSS.</p> <p>A Medical Support Referral is not required for the following:</p> <ul style="list-style-type: none"> • Children over 18 • Undocumented children • Pregnant women and their other eligible child(ren) until the end of the 60-day postpartum period • Applicants for minor consent services • Children in Foster Care or Adoptive Aid Programs 	

Medi-Cal Verification Requirement Chart

- Children removed from parental custody by court order
- Applications for retroactive Medi-Cal only
- Situations where the absent parent is incarcerated or institutionalized
- Situations where the absent parent is already providing health insurance
- Adult children - 14-18 years old, not living in the home of a parent/caretaker relative, not having financial affairs handled by a parent/caretaker relative/legal guardian and not claimed as a tax dependent by a parent
- Transitional Medi-Cal or Four-Month Continuing Medi-Cal cases
- Children enrolled in the Healthy Families Program.

Reminder: If a Medical Support Referral was completed at Intake, no referral is required at redetermination.

(See [MPG Article 4, Section 18](#) for more information on the Medi-Cal Support Enforcement Program)

County Option Forms

The following forms may be requested based on County Policy. They are not state mandated forms and a Medi-Cal applicant/beneficiary cannot be denied/discontinued benefits for failure to provide if they are not submitted during the application/redetermination process.

- 20-46 HHS - Language Preference Form
- IZ-118 - Request for Immunization Records
- 07-33 DSS - Medi-Cal Orientation Form