

Medi-Cal Program Guide Letter #651

January 26, 2009

Subject UPDATES TO THE CITIZEN/IDENTITY DOCUMENTATION REQUIREMENTS FOR MEDI-CAL ELIGIBILITY

Effective Date Upon Receipt

Reference ACWDL 08-26, 08-29, 08-54, and clarifications from DHCS (as of 12/01/08)

Purpose To provide staff with updates to the Medi-Cal citizenship and identity verification requirements for U.S. citizens and nationals under the Federal Deficit Reduction Action of 2005 (DRA).

Background MPG Letter 631, issued in May 2008, provided staff with instructions for implementing the new citizenship (CIT) and identity (ID) regulations required under DRA.

With this letter, those instructions are updated to include program clarifications issued by the California Department of Health Care Services (DHCS) based on receipt of final federal regulations and questions submitted by counties.

Changes Clarification on Acceptable CIT Documents under DRA
A. U.S. Passport card – is equivalent to a Passport book issued without limitation and may be used to verify U.S. citizenship and identity.

B. Official Hospital Extract – requires extract to be on hospital letterhead, signed, and reference hospital medical records.

Clarification on Acceptable ID Documents under DRA
A. School, nursery, or daycare records – when used as verification of identity for children under 16, a phone contact with the issuing school is sufficient when the contact is noted in the case file.

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Changes (continued)

Clarification on Acceptable ID Documents under DRA, continued

- B. Affidavits of identity for children under 18 - may be used when all of the following conditions are met:
- an affidavit was not used to document citizenship for the child;
 - the child cannot obtain a school ID card; and
 - the child does not have a drivers' license.
- C. National School Lunch Program (NSLP) applications are not equivalent to the MC 210 or MC 321HFP and **CANNOT** be used as acceptable proof of identity for children under 16 because the NSLP application does not include date and place of birth of the child even though it is signed under penalty of perjury.

Clarification on Exemptions

- A. Individuals applying for state only non-federally funded programs are exempt from the CIT/ID verification requirements of DRA 2005. State only non-federally funded programs are limited to:
- Medi-Cal Dialysis Only Program (Aid Code 71)
 - Medi-Cal Dialysis Supplement Program (Aid Code 71)
 - Total Parenteral Nutrition (Aid Code 73)
 - Minor Consent Services (Aid Code 7M, 7N, 7P, 7R)
 - Medically Indigent Long Term Care (Aid Code 53)
- B. Foster Care children receiving Medi-Cal under aid code 45 is exempt from the CIT/ID verification requirements of DRA 2005 while they are in the aid code.
- C. An individual who is presumptively disabled is **NOT** exempt from the DRA citizenship/identity verification requirements. Presumptive disability relates to one Medi-Cal eligibility requirement (i.e. providing Medi-Cal linkage until a disability evaluation is completed) and is not the same as Presumptive Eligibility.

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Changes
(continued)

Document Handling Procedures for Reception

When CIT/ID documents are submitted by Medi-Cal applicants/beneficiaries (excluding those in the Breast and Cervical Cancer Treatment Program (BCCTP)) at FRC reception, front line staff are no longer required to complete the DHCS 0005 "Receipt of Citizenship or Identity Documentation" as long as all steps outlined below are taken:

Step	Action
1	Clear the client information in CalWIN
2	Determine that the document is an original or certified copy by the issuing agency
3	Photocopy the original document
4	Stamp the copy. The Stamp must indicate that the document is a copy of an original or certified copy (i.e. "PHOTOCOPIED FROM ORIGINAL") and contain all of the following information: <ul style="list-style-type: none"> • Date • Worker # (if available) • Staff Name • FRC Contact Information (address and phone number)
5	Image the stamp copy
6	Provide client with the stamp copy as a receipt
7	Return the original CIT/ID document(s) to the applicant/beneficiary. Do NOT staple any receipts to the original document.

Note:

- Staff are still required to complete DHCS 0005s when the CIT/ID documents are submitted by a BCCTP applicant/beneficiary. Refer to MPG 04.07.16 for details.
- Copies of CIT/ID documents submitted through DSHs and FQHCs must still be accompanied by DHCS 0005s.

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Changes (continued)

Document Handling Procedures for Workers

When a worker views and determines that the citizenship or identity document is an original or a copy certified by the issuing agency, the worker is not required to complete a DHCS 0005 - Receipt of Citizenship or Identity Documentation.

The worker is still required to complete and issue DHCS 0011 – Proof of Acceptable Citizenship or Identity Document. The DHCS 0011 informs the applicant/beneficiary of whether the document submitted meets the citizenship and identity documentation requirements.

Special Consideration for Pregnant Women

Workers are required to take the following actions for applicants who are:

- pregnant;
- who have not submitted the required citizenship and identity documents; and
- who have not elected to accept limited scope benefits, excluding those that applied in their eighth month of pregnancy.

Required Actions:

- Contact the applicant by phone and send out reminder flyer (Attachment A) in month six of her pregnancy.
- Contact the applicant by phone within 30 days of her estimated date of confinement (EDC).

Those applying in their eighth month of pregnancy will continue to be granted limited-scope Medi-Cal at time of application if otherwise eligible.

Limited-Scope Aid Code for Bridging

The new E1 limited-scope aid code for the Medi-Cal to Healthy Family Program (HFP) Bridging Program was implemented by DHCS and added to the Medi-Cal Eligibility Data System (MEDS) effective July 1, 2008.

However, until CalWIN is programmed to transmit the E1 aid code to MEDS, individuals who are unable to meet the citizenship/identity verification requirements AND who are determined eligible for the Medi-Cal to HFP Bridging Program will continue to receive his/her restricted benefits under the existing restricted aid code for the one month bridge period.

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Changes (continued)

Diligent Search

Limited scope may be granted if the worker is unable to obtain any citizenship/identity documents and prove legal residence or citizenship status at the end of the diligent search process.

However, if within one year after the date of application a person is identified after eligibility is established, and citizenship is verified in accordance with DRA rules (or the person is exempt), the case record shall be revised to reflect the person's true identity and eligibility status and full scope Medi-Cal should be restored back to the date of application.

Automation Impact

Entering Citizenship Information in CalWIN

When a **California Birth Certificate** is used as verification of citizenship, the Doc # field in CalWIN must be entered in a specified format. Following the steps below will ensure a match to MEDS.

1. Locate the Local Registration Number (LRN) on the CA Birth Certificate or abstract.
 - LRN is located on the top right of a CA Birth Certificate.
 - LRN is located on the bottom left of a CA Birth Certificate Abstract.
2. MEDS requires a 13 digit Document Number that begins with a 1, followed by the four digit birth year, followed by the two-digit California County Code, followed by the six digit county Local Registration number. See example below:
 - The Doc # always begins with a "1"
 - Client is born in "1900"
 - Client is born in San Diego County "37"
 - Six digit LRN "123456"

The Local Registration Number would be entered in the Doc # Field as: 1190037123456.

Enter Identification Information in CalWIN

When a Driver's License is used as verification of identity, the Driver's License number must be entered on the Driver's License/ID # field AND Doc # field.

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**Automation
Impact**
(continued)

Updating Information on MEDS INQE Screen

When a worker determines that the information sent from CalWIN to MEDS INQE screen is incorrect or insufficient (e.g. the AP19 transaction from CalWIN to MEDS did not include the Doc # when there is one), the worker will need to take the following actions:

Step	Action
1	Submit an on-line transaction via 14-28B to the MEDS operator to remove the CIT and/or ID information on the INQE screen.
2	View MEDS INQE screen to verify that the CIT and/or ID information on the INQE was removed
3	Update CalWIN fields with the correct information
4	Force an AP19 CIT/ID transaction to MEDS via CalWIN

Issuing Limited Scope for Bridging

Contact the CalWIN Operational Support Help Desk and request for a bottom-line override in CalWIN to continue the limited aid code for the one month bridge.

Forms Impact

14-89 HHS (09/08) DRA Reminder Flyer for Pregnant Women has been added to the County Specific Form Worksheet and is available for order on iWay. This form is also available in Spanish.

**Quality
Assurance
Impact**

Effective with March 2009 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements of this letter.

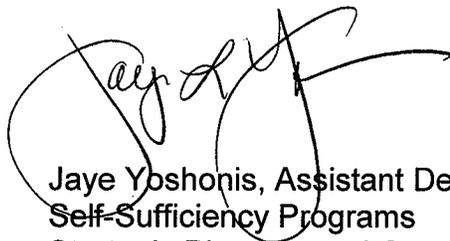
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Summary of Changes

Article	Changes
Article 4 Section 7	<ul style="list-style-type: none"> • Updated the requirement to complete the DHCS 0005 form when CIT/ID documents are received by front line staff and eligibility workers. • Updated the diligent search procedures to include issuance of limited scope. • Refer staff to MPG Article 5 Section 2 and 3 for listings of acceptable verification of AFDC and ABD linkage. • Added procedures for processing verification of CIT/ID for the Breast and Cervical Cancer Treatment Program (BCCTP) previously located in MPG Article 4, Section 21.
Article 4 Section 9	<ul style="list-style-type: none"> • Updated instruction on issuance of restricted/limited scope benefits when DRA requirements cannot be met at the end of the diligent search process.
Article 7 Section 2	<ul style="list-style-type: none"> • Incorporated clarification on certain acceptable CIT/ID documents • Updated the "Special Consideration for Pregnant Women" procedures to include additional follow-up contacts.

Manager Approval



Jaye Yshonis, Assistant Deputy Director
 Self-Sufficiency Programs
 Strategic Planning and Operational Support

KT

We've been
checking our
mail, but we
haven't heard
from you!



We have asked you to provide proof of your U.S. citizenship and identity to determine if you qualify for full-scope Medi-Cal benefits. But we have not heard from you. A review of your case shows that you are trying to get the documents.

Please contact your worker at () - if you would like:

- help in getting the documents;
- more time to get the documents; or
- to receive limited scope Medi-Cal benefits because you are not able to get the documents right now.

Please remember that:

- If you are getting pre-natal care through the Presumptive Eligibility (PE) Program, the PE Program will NOT cover the cost of labor and delivery.
- Medi-Cal will pay for pre-natal care and cost of labor and delivery, whether you are receiving full-scope or limited-scope benefits.
- If you receive limited scope benefits and are able to provide proof within one year of your application date, your Medi-Cal benefits will be changed to full-scope starting from the date of your application. Medi-Cal may then pay for your medical bills during that time.

¡Hemos estado
revisando nuestro
correo, pero no
hemos tenido
noticias
de usted!



Le hemos pedido que proporcione prueba de su ciudadanía de los Estados Unidos e identidad para determinar si usted tiene derecho a calificar para beneficios completos de Medi-Cal. Pero no hemos tenido noticias de usted. Un repaso de su caso muestra que usted está tratando de obtener los documentos.

Favor de comunicarse con su trabajador(a) llamando al () - si desea:

- Ayuda en obtener los documentos;
- Más tiempo para obtener los documentos; o
- Recibir beneficios limitados de Medi-Cal porque no es capaz de conseguir los documentos ahora mismo.

Favor recuerde que:

- Si usted está recibiendo cuidado pre-natal a través del Programa Presumptive Eligibility (PE), el Programa PE NO cubrirá el costo de su parto.
- Medi-Cal pagará por el cuidado pre-natal y por el costo de su parto, ya sea si usted recibe beneficios completos o limitados.
- Si recibe beneficios limitados y es capaz de proporcionar la prueba dentro del periodo de un año de la fecha de su solicitud, sus beneficios de Medi-Cal cambiarán a beneficios completos empezando con la fecha de su solicitud. Puede que Medi-Cal entonces pague por sus cuentas médicas durante ese tiempo.

Article 4 Section 7 – Verification/Documentation Procedures

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04.07.01 Verification Requirements

A. Applicant/ Beneficiary Responsibility

Medi-Cal applicants/beneficiaries are responsible for making available all documents needed for the determination of eligibility.

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MPG Letter 11 (2/91)

B. Worker Responsibility

As part of the application/redetermination process, workers are responsible for explaining verification requirements to the applicant/beneficiary, evaluating the applicant's/beneficiary's ability to obtain verifications, and providing assistance in obtaining the verifications whenever necessary.

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Worker assistance may be necessary whenever the applicant/beneficiary or key person:

- has a low level of literacy or language difficulty;
- is homebound or institutionalized;
- is homeless;
- is physically or mentally handicapped;
- has no funds for postage or transportation; or
- indicates that verification is not available due to loss or destruction of records, non-cooperation by the source of the verification, or similar reasons.

The type of worker assistance required varies depending on the limitations of the applicant/beneficiary or key person. In some situations, assistance in identifying the address of the verification source may be all that is needed. In others, the worker may need to obtain the applicant's/beneficiary's authorization and request the verification of behalf of the applicant/beneficiary.

Additionally, workers are responsible for providing reasonable and heightened assistance as specified in [MPG 4.07.13D](#) to applicants/beneficiaries in obtaining acceptable evidence of U.S. citizenship and identity required under the Deficit Reduction Act of 2005.

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MPG Letter 651 (01/09)

C. Verification

Certain information indicated on the Statement of Facts by the applicant/beneficiary must be verified prior to approval of the

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**Required
Before
Approval**

application.

Information which must be verified **PRIOR** to approval of the application includes:

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- Income (including verification of application for unconditionally available income)
- Income deductions*
- Real and Personal Property
- Residency
- Identity
- Citizenship/Alienage Status
- Pregnancy
- Age/Blindness/Disability
- Deprivation
- Legal Responsibility for a child (if child is applying alone, except for Minor Consent)
- Substantial Gainful Activity (SGA)

* Only required to allow deductions

MPG Letter 528 (5/04)

**D.
Verification
Required
within 60
Days**

Eligibility may be established and approved prior to the receipt of the following information, provided that the approval occurs within 60 days from the date of application:

- Social Security Number (SSN) or application for a SSN
- Medicare entitlement

The following individuals are exempt from the SSN requirement:

- Deemed Eligible infants
- Applicants requesting restricted/limited benefits or minor consent services.
- Refugees applying for Refugee Medical Assistance/Entrant Assistance (RMA/EMA)

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Refer to MPG Article 4, Section 11 for detailed information on SSN requirements.

MPG Letter 608 (07/07)

**E.
Verifications
for
Retroactive
Medi-Cal**

When “No change” is reported on the MC 210A, no verification is required beyond that used to determine current and ongoing Medi-Cal eligibility. If a change is reported, then it must be verified.

MPG Letter 631 (5/08)

**F.
Verifications
for
Re-
Determination**

The only items that must be re-verified at redetermination are those which have not been previously verified or are subject to change. Also, if verification was unavailable previously, the worker must research to see if that verification is currently available. Refer to MPG Article 4 Section 15 for more information on redetermination requirements.

MPG Letter 631 (5/08)

**G.
Additional
Verifications**

The worker may not request verification of items not listed in MPG Article 4 Section 7 or the cross referenced section, which specially addresses the item unless the worker considers it necessary to ensure correct eligibility determination in a specific case. In those instances, the worker must document in the case narrative the nature of the additional verification requested and the reason for the request.

MPG Letter 631 (5/08)

04.07.02 Verification of Income

A. Earned Income

The following are acceptable verifications of earned income:

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Verification	Description
One pay stub	<p>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.</p> <p>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 narrative entry is required.</p> <p>Article 10, Section 4, Appendix C provides information on how to read a pay stub.</p>
Income Tax Return	<p>A copy of the previous year's federal income tax return that accurately reflects current income.</p> <p>See MPG Article 10, Section 2 regarding the use of the federal income tax return.</p>
Statement from employer	Signed letter from employer that shows gross amount and date of paycheck.

When verification cannot be obtained by one of the above, refer to MPG 4.07.10 for information regarding the use of a sworn statement or sworn statement of facts.

MPG Letter 528 (5/04)

B. Self- Employment Income

The following are acceptable verification of earned income from self-employment:

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- 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:

Schedule	Title
C	Profit or Loss from Business
D	Capital Gains and Losses
F	Profit or Loss from Farming

Refer to MPG Article 10, Section 2, Part 4A for information on how to use the federal income tax return for purposes of self-employment income verification.

MPG Letter 528 (5/04)

**C.
Unearned
Income**

Acceptable verifications for unearned income are:

MEPM
4M

- Award letter or most recent COLA increase notice.
- IEVS/PVS printout. See MPG 4.07.11 for more information about IEVS.
- 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 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, when verification stated above cannot be provided. Refer to MPG Article 10, Section 2, Part 4A.

* Amount shown may be net amount if Medicare premiums are being deducted or an overpayment is being collected. Workers shall not require copies of checks issued by the United States government. The applicant/beneficiary should be asked if they are paying for Medicare or repaying an overpayment and this clarification must be narrated in the case file. Verification of this amount may be necessary if IEVS is not available. Premiums may be allowed as a deduction and overpayment deductions may be considered unavailable income – See MPG Article 10, Sections 1 and 6.

MPG Letter 528 (5/04)

**D.
In-Kind
Income**

Verification is only required if the applicant/beneficiary claims the amount is lower than the allowed standard. A written statement from the provider is acceptable. See MPG Article 11, Section 1, Appendix A for the in-kind standards.

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**E.
Fluctuating
Income**

Fluctuating income may be verified by check stubs, copies of checks or a signed statement from the person or organization making the payments including the gross amount and frequency of the payments.

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MPG Letter 528 (5/04)

**F.
Tip Income**

Acceptable verification of tip income are:

- amount reported on stub; or
- amount actually reported by applicant/beneficiary.

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If discrepancy exists in the amount of tips reported, the applicant/beneficiary may sign a sworn statement about the reason for the discrepancy.

MPG Letter 528 (5/04)

**G.
Temporary
Worker's
Compensation**

Award letter from the insurance company or other entity which identifies the payment as temporary, the amount of the payment and the schedule of payments.

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MPG Letter 528 (5/04)

**H.
Veteran's
Assistance**

Acceptable verifications of VA or Aid and Attendance Payments are:

- completed Veteran's Benefits Verification and Referral Form (CW5);
- documentation in case narrative that the worker has viewed the VA check; or
- award letter.

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MPG Letter 528 (5/04)

**I.
Interest or
Dividends**

Acceptable verification of interest and dividends are:

- IRS Interest Income Statement Form 1099;
- bank statement;
- account statement; or
- payment records.

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MPG Letter 528 (5/04)

**J.
Child/Spousal
Support**

- Acceptable verifications of child/spousal support are:
- court papers
 - department of child support Services (DCSS) records
 - sworn affidavit from the absent parent
 - copy of check

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MPG Letter 528 (5/04)

**K.
Educational
Grants/Loan**

Educational Grants/Loans may be verified by viewing the Financial Aid papers provided by the college/university. Narrate information in the case file.

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MPG Letter 528 (5/04)

**L.
Net Income
from Property**

- Acceptable verifications of net income from property are:
- lease or sales agreement
 - bookkeeping records

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MPG Letter 528 (5/04)

**M.
Unconditionally
Available
Income**

The application of unconditionally available income must be verified. See MPG Article 4, Section 12 for more information.

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MPG Letter 528 (5/04)

04.07.03 Verification of Income Deductions

A. General

Verification of expenses is only required to allow the deduction from the total countable income. These verifications are NOT required as a condition of eligibility.

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MPG Letter 528 (5/04)

B. Guardian/Conservator Fees

When a guardian/conservator asserts that reasonable court approved fees exist and he/she has provided verification that the applicant/beneficiary has income from which fees are an allowable deduction, the worker must take the following actions:

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Step	Action						
1	<p>Request for:</p> <ul style="list-style-type: none"> A copy of the court order authorizing payment of fees from the account of the applicant/beneficiary to the guardian/conservator. The order must include the amount of the fee and the month for which the fee is authorized; AND A written statement from the guardian/conservator describing the services provided during the month, how the fee was calculated, including hours spent on the conservatee's affairs and the rate being charged as well as any other costs included in the fee. 						
2	<p>Review the verifications requested in Step 1 and determine whether the fee amount is reasonable.</p> <table border="1"> <thead> <tr> <th>If fee is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Reasonable</td> <td>Proceed to Step 4</td> </tr> <tr> <td>Not reasonable</td> <td>Proceed to Step 3</td> </tr> </tbody> </table> <p>The worker is to presume the fees billed in the statement are reasonable provided that the amount matches the amount shown in the court order and there is no circumstance which leads the worker to question the fee amount.</p> <p>Examples of questionable fees which may require further review and documentation include:</p> <ul style="list-style-type: none"> fees for personal services; charges for services not related to the administration of the conservatee's estate; or fees which vary from month to month when there is no change in income, property, etc. and there is not court activity. 	If fee is...	Then...	Reasonable	Proceed to Step 4	Not reasonable	Proceed to Step 3
If fee is...	Then...						
Reasonable	Proceed to Step 4						
Not reasonable	Proceed to Step 3						
3	Request a written statement from the guardian/conservator						

	<p>to clarify fees determined to be questionable. The statement needs to address:</p> <ul style="list-style-type: none"> • why personal services are required; • why the fees fluctuate from month to month when there is no change in income, property, etc. and there is no court activity; or • why the fees are higher than what is normally charged for similar service. <p>The guardian/conservator must be given a reasonable time period to respond. The SOC is to be calculated without the fee deduction until the reasonableness of the fee is verified.</p>
4	Calculate the SOC with the fee deduction.

MPG Letter 528 (5/04)

**C.
Dependent
Care
Deduction**

Dependent care deduction shall encompass the cost of childcare or the cost for care of an incapacitated person. The cost of childcare or care of an incapacitated person will be verified by viewing:

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- receipts;
- cancelled checks; or
- signed statement from the person or organization receiving the payment.

Additionally, if the cost of care is for an incapacitated person, the incapacity must be verified with a written statement from a physician. The statement must specify that the person requires care due to the incapacity.

The worker must tic the case to review the incapacity or discontinue allowing the deduction based on the information on the statement. When the incapacity is permanent, the review and re-verification will be obtained at the annual redetermination.

MPG Letter 528 (5/04)

**D.
Health
Insurance
Premium**

Acceptable verifications of health insurance premiums are:

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- information about coverage; or
- completed DHCS 6155.

MPG Letter 528 (5/04)

04.07.04 Verification of Real and Personal Property

**A.
Verification of
Bona Fide
Effort to Sell**

The worker will file a copy of the listing contract and appraisal in the case folder. The applicant/beneficiary or key person must be advised to report all offers at fair market value or higher and the acceptance of such offers.

The worker must set a case alert to review the month the listing contract expires or on a quarterly basis, whichever comes first. If the property has not been sold at the time, the beneficiary or key person must provide evidence that the property has been listed again. In general, the case record must include evidence that the property continuously meets the criteria of bona fide effort to sell, as stated in MPG Article 9, Section 4.

MPG Letter 528 (5/04)

**B.
Verification of
Market Value
of Other Real
Property**

The market value of other real property must be verified by viewing any of the following:

- a current tax statement from the Tax Assessor's Office;
- records maintained by the Tax Assessor; or
- a written statement from a qualified real estate appraiser which gives the appraiser value of the property if the applicant/beneficiary has chosen the option discussed in MPG Article 9, Section 5, Item 3.A.

Refer to Article 9, Section 5, Appendix B for sample letter which may be used to verify the value of property located outside of San Diego County.

MPG Letter 528 (5/04)

**C.
Verification of
Encumbrance
of Other Real
Property**

Encumbrances must be verified by viewing:

- a payment book issued by the institution or person holding the encumbrance which indicates the amount owed; or
- written correspondences from the institution or person holding the encumbrance which states the current amount owed.

MPG Letter 528 (5/04)

**D.
Oil Leases,**

The value of oil leases, mineral rights, and timber rights shall be verified by viewing one of the following:

Mineral Rights, Timber Rights

- written or telephone contact with a member of a recognized professional appraisal society which establishes the current market value of the lease or right;
- records maintained by the Tax Assessor where the lease or right is located; or
- written or telephone contact with the company or organization developing the natural resource which establishes the current market value.

MPG Letter 528 (5/04)

E. Bank Accounts

Bank account balance verification must show that the applicant/beneficiary is property eligible in the month for which eligibility is being determined. This verification can be dated within the month for which eligibility is being determined or on the last day of the month immediately preceding this month.

DHS Clarification

Account balances must be verified by viewing one of the following:

- an account statement from the institution holding the funds;
- signed correspondence from the institution holding the funds;
- a teller receipt from the institution holding the funds, provided that it contains the entire account number, the date, and the name of the individual who owns the account; or
- a copy of an internet bank verification printout if it contains the owner's name, financial institution name, date, complete account number, and account balance.

MPG Letter 573 (5/05)

F. Income Tax Refunds

Income tax refunds can be verified by one of the following:

- viewing the check;
- viewing the income tax return (540, 1040); or
- written correspondence from the State Franchise Tax Board or Internal Revenue Service.

MPG Letter 573 (5/05)

G. Recreational Vehicles

The value of recreational vehicles must be verified by:

- viewing the registration of the recreational vehicle;
- obtaining appraisal statements; or
- obtaining the purchase contract.

**H.
Stocks,
Bonds,
Mutual Funds**

The value of stocks, bonds, and mutual funds will be verified using either Method A or Method B.

Method	Required Action	
A	Step	Action
	1	View a certificate or signed statement from the issuing institution stating a description of the investment, including the number of shares owned;
	2	Establish the current selling price of the property by: <ul style="list-style-type: none"> • contacting a recognized stock exchange broker via phone; or • reviewing listings in a current newspaper.
	3	Compute value
B	Viewing and filing a copy of an internet verification as long as all of the following information is included: <ul style="list-style-type: none"> • owner's name; • issuing institution's name; • date; • complete account number; and • account balance. 	

**I.
United States
Savings
Bonds**

United States Savings Bonds values will be verified by viewing the bond. Narrate the information in case file. The worker will contact any bank or institution where the bonds can be redeemed to obtain the current value.

**J.
Austrian
Social
Insurance
Payments**

The applicant/beneficiary must present at least one of the following items.

- An award letter from an Austrian pension insurance agency (may be written in German) in favor of the client, which contains the language:

“Die Beguenstigungsvorschriften fue geschaedigte aus

politischen oder religioesen gruenden der abstammung wurden angewendet (500ff ASVG).”

Translation:

“The regulations were applied which give preferential treatment for persons who suffered because of political or religious or reason of origin (500ff ASVG).”

OR

- A check copy or stub showing an Austrian pension payor.

If after making reasonable attempt and the applicant/beneficiary is unable to produce either a check stub or a copy of an award letter, he/she may attest, under penalty of perjury, that he/she was imprisoned or unemployed in or forced to flee from Austria during the period 1933-1945 because of political or religious reasons or that a particular account deposit represents such a payment.

Additionally, the applicant/beneficiary must obtain a corroborating statement from a bank, family member, guardian, conservator, etc. stating that the payment is based, in whole or in part, on wage credits under Paragraphs 500-506 of the GSIA. In the absence of such documents, the applicant/beneficiary's statements do not suffice as verification for this exemption.

MPG Letter 528 (5/04)

**K.
Deeds of
Trust,
Mortgages,
Promissory
Notes**

The value of deed, trusts, notes, and mortgages must be verified as follows:

Step	Action
1	Viewing documents which state a description of the item (narrate in the case file);
2	<ul style="list-style-type: none">• Viewing the documents from the lender which identify the principal amount remaining on the note (narrate in case file); or• Viewing an appraisal from a party that is qualified to appraise mortgages and notes (narrate in case file); or• Making a telephone contact with a recognized broker who buys, sells, or appraises mortgages and notes.

MPG Letter 528 (5/04)

L.

The value of life estate will be verified by viewing a copy of the

Life Estates legal document which created the life estate. This is usually a grant deed. Narrate in case file.

MPG Letter 528 (5/04)

M. Loans To determine if a loan requires repayment, it is necessary to view the documentation. A copy of the verification must be filed in the case folder.

Documentation should include:

- the actual formal contract that indicates the repayment arrangement and method for written contracts; or
- a statement from the borrower and the lender must be obtained that documents that the conditions of repayment existed when the loan occurred for oral agreements or personal loans.

MPG Letter 528 (5/04)

N. Life Insurance Policies The Cash Surrender Value (CSV) of non-exempt life insurance policies must be verified by viewing either the following:

- the value tables located in the policy; or
- signed correspondence from the insurance company which indicates the current value.

MPG Letter 528 (5/04)

O. Burial Plots, Vaults, Crypts The net market value of non-exempt burial plot, vault, or crypt will be the amount listed on the statement of facts with no additional verification required unless the value exceeds \$1,800.

If the value exceeds \$1,800, the applicant/beneficiary will be required to submit a statement of value from the organization from which the plot, vault or crypt was purchased. The net market value shall be determined by taking the value shown on statement and subtracting any encumbrances.

MPG Letter 528 (5/04)

04.07.05 Verification of California Residency

A. General

Medi-Cal applicants must provide one of the following documents with a California address. It does not need to be the current address. Documents provided by a homeless applicant/beneficiary must be considered even if it does not include an address.

According to California Code of Regulations, Section 50320(b) regarding the general residency requirement, "A declaration, affidavit or other statement from the applicant or any other person that the applicant is a residence of California is unacceptable as verification of residency in the absence of other credible evidence that supports a finding that the applicant is a resident of CA." Therefore. A sworn statement from the applicant or any other person is not acceptable verification of residency. Residency of an applicant living with his/her spouse may be verified using documents which identify the spouse, whether or not the spouse is applying for Medi-Cal.

MPG Letter 528 (5/04)

B. Verification of CA Residency

The following are evidences of California (CA) residency:

Documentation	Description
CA Driver's License or Identification Card	Issued by the California Department of Motor Vehicles in the applicant's name; Must be current and valid;
CA vehicle registration	A current and valid CA vehicle registration in the applicant's name.
Employment	A document showing that the applicant is employed in CA (for either parent, even if that parent did not sign the statement of facts).
Employment Services	A document showing that the applicant is registered with public or private employment services in CA.
School enrollment	Evidence that the applicant has enrolled his or her children in a school in CA.
PA recipient	Evidence that the applicant is receiving Public Assistance other than Medi-Cal in CA.
Voter Registration Form and/or Receipt (MPG Article 7,	The Voter Registration Form (VRF) when completed and signed by the person who wishes to register to vote, constitutes a written declaration which shows that the bearer has declared under penalty of perjury to live at the address shown on the form.

<p>Section 5, Appendix B1 & B2 for samples),</p>	<p>If the Voter Registration Form is mailed by someone other than the registrant, the registrant is given a Registration Form Receipt, signed by the person who will forward the completed registration form to the appropriate election administrator for processing.</p> <p>The Voter Registration Form or Receipt, by itself, is NOT sufficient to establish that the applicant is a resident of CA. However, a copy of the form, along with other evidence the applicant may provide to support his/her claim of CA residency is acceptable.</p>
<p>Voter Notification Card (VNC)</p>	<p>The VNC is the document mailed to the voters as official evidence of registration to vote. This card is sent to the address indicated on the VRF and is not forwarded by postal authorities to another address. Therefore, the VNC serves as rudimentary evidence that the bearer lives at the address indicated and by itself is acceptable evidence of CA residency.</p> <p>However, if there is credible evidence, which contradicts an applicant's claim of CA residency, a VNC, by itself may not be sufficient to support a finding of CA residency. Other evidence must also be considered in making a residency determination.</p> <p>Also, if the VNC was issued by a previous county of residence, it might not be indicative of current residency in the state. In this situation, the worker must determine whether the applicant has established residence in another state or country since the time the VNC was issued.</p> <p>If the applicant recently resided in another state or country, and provides a VNC issued by a CA county during a prior period of residence in this state, the VNC card in itself is not sufficient to establish current CA residence in absence of other credible evidence.</p>
<p>Abstract of Voter Registration</p>	<p>The abstract of Voter Registration is an official document issued to a registrant who has lost his/her Voter Registration Card. This replacement document shows that the person</p>

	<p>named was on record as a registered voter in that county at the time the abstract was issued. Such a document is similar in substance to the VNC. In determining residency, an Abstract of Voter Registration should be viewed like a VNC as discussed above.</p>
<p>Rent/Mortgage Receipt or Utility Bill</p>	<p>A current CA rent/mortgage receipt or utility bill in the applicant's name.</p> <p>Note: Rent receipts provided by a relative to the applicant will be acceptable only if no other documentation listed above can be obtained and the relative completes and signs form MC 210S-I declaring under penalty of perjury, that the information provided is true and correct. This includes situations where the applicant is receiving in-kind housing.</p> <p>The applicant who pays rent to a relative within in-kind services may provide verification of such payments as evidence of CA residence. Evidence of in-kind payment can include a written statement from the relative identifying the type of service provided along with an MC 210 S-I.</p>
<p>Other evidence</p>	<p>If the worker is unable to obtain on the above specified documents, the worker can consider "other evidence." Other evidence includes, but is not limited to, evidence provided by an agency located in CA, that supports a finding that the applicant is a residence of CA (e.g. affidavit from a homeless shelter or court documents). Before the worker can consider "other evidence" the applicant must signed an MC 214 form</p>

04.07.06 Verification of Identity

- A. General** The identity of an applicant must be verified prior to approval of the application. Documents which may be used to verify identity depends on the applicant's citizenship/alienage status and whether he/she is requesting Medi-Cal.

MPG Letter 631 (5/08)

- B. U.S. Citizens** Unless otherwise exempt, U.S. citizens (including U.S. nationals) applying for Medi-Cal benefits are required to provide acceptable evidence of identity as specified in MPG 7.2.02, to receive full-scope Medi-Cal.

U.S. citizens/nationals not requesting Medi-Cal benefits are not subject to requirements specified in MPG 7.2.02. However, these individuals must still provide verification of identity in the same manner as non-citizens.

MPG Letter 631 (5/08)

- C. Non-Citizens** Unless otherwise exempt, non-citizens are required to provide verification of identity. The following persons are not required to provide verification of identity:
- Institutionalized individuals whose identity has been verified by the facility.
 - Individuals receiving Medi-Cal through Adoption Assistance Program.
 - Children, when the identity of one parent is verified. (Note: If the application is being made for only the children and not for the parents, the worker shall not require the parent's SSN.)
 - Children requesting Medi-Cal for Minor Consent services.
 - Individuals not acting on their own behalf and a government representative, such as a public guardian, is acting for them.
 - The spouse of a person whose identity has been verified.

MPG Letter 631 (5/08)

- D. Acceptable Verification for** Acceptable verifications for the identification of non-citizen applicants are:
- California Driver's License, California Identification Card or photo ID

Non-Citizens

- United States citizenship or Alien Status document
- Birth certificate
- School Identification card
- A Social Security Card or document containing a Social Security Number
- Marriage record
- Work badge or building pass
- Church membership or baptism/confirmation record
- Divorce decree
- Adoption record
- Court order for name change

MPG Letter 631 (5/08)

04.07.07 Verification of Citizenship/Alien Status

A.
U.S. Citizens

Medi-Cal applicants/beneficiaries who declare to be a U.S. citizen or U.S. national and who request Medi-Cal must provide acceptable documentation of citizenship and identity to receive full-scope Medi-Cal benefits, if otherwise eligible. Refer to MPG Article 7, Section 2 for detailed information on the requirements for U.S. citizens/nationals and their level of benefits.

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MPG Letter 651 (01/09)

B.
Non-Citizens

Refer to MPG Article 7, Section 3 for more information on the requirements for non-citizens and their level of benefits.

MPG Letter 631 (5/08)

04.07.08 Verification of Pregnancy

A. Acceptable Pregnancy Verification

Effective June 1, 2001, the following items may be accepted as verification of pregnancy:

1. For pregnancy-only services

A self-declaration of medically verified pregnancy for an otherwise eligible woman to receive pregnancy only related services.

2. 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:

- 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.

3. 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

4. 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 the case file.

MPG Letter 528 (5/04)

B. Self-Declared

A woman may self-declare her pregnancy by writing it on the application, the Statement of Facts or by another other signed

Pregnancy

statement. She may also self-declare her pregnancy by telling the worker she is pregnant. Such self-declaration must be documented in case file. Self-declared pregnancy is sufficient for a woman to receive pregnancy only related services or to receive full-scope services for 60 days, if requested.

An applicant who self-declares her pregnancy may claim that the pregnancy has been medically verified by either one of the following methods:

- A positive pregnancy result, which has been confirmed by a medical provider; or
- A positive pregnancy result, which has been confirmed by a home pregnancy test.

MPG Letter 528 (5/04)

C. Written Pregnancy Verification

Written verification of pregnancy must be submitted within 60 days for an otherwise eligible woman to continue to receive full-scope benefits. Written verification of pregnancy may be any of the following:

- A physician;
- A physician's assistant;
- A certified nurse midwife
- A certified nurse practitioner
- A licensed midwife;
- A designated medical or clinic personnel with access to the patient's medical record.

A photocopy, carbon copy or signature stamp is acceptable and does not have to be initialed or countersigned. It must be from a medical facility. "Pregnancy Resource Center" does not qualify. There is no requirement that the pregnancy verification be dated by any of the above within a certain time frame.

MPG Letter 528 (5/04)

04.07.09 Verification of Other Information

A. AFDC Deprivation

Refer to MPG Article 5, Section 2 for AFDC deprivation verification requirements.

MPG Letter 651 (01/09)

B. Age, Blindness, and Disability (ABD)

Refer to MPG Article 5, Section 3 on verification of ABD linkage.

MPG Letter 651 (01/09)

C. Legal Responsibility

If a child is applying alone, it must be verified that no parent or agency will accept responsibility. Contact, either oral or written, with the parent or agency must be documented except for Minor Consent.

MPG Letter 608 (7/07)

D. Medicare

The receipt of Medicare is verified by viewing one of the following and narrating in the case file:

- The applicant/beneficiary's Health Insurance Card (HIC) and number;
- A Social Security Administration Title II award letter displaying HIC;
- A bill for Medicare Part A or Part B premium (SSA 1545); or
- A MEDS print (INQB) screen

MPG Letter 631 (5/08)

E. SGA

A Substantial Gainful Activity (SGA) determination requires that the following two items be verified:

- The applicant/beneficiary's monthly gross earnings. If irregular, earnings will be averaged. Earnings derived from IHSS are treated as earned income.
- The applicant/beneficiary's Impairment-Related Work Expenses (IRWE) and/or subsidies.

MPG Letter 608 (7/07)

**F.
SSN**

Social Security Number (SSN) verification or an application for a SSN is required for each member of the MFBU within 60 days from the date of application. Eligibility can be established and approved prior to receipt of SSN or proof of SSN application as long as the approval occurs within 60 days from the date of application. SSN requirement can be found in MPG Article 4, Section 11.

MPG Letter 608 (7/07)

04.07.10 Verification Not Available

A. General

Verifications of income or property are to be considered unavailable when any of the following, or similar, conditions exist:

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- Pursuit of the verification would put the applicant in some bodily danger or would result in loss of employment.
- Records were destroyed by fire, flood, etc.
- The source of the verification is uncooperative.

MPG Letter 528 (5/04)

B. Reasonable Attempt

The worker will evaluate each situation where the applicant states that verification is unavailable. A reasonable attempt by either the applicant or the worker is to be made to obtain the verification. The attempt may be made by telephone or in writing to the source of the verification. All actions taken by the applicant and/or worker to obtain verification must be documented in the case narrative.

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The requirement to contact the verification source may be waived if the applicant states that the contacts would jeopardize employment or put the applicant in danger of physical harm. In this situation, the applicant must complete a sworn statement describing the basis for his/her contention that pursuit of the verification may jeopardize him/her physically, or lead to loss of employment.

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MPG Letter 528 (5/04)

C. Use of 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. The sworn statement of facts can serve as a sworn statement and verification of **declared income or property** if:

- The declared information is not available in any other form other than a sworn statement;
- The declared information is sufficient to determine eligibility; and
- A narrative entry documents the steps taken and why it was not available in any other form.

MPG Letter 528 (5/04)

04.07.11 Verification from Other PA Cases and Automated Systems

A. General

Whenever possible, information available on county accessible automated systems or from Other PA case records shall be used in determining eligibility.

Other PA cases include other Medi-Cal, Food Stamps, General Relief, CalWORKs, CAPI, CMS, IHSS, and Foster Care cases.

MPG Letter 631 (5/08)

B. Automated Systems

Examples of county accessible automated systems include, but are not limited to, the following:

- Income Eligibility Verification System (IEVS)
- Systematic Alien Verification for Entitlements (SAVE)
- Employment Development Department (EDD) Real-Time Match
- State Data Exchange (SDX)
- Medi-Cal Eligibility Data System (MEDS) for Birth Record Data Match
- County Birth records extracts

MPG Letter 631 (5/08)

C. Other PA Cases

1. Verification of U.S. citizenship/National Status

Documentation of citizenship/national status from existing case files is acceptable and may be used to meet the citizenship/identity verification requirement specified in MPG 7.2.03 if the worker is able to locate documentation in the case file indicating that the procedures used in initially obtaining the documents indicate that the documents were originals or certified copies.

Document used in meeting the citizenship/identity verification requirements under DRA 2005 must also all within those that have been approved by DHCS as acceptable evidence of citizenship and identity. For listing, refer to MPG Article 7, Section 2, Appendix B.

2. Other Verification/Information

Information/verification obtained from Other PA case records of beneficiaries and their immediate family members (responsible

relatives and/or their children) can be used to determine Medi-Cal eligibility if the Other PA case is:

- Currently active, or
- Closed within the last forty-five (45) days

The information from the other case record must have been obtained or reaffirmed within the last 12 months and not subject to change. Copies of the forms and verifications used from Other PA case record must be filed in the Medi-Cal case record.

MPG Letter 631 (5/08)

04.07.12 Requests for Additional Information/Verification

A. General

When the worker needs to contact the applicant/beneficiary for additional information, the date, method of contact and result of the contact must be documented in the case file. Workers are allowed to clarify information over the phone. If the reason for a contact is to clarify by phone information that is missing on forms (including the statement of facts), the worker shall narrate the contact in the narrative section of the case, and make a note on the statement of facts using different color ink from the applicant/beneficiary's entries to "see Narrative."

When the applicant/recipient fails to respond to the first contact, the worker shall conduct a second contact, either by telephone and/or written notice, and document this extra effort in the file.

The written notification should include the date of the prior client contact and the requested information/verification, the time frame for responding to this second notification, and the consequences for not providing the requested information within the allotted time.

When the request is for verification of citizenship and identity documents required under DRA 2005, refer to MPG 04.07.13 for specific procedures.

MPG Letter 651 (01/09)

B. Ex Parte Process Overview

The *ex parte* process is used when determining Medi-Cal eligibility at application, redetermination, or when changes in circumstances occur that affect Med-Cal eligibility. "*Ex parte*" is the process whereby a Medi-Cal only determination is made without the involvement of the applicant/beneficiary.

The *ex parte* process requirements follow:

- The worker shall attempt to complete the Medi-Cal evaluation based on information/verification contained in open, or closed within 45 days, Other PA case records of beneficiaries and their immediate family members, or in county assessable automated systems. (See items 8A and 8B above.)
- Information/verification used from an Other PA case must have been obtained or reaffirmed within the last 12 months

and not subject to change.

Medi-Cal workers must always attempt to obtain needed information/verification by means of the *ex parte* process prior to:

- Denying a case for failure to provide for applicants.
- Requesting the information/verification from beneficiaries.

MPG Letter 520 (01/04)

**C.
Ex Parte for
Applicants**

For applicants, the workers are allowed to request needed information/verification prior to initiating an *ex parte* review. If the applicant does not respond by the due date of the 2nd request, the worker must do an *ex parte* review to attempt to find the needed information.

If the worker...	Then...
locates the needed information/verification through the <i>ex parte</i> review,	notify the applicant that the information/verification is no longer needed and benefits are to be granted, if otherwise eligible.
is not able to locate the information/verification	the application shall be denied for failure to provide.

The worker may not deny a case for failure to provide BEFORE completing an *ex parte* review.

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MPG Letter 520 (01/04)

**D.
Ex Parte for
Beneficiaries**

When a change that affects ongoing eligibility is reported, the worker must always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting it from the beneficiary.

If the *ex parte* review results in insufficient information/verification for an accurate determination of eligibility, then:

- the beneficiary must then be contacted to request the needed verification; and
- the exact reason for contacting the beneficiary must be

narrated in the case file.

When the *ex parte* process reveals a change in circumstances that requires a referral or updating of information to other agencies, the beneficiary must complete the appropriate forms. Examples of these forms are the DHS 6155 Health Insurance Questionnaire, Medical Support Forms, and CWC 6041 Potential Third Party Liability.

MPG Letter 520 (01/04)

**E.
At Application**

1. First Request for Verification

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Mail-In: For mail-in applications, the person who opens the application must order AL 746. The AL is to be sent to applicant immediately. It reminds the applicant to send the statement of facts and any needed verification by a specified due date (15 days from the date the SAWS 1 is dated). If the requested verification is subsequently found in an Other PA case or through County available systems, the applicant must be notified that he/she does not need to provide the requested items. The AL 746 is considered the first request for verification.

Non-Mail-In: The worker is to complete a Form 17-19 HHSA noting on it any items that are identified as outstanding during the face-to-face interview. The original 17-19 HHSA is to be given to the applicant and a copy filed in the case. Applicants are to be allowed at least 10 calendar days to provide needed verification listed on the 17-19 HHSA. As in the mail-in process above, if the requested verification is subsequently found in an Other PA case or through County available systems, the applicant must be notified that he/she does not need to provide the requested items. The 17-19 HHSA is considered the first request for verification.

2. Second Request for Verification

If the due date for the return of the AL 746 (mail-in) or 17-19 (face-to-face) passes with no response from the applicant, the worker must contact the applicant. AL 716 will be sent to the applicant to allow another 10 days to provide the requested verification. Additionally, workers are to follow guidelines in MPG Article 4, Section 13, Items 3.B.2 & 3 regarding the following requirements:

- making two attempts to contact the applicant by phone; and

- mailing the applicant the 14-76 HHSA reminder letter.

If the second due date passes with no responses and the worker is unable to obtain the needed verification through the ex parte review, the worker will issue a notice to deny Medi-Cal benefits. Cases are NOT to be denied for failure to provide until Other PA cases, either active or closed within 45 days, are reviewed for needed verification.

3. Applicant provides and/or contacts worker after denial NOA was mail

If the applicant contacts the worker before the due date of the denial NOA indicating that the requested item cannot be obtained by the due date with good cause, the due date may then be extended. (Example of good cause: the individual has requested a statement from the insurance company to verify his/her current life insurance cash surrender value, but the issuance of such statement/ verification was delayed by the insurance company, etc.)

If the applicant provides the requested verification within 30 days of the case denial date, evaluate for ongoing eligibility, and if appropriate, rescind the denial and approve ongoing benefits.

MPG Letter 520 (01/04)

F. When Changes Are Reported

When a change that affects ongoing eligibility is reported, the worker must always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting verification from the beneficiary.

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If the worker is unable to locate needed verification and the beneficiary has provided a phone number, the worker shall attempt to contact the beneficiary by phone to request the information. If phone contact is made but the beneficiary is unable to provide adequate verification over the phone, or when a phone contact is not achieved, send the MC 355 requesting the needed verification; allow 20 days for its return.

If the beneficiary:

- Does not provide the requested verification, attempt a second phone contact on the 20th day after the MC 355 was

mailed. On the same day, mail an adequate and timely discontinuance NOA to the last known address of the beneficiary.

- Provides partial verification within the first MC 355, mail a second MC 355 requesting the verification that is still needed. On the same day that the MC 355 is sent, a courtesy phone contact may be made to the beneficiary if time allows. If the beneficiary does not provide the requested verification within 10 days, send an adequate and timely NOA to discontinue the case.

When the requested verification is received within 30 days of the discontinuance, evaluate for ongoing eligibility and rescind the discontinuance if appropriate.

MPG Letter 520 (01/04)

**G.
At Re-
Determination**

For the annual redetermination process, workers must follow the steps described below.

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- Mail the beneficiary the MC 210 RV annual redetermination statement of facts. Include the AL 784 coversheet, which instructs the beneficiary to mail in verification of the information provided on the MC 210 RV.
- If the MC 210 RV is returned without the necessary verifications, complete an *ex parte* review.
- If the *ex parte* review results in insufficient information to complete the redetermination, cases are not to be discontinued for failure to complete the redetermination until Other PA records have been reviewed per the *ex parte* rules above.
- If there is no response in 20 days, discontinue Medi-Cal with a timely NOA and attempt a phone contact. Attempt a second phone contact on the fifth business day after the NOA was mailed.
- If partial items are provided, mail the MC 355 and attempt a phone contact. Attempt a second phone contact on the fifth business day after MC 355 was mailed.
- If no response to the MC 355 is received in 20 days, discontinue Medi-Cal with a timely NOA.
- If partial items are provided after the first MC 355, mail a second MC 355 and allow 10 days for the beneficiary to submit the needed information. A courtesy phone contact may be made at this time.
- If items are still not provided, discontinue Medi-Cal with a timely NOA.
- If the requested item is received within 30 days from the date

of the discontinuance, evaluate for ongoing eligibility and rescind the discontinuance if appropriate.

Reminder: Workers shall not request information which:

- has been previously provided within 12 months from the date the eligibility determination was made;
- is not subject to change;
- is available for verification by the worker; and
- is not necessary to make an eligibility determination.

MPG Letter 520 (01/04)

**H.
At Conclusion
of
Investigation**

When a beneficiary is under investigation and the investigator completes the report, it is forwarded to the worker for review and potential actions. If the investigation report reveals facts which were not reported by the client (example: the absent parent is now living at home), the worker will attempt to contact the beneficiary by phone or in writing to request the needed information/verification. The worker is to narrate in the case file the results of all attempted phone contacts. The worker is to send the beneficiary MC 355 requesting the information/verification and allow the beneficiary 20 days to return. If the requested information/verification is not received by the due date without good cause, the person or case will be discontinued effective the last day of the current month, or the last day of the following month if the 10-day notice requirement cannot be met for the current month.

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Note: If the investigator made a recommendation on the report and the worker disagrees with the recommendation, he/she must discuss with his/her supervisor and investigator. If an agreement still cannot be reached, the case will be referred to the Family Resource Center manager. See MPG Article 19 for details.

MPG Letter 520 (01/04)

04.07.13

Requests for Citizenship/Identity Verification Required Under DRA 2005

A. General

With the passage of the Deficit Reduction Act of 2005, individuals who claim U.S. citizenship status and who request Medi-Cal benefits must provide acceptable evidence of their identity and citizenship. The worker shall be required to take steps identified below to assist applicants and beneficiaries in obtaining evidence of citizenship and identity. Reasonable and heightened assistance shall be provided depending on the applicant/beneficiary's circumstances. The worker shall also refer to MPG 07.02.06 for additional steps when the applicant is pregnant.

MPG Letter 631 (05/08)

B. Actions Required Before Requesting

Before the worker contacts the applicant/beneficiary to request for verification of citizenship and identity, the worker must take the following steps to determine if he/she is exempt from the verification requirements and if the requirements have been or could be met through Birth Record Data Match via MEDS.

Step	Action						
1	Determine if the applicant/beneficiary is exempt from the citizenship and identity verification requirements, as specified in MPG 7-2-02.D.						
	<table border="1"><thead><tr><th>If individual is ...</th><th>Then...</th></tr></thead><tbody><tr><td>Exempt</td><td>Narrate in case. Ensure that the MEDS has appropriate coding(s). No further action needed.</td></tr><tr><td>Not exempt</td><td>Go to Step 2</td></tr></tbody></table>	If individual is ...	Then...	Exempt	Narrate in case. Ensure that the MEDS has appropriate coding(s). No further action needed.	Not exempt	Go to Step 2
	If individual is ...	Then...					
Exempt	Narrate in case. Ensure that the MEDS has appropriate coding(s). No further action needed.						
Not exempt	Go to Step 2						
2	Determine if the applicant has already provided acceptable verifications of citizenship and identity by: <ul style="list-style-type: none">• Reviewing the verifications that are attached to the application form• Reviewing CITIZENSHIP-DOC: TYPE and IDENTITY-DOC: TYPE fields on MEDS INQE screen• Performing <i>ex parte</i> review of county eligibility case records and databases, including the centralized bank of citizenship/identity documents in the FRC.						

	<ul style="list-style-type: none"> Contacting other counties if there is prior history of benefits in another county shown on MEDS INQM. 						
	<table border="1"> <thead> <tr> <th>If individual ...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Has already provided acceptable verifications of citizenship and identity</td> <td>Narrate in case. Issue DHCS 0011 if acceptable verifications are attached to application. Ensure that MEDS has appropriate coding(s). No further action needed.</td> </tr> <tr> <td>Has NOT provided acceptable verifications of citizenship and identity</td> <td>Go to Step 3.</td> </tr> </tbody> </table>	If individual ...	Then...	Has already provided acceptable verifications of citizenship and identity	Narrate in case. Issue DHCS 0011 if acceptable verifications are attached to application. Ensure that MEDS has appropriate coding(s). No further action needed.	Has NOT provided acceptable verifications of citizenship and identity	Go to Step 3.
If individual ...	Then...						
Has already provided acceptable verifications of citizenship and identity	Narrate in case. Issue DHCS 0011 if acceptable verifications are attached to application. Ensure that MEDS has appropriate coding(s). No further action needed.						
Has NOT provided acceptable verifications of citizenship and identity	Go to Step 3.						
3	<p>Determine if the applicant/beneficiary was born in California.</p> <table border="1"> <thead> <tr> <th>If individual was born ...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>In California</td> <td>Initiate request for Birth Record Data Match via CalWIN. Refer to MPG 7-2-D for details. Go to Step 4</td> </tr> <tr> <td>Outside of California</td> <td>Go to the next section, titled "Required Action When Requesting."</td> </tr> </tbody> </table>	If individual was born ...	Then...	In California	Initiate request for Birth Record Data Match via CalWIN. Refer to MPG 7-2-D for details. Go to Step 4	Outside of California	Go to the next section, titled "Required Action When Requesting."
If individual was born ...	Then...						
In California	Initiate request for Birth Record Data Match via CalWIN. Refer to MPG 7-2-D for details. Go to Step 4						
Outside of California	Go to the next section, titled "Required Action When Requesting."						
4	<p>Review result of Birth Record Data Match request.</p> <table border="1"> <thead> <tr> <th>If the result is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>A match</td> <td>Verify match on MEDS and notify applicant/beneficiary that citizenship verification requirement has been met via DHCS 0006, as specified in MPG 7-2-05.E. Narrate. Proceed to Step 5 only if evidence of identity is still needed.</td> </tr> <tr> <td>Is not a match</td> <td>Go to the next section, titled "Required Action When Requesting."</td> </tr> </tbody> </table>	If the result is...	Then...	A match	Verify match on MEDS and notify applicant/beneficiary that citizenship verification requirement has been met via DHCS 0006, as specified in MPG 7-2-05.E. Narrate. Proceed to Step 5 only if evidence of identity is still needed.	Is not a match	Go to the next section, titled "Required Action When Requesting."
If the result is...	Then...						
A match	Verify match on MEDS and notify applicant/beneficiary that citizenship verification requirement has been met via DHCS 0006, as specified in MPG 7-2-05.E. Narrate. Proceed to Step 5 only if evidence of identity is still needed.						
Is not a match	Go to the next section, titled "Required Action When Requesting."						

MPG Letter 631 (05/08)

**C.
Required
Action When
Requesting**

Once the worker has determined that the applicant/beneficiary has not met and is not exempt from the requirements, the worker will take the following actions:

Step	Action
1	<p>Attempt to contact the applicant/beneficiary by phone and advise him/her of the need to obtain and provide the required documentation.</p> <p>NOTE: The county is not providing financial assistance to beneficiaries to pay for documents.</p>
2	<p>Send DHCS 0006 - Proof of Citizenship or Identity Needed For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals if the:</p> <ul style="list-style-type: none"> • Phone contact was unsuccessful • Applicant fails to respond to the telephone contact present the required documents • Birth Record Data Match was unsuccessful <p>Include a DHCS 0004 for individuals who were born in California with an unsuccessful birth Record Match.</p> <p>Note:</p> <ul style="list-style-type: none"> • Worker may complete the DHCS 0004 for the applicant by phone or in the FRC. • Do not send the DHCS 0006 if one was sent in Step 4.
3	<p>Attempt 2nd telephone contact if the applicant/beneficiary fails to respond to the written contact within ten (10) days and again, advise him/her of the need to obtain and provide the required documentation.</p>
4	<ul style="list-style-type: none"> • For applicants that fail to present the required documentation after 2nd phone contact AND are not making good faith effort to obtain it, notify the applicant that his/her request for full-scope Medi-Cal benefits has been denied and that he/she has been granted “limited scope” Medi-Cal benefits (which will cover emergency, pregnancy and long-term care services). • For beneficiaries that fail to present the required documentation after 2nd phone contact AND are not making good faith effort to obtain it, notify the beneficiary that his/her full-scope Medi-Cal will be discontinued and that he/she will be granted “limited” scope” Medi-Cal benefits beginning the first of the following month, provided that 10-day requirement is met. • Proceed to Step 9 only if the applicant/beneficiary is demonstrating good faith effort to obtain the required citizenship and/or identity document(s),
5	<ul style="list-style-type: none"> • For applicants that demonstrate good faith effort to provide the document, enter the ROP DUE Date on the Collect Individual Demographic Detail window to reevaluate based on the applicant’s circumstances and ROP. • For beneficiaries that demonstrate good faith effort to provide the document, continue to issue full-scope

	benefits if otherwise eligible and enter the ROP DUE Date on the Collect Individual Demographic Detail window to reevaluate based on the beneficiary's circumstances and ROP. (Note: The worker may set the ROP period to six months from the annual redetermination date if the beneficiary is not able to specify a timeframe he/she needs to obtain the required documents.)
6	<p>Follow up and notify the applicant/beneficiary as appropriate.</p> <p>Reminder: At any point, if the worker is able to reach the applicant/beneficiary, he/she shall determine the appropriate follow-up timeframe based on the applicant's/beneficiary's circumstances, good faith effort and reasonable opportunity period.</p>
7	<p>Documenting in CalWIN Case Comments all actions taken to assist the applicants/beneficiaries to meet the citizenship and identity verification requirements. These would include, but are not limited to:</p> <ul style="list-style-type: none"> • All efforts made to contact the applicant/beneficiary • Advising the applicant of the need to provide evidence of citizenship and identity • Good faith effort made by the applicant to obtain evidence of citizenship and identity • Extensions of the reasonable opportunity period • Follow-up required • Receipt of evidence of citizenship and identity • Adverse actions taken as a result of applicant's inability, refusal or failure to provide the required documents • Good cause determination for applicant's inability, refusal or failure to provide the required documents

MPG Letter 631 (05/08)

**D.
Providing
Assistance**

1. Reasonable Assistance

Applicants/beneficiaries will be provided with reasonable assistance in obtaining and providing acceptable evidence of citizenship and identity. Examples of reasonable assistance include, but are not limited to:

- Explaining how to provide evidence of good faith effort to obtain documents
- Reviewing and explaining acceptable evidence of citizenship/identity
- Determining the possible acceptable documents that may be

available to the applicant/beneficiary based on individual circumstances

- Providing any resources available that the county has to direct the applicant/recipient to obtain the required documentation, such as the name, address, and telephone number of the vital statistics agency for their state of birth. County staff can find the vital statistics office contact information on the County S drive at S:\Enterprise\Medi-Cal Spreadsheets and Forms\Citizenship Reasonable Assistance Resources)
- Using SAVE to verify citizenship for naturalized citizens
- Submitting birth information to MEDS for a birth record data match for all applicants/beneficiaries born in California
- Reviewing county eligibility files and records to locate evidence of citizenship/identity documents that have already been provided
- Reviewing MEDS to determine prior history of public assistance in another county and contacting that county to determine if acceptable documentation of citizenship/identity is available.

NOTE: The county is **not** providing financial assistance to beneficiaries to pay for documents.

2. Additional (“Heightened”) Assistance

Applicants/beneficiaries incapable of acting on their own behalf to provide acceptable evidence of citizenship will be given additional assistance. This includes applicants/beneficiaries who lack someone who can act on their behalf or those who cannot provide evidence of U.S. citizenship or identity because they are:

- homeless;
- amnesia victims;
- mentally impaired; or
- physically incapacitated

In addition to providing reasonable assistance, workers may:

- Contact any known family members who may have citizenship and/or identity documents for the incapacitated person.
- Contact any known current or past health care providers such as long-term care facilities to see if they have any acceptable evidence of citizenship and/or identity.

- Contact other social services agencies within and outside of the county that are known to have provided assistance to the applicant/ beneficiary to obtain acceptable evidence of citizenship and/or identity.
- Follow the Diligent Search procedures in MPG Article 4, Section 9, if applicable, to assist the applicant/beneficiary in obtaining the necessary evidence of citizenship and identity.

MPG Letter 631 (05/08)

**E.
Setting
Reasonable
Opportunity
Period**

Reasonable opportunity to provide evidence of citizenship and identity is defined as the time needed for the applicant/beneficiary to obtain valid documentation of citizenship and identity based on individual's:

- circumstances;
- ability to obtain that documentation; and
- good faith effort.

When considering if a reasonable opportunity period will be extended, the worker will:

- Make the determination on a case-by-case basis, depending on how much time the applicant needs to obtain the required information.
- Follow up with the applicant/beneficiary as necessary to ensure that acceptable documentation is in the case file or to provide additional time if needed.
- Grant limited benefits only to those otherwise eligible U.S. citizens who, for whatever reason, indicate they will not present the required evidence of citizenship and identity or who either fail to make or stop making a good faith effort to obtain and provide it. Refer to MPG 4-13-7 for required action when acceptable evidence is provided after "limited" scope benefits are granted.

Reminders:

- Applicants who are required to provide citizenship/identity documentation are not eligible for full-scope Medi-Cal until they have provided acceptable evidence of citizenship and identity.
- Beneficiaries who are required to provide citizenship/identity documentation shall continue to receive Medi-Cal as long as they are otherwise eligible and are making a good faith effort to provide documents.

**F.
Establishing
Good Faith
Effort**

Good faith effort to provide evidence of citizenship and identity is defined as demonstration of effort to obtain and provide satisfactory documents to meet the evidence of citizenship requirement, including evidence of identity if applicable.

Applicants/beneficiaries may provide oral or written statements of their efforts to obtain evidence of citizenship and/or identity. The worker will document these efforts in the case, including any basis for a determination that the applicant/beneficiary is or is not making a good faith effort. Case comments shall include dates to indicate how much time the individual will need to obtain the required documents to allow for appropriate follow-ups. Additional time shall be given to the applicant or beneficiary to acquire the required documents as long as he/she is demonstrating good food effort to provide the documents. Examples of good faith effort include, but are not limited to:

- Oral or written statements of efforts taken to obtain documentation. The DHCS 0003 – Affidavit of Reasonable Effort to Get Proof of Citizenship may be completed by the applicant/beneficiary or the worker upon telephone contact with the applicant/beneficiary.
- Providing a copy of a request for a document such as, a photocopy of a letter, a copy of an email, or a receipt for the requested document from the agency issuing the document.
- Providing a copy of a document request sent to the issuing agency or other appropriate entity. Providing a copy of a document along with documentation that an original or certified copy of the document has been requested.
- Providing a copy of a check, receipt, or other documentation indicating that a citizenship or identity document has been ordered.
- Written or oral update of progress made in obtaining evidence of citizenship or identity.
- Written or oral explanation of attempts to locate two persons who could attest to the applicant/beneficiary's citizenship.
- Workers will accept and document any reasonable

information provided by an applicant/beneficiary, which indicates a good faith effort to obtain necessary citizenship and identity documentation.

MPG Letter 631 (05/08)

04.07.14 Document Handling of Citizenship/Identity Verification

A. General

To comply with the Deficit Reduction Act (DRA) of 2005, U.S. citizens/nationals applying for full-scope benefits must provide original proof or certified copy of their citizenship and identity. These individuals may satisfy the requirement by:

- having the original or certified copy inspected by Federal Qualified Health Centers (FQHCs) or Disproportionate Share Hospitals (DSHs) staff;
- mailing the documents to their eligibility worker; or
- submitting the documents at any Family Resource Center (FRC) located in San Diego County.

MPG Letter 631 (05/08)

B. FQHCs and DSHs Role

FQHCs and DSHs who assist Medi-Cal applicants with the initial application process or redetermination, are authorized to view and copy original documents of citizenship and identity.

Upon receipt of verifications of citizenship and/or identity from a Medi-Cal applicant/beneficiary, the FQHC/DSH staff will:

- View and photocopy the documents that are originals or copies certified by the issuing agency
- Complete a DHCS 0005 for EACH citizenship/identity document they receive and view
- Mail the original DHCS 0005(s) and copies of the citizenship/identity to the County Public Assistance Information (PAI) Unit.

FQHC/DSH staff have the option to hand deliver the documents, along with the application to the appropriate FRC.

MPG Letter 631 (05/08)

C. PAI Role

The County PAI Unit is designated as the centralized recipient of citizenship and identity documents submitted through FQHCs and DSHs. Upon receipt, the PAI worker will clear the client information contained on the DHCS 0005 and/or the citizenship/identity documents in CalWIN for application/case status:

If there is ...	Then...
------------------------	----------------

An active or pending Medi-Cal case	PAI will attach the 'Citizenship and Identity Document' Transmittal (14-86 HHS) to the packet and forward it to the assigned worker.
No active or pending Medi-Cal case	PAI will attach the 'Citizenship and Identity Document' Transmittal (14-86 HHS) to the packet and forward it to the FRC that corresponds to the reported address on the DHCS 0005, "Attention citizenship/ identity document clerical liaison."

MPG Letter 631 (05/08)

**D.
CIT/ID Clerical
Liaison Role**

The citizenship/identity document clerical liaison is responsible for accepting citizenship/identity documents from PAI. FRCs must establish a centralized location and filing system for sorting citizenship/identity documents that do not have a corresponding case. When the CIT/ID clerical liaison receives citizenship/identity documents from PAI, he/she will clear the applicant in CalWIN to determine if a case has been assigned while the documents were in transit.

If...	Then...
No worker has been assigned	File the documents in the centralized location
A worker has been assigned	Deliver the documents to the assigned worker.

MPG Letter 631 (05/08)

**E.
Reception
Role**

Applicants/beneficiaries may submit their citizenship/identity documents at any FRC, regardless of their case worker's location. Front line staff are authorized to view and copy original documents of citizenship and identity.

When CIT/ID documents are submitted by Medi-Cal applicants/beneficiaries (excluding those in the Breast and Cervical Cancer Treatment Program (BCCTP)) at FRC reception, front line staff are no longer required to complete the DHCS 0005 "Receipt of Citizenship or Identity Documentation" as long as all steps outlined below are taken:

Step	Action
1	Clear the client information in CalWIN
2	Determine that the document is an original or certified copy

	by the issuing agency
3	Photocopy the original document
4	Stamp the copy. The Stamp must indicate that the document is a copy of an original or certified copy (i.e. "PHOTOCOPIED FROM ORIGINAL") and contain all of the following information: <ul style="list-style-type: none"> • Date • Worker # (if available) • Staff Name • FRC Contact Information (address and phone number)
5	Image the stamped copy
6	Provide client with the stamped copy as a receipt
7	Return the original CIT/ID document(s) to the applicant/beneficiary. Do NOT staple any receipts to the original document.

Front line staff are still required to complete and sign the DHCS 0005s when the CIT/ID documents are submitted by a BCCTP applicant/beneficiary. Refer to [MPG 04.07.16](#) for details.

MPG Letter 651 (01/09)

**F.
Processing
Documents
Submitted
through
FQHCs or
DSHs**

When evidences of citizenship and identity are viewed and the DHCS 0005 is completed by FHQC/DSH staff, the DHCS 0005 along with copies of the documents shall be transferred directly from FQHC/DSH staff to the County. Under no circumstances will the worker accept an original DHCS 0005 from an applicant/beneficiary.

When documents are forwarded directly from FQHCS or DSHs to the County, the worker is required to accept these forms and copied documents and not require original documents. Upon receipt of documents, the worker will:

Step	Action
1	Review each packet for completeness. Every document must be accompanied by a corresponding original DHCS 0005.
2	Complete the DHCS 0011 if the original DHCS 0005 is complete and accurate and the citizenship/identity (CIT/ID) document received falls within those that have been identified as acceptable evidence of CIT/ID as specified in MPG 7.2.04.
3	Mail the original DHCS 0011 to the applicant.
4	Retain in case file:

	<ul style="list-style-type: none"> - original DHCS 0005 - copy of DHCS 0011 - copy of the evidence 						
5	<p>If the original DHCS 0005 was not included in the packet or the DHCS 0005 is incomplete, the worker will follow up with the FQHC/DSH staff as follows:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the FQHC/DSH staff states that...</th> <th style="text-align: left;">Then the worker will inform the FQHC/DSH staff that...</th> </tr> </thead> <tbody> <tr> <td>A copy of the DHCS 0005 and document are on file</td> <td>He/She may complete another DHCS 0005 form and forward it, along with a copy of the initial DHCS 0005 and document</td> </tr> <tr> <td>A copy of the DHCS 0005 or document is not on file</td> <td>The packet cannot be processed; and he/she has the option of contacting the client to re-submit the required original citizenship and/or identity documents or referring the client to the worker.</td> </tr> </tbody> </table>	If the FQHC/DSH staff states that...	Then the worker will inform the FQHC/DSH staff that...	A copy of the DHCS 0005 and document are on file	He/She may complete another DHCS 0005 form and forward it, along with a copy of the initial DHCS 0005 and document	A copy of the DHCS 0005 or document is not on file	The packet cannot be processed; and he/she has the option of contacting the client to re-submit the required original citizenship and/or identity documents or referring the client to the worker.
If the FQHC/DSH staff states that...	Then the worker will inform the FQHC/DSH staff that...						
A copy of the DHCS 0005 and document are on file	He/She may complete another DHCS 0005 form and forward it, along with a copy of the initial DHCS 0005 and document						
A copy of the DHCS 0005 or document is not on file	The packet cannot be processed; and he/she has the option of contacting the client to re-submit the required original citizenship and/or identity documents or referring the client to the worker.						

MPG Letter 651 (01/09)

**G.
Processing
Documents
Submitted at
FRC
Reception**

Upon receipt of the CIT/ID documents forwarded from reception, the worker will:

Step	Action
1	Review for completeness.
2	Complete the DHCS 0011 if the CIT/ID document received falls within those that have been identified as acceptable evidences specified in MPG 7.2.04
3	Mail the original DHCS 0011 to the applicant.
4	Retain in case file: <ul style="list-style-type: none"> - copy of DHCS 0011 - copy of the evidence - original DHCS 0005 (if available)
5	If there is no evidence that the documents are copies of originals (no STAMP or DHCS 0005 completed), follow-up with reception staff and contact the client to resubmit the required original CIT/ID documents as appropriate.

MPG Letter 651 (01/09)

**H.
Processing
Documents
Submitted to
Worker**

When evidences of CIT/ID are submitted directly to the worker (either in person or by mail), the worker will:

Step	Action
1	Complete and issue a DHCS 0011 if the CIT/ID document

	received falls within those that have been identified as acceptable evidence of CIT/ID.
2	Return the original(s) within two business days if received by mail
3	Mail the original DHCS 0011 to the applicant.
4	Retain a copy of the DHCS 0011 and copy of evidences in case file
5	Narrate the date and means by which the original document was returned (e.g. Certificate of Naturalization returned to John Doe by mail on 1/1/06).

Note: Workers are not required to complete a DHCS 0005 as long as all of the above steps are taken.

MPG Letter 651 (01/09)

04.07.15

Processing Medi-Cal Contact Information Release Form

A. General

The Medi-Cal Contact Information Form (MC 354) is used by the Managed Care Plans to inform the County of changes in a beneficiary's contact information (address, telephone number, etc.). The MC 354 is completed by the beneficiary is sent to the County by the Managed Care Plan. The MC 354 is NOT an eligibility requirement for Medi-Cal. No action shall be taken if a beneficiary refuses to complete or sign the MC 354.

ACWDL
03-17

MPG Letter 650 (08/08)

B. Required Action

Upon receipt of a MC 354, the worker will:

ACWDL
03-17

Step	Action
1	Review the MC 354
2	If the MC 354 is not signed by the beneficiary, contact the beneficiary to confirm the information provided on the MC 354. Contact is not needed if there is a beneficiary signature on the MC 354. Document outcome in case narrative.
3	Based on the signed MC 354, or based on confirmation from the beneficiary for unsigned MC 354's, change the appropriate contact information in the case.
4	File the completed and signed MC 354 in case file.

MPG Letter 650 (08/08)

04.07.16

Processing Verification of Citizenship/Identity for Breast and Cervical Cancer Treatment Program (BCCTP)

General

The Breast and Cervical Cancer Treatment Program (BCCTP) provides full scope, zero SOC Medicaid (Medi-Cal in California) benefits to uninsured women under age sixty-five (65) who are United States citizens/nationals or lawful immigrants and who are screened through an authorized screening provider and found in need of treatment for breast and/or cervical cancer, including some precancerous conditions. Those who are otherwise eligible but who do not have Satisfactory Immigration Status (SIS) shall receive restricted scope benefits under the State-funded BCCTP. The BCCTP is administered by the California Department of Health Care Services located in Sacramento.

In compliance with the federal Deficit Reduction Act (DRA) 2005, U.S. citizens/nationals applying for full-scope benefits under the BCCTP must provide original proof or certified copy of citizenship and identity documents. The requirements do not apply to individuals at the time accelerated enrollment is established for the BCCTP. However, evidence of citizenship and identity must be provided when on-going Medi-Cal eligibility is determined or at time of annual redetermination.

A BCCTP applicant/beneficiary may satisfy the requirement by mailing the documents to the Sacramento BCCTP office or having the original or certified copies inspected by the Sacramento BCCTP unit, a county social service office, Federal Qualified Health Centers (FQHCs) or Disproportionate Share Hospitals (DSHs).

This section describes the responsibilities that the BCCTP unit has in the DRA process. Additionally, it describes the county's responsibilities upon receiving an original or certified copy of a citizenship or identity document for a BCCTP applicant/beneficiary.

MPG Letter 650 (08/08)

**BCCTP
Re-**

The Sacramento BCCTP unit shall be responsible for:

- Informing BCCTP applicants and beneficiaries of the

sponsibilities

citizenship/identity requirements under DRA and consequences for non-compliance.

- Determining whether the BCCP applicants/beneficiaries are exempt from or have met the requirements via California Birth Record Data Match.
- Serving as a point of contact for all DRA and program related questions for BCCTP applicants/beneficiaries.
- Receiving copies of the DHCS 0005 and the BCCTP applicant's/ beneficiary's documentation from the counties, FQHCs or DSHs.
- **Determining if the documentation is on the list of acceptable DRA documents.**
- **Issuing DHCS 0011-Proof of Receipt of Citizenship and Identity Document to the BCCTP applicant or beneficiary upon a determination that the documents are acceptable.**
- Performing all Medi-Cal Eligibility Data System (MEDS) transactions to indicate that citizenship and or identity documentation was provided.

MPG Letter 650 (08/08)

County Re-sponsibilities

ACWDL 08-25 allows for all BCCTP applicants and beneficiaries to submit originals or certified copies of their citizenship and identity documents at any county social service office, regardless of county of residence. The county shall be responsible for reviewing the citizenship/identity documents to determine that they are originals or copies certified by the issuing agency and forwarding copies of the documents to the BCCTP unit. **The county will NOT determine whether documents submitted are on the list of acceptable DRA documents.**

Staff are required to take the following actions:

Step	Action							
1	Determine if the individual is a BCCTP applicant/beneficiary as follows:							
	<table border="1"> <thead> <tr> <th data-bbox="574 1633 971 1669">If the individual...</th> <th data-bbox="971 1633 1352 1669">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="574 1669 971 1738">States that she is in the BCCTP</td> <td data-bbox="971 1669 1352 1843" rowspan="2">Proceed to Step 2</td> </tr> <tr> <td data-bbox="574 1738 971 1843">Presents a copy of the BCCTP DRA notification letter</td> </tr> <tr> <td data-bbox="574 1843 971 1879">Does not indicate that she</td> <td data-bbox="971 1843 1352 1879">Clear MEDS and proceed</td> </tr> </tbody> </table>	If the individual...	Then...	States that she is in the BCCTP	Proceed to Step 2	Presents a copy of the BCCTP DRA notification letter	Does not indicate that she	Clear MEDS and proceed
	If the individual...	Then...						
	States that she is in the BCCTP	Proceed to Step 2						
Presents a copy of the BCCTP DRA notification letter								
Does not indicate that she	Clear MEDS and proceed							

	is in BCCTP	to Step 2 if client shows active with BCCTP aid codes of 0N, 0P, 0U, or 0V.
2	Review the documents and determine that they are originals or copies certified by the issuing agency	
3	Make a photocopy of the original or certified citizenship and/or identity (CIT/ID) documents	
4	Complete and sign the DHCS 0005 form for each CIT/ID documents provided by the BCCTP applicant/beneficiary	
5	Return the original documents to the individual	
6	Provide the individual with a copy of the completed and signed DHCS 0005 form(s).	
7	<p>Mail or fax copies of the documents and DHCS 0005 form(s) to the BCCTP unit</p> <p>Fax Transmissions: Department of Health Care Services ATTN: Breast and Cervical Cancer Treatment Program-DRA Fax number: (916) 552-9440</p> <p>United States Mail: Department of Health Care Services Breast and Cervical Cancer Treatment Program – DRA MS 4611 P.O. Box 997417 Sacramento, CA 95899-7417</p> <p>If faxing, a phone call must be made to (800) 824-0088 prior to faxing to comply with Health Insurance Portability and Accountability Act (HIPAA).</p>	
8	File copies of the documents viewed and the signed DHCS 0005(s) in the FRC designated centralized location.	

Additionally, if the BCCTP applicant/beneficiary has questions regarding the BCCTP, including any that are related to the DRA requirements, refer her to the Eligibility Specialist (ES) identified on the BCCTP DRA Notice or the BCCTP toll-free number at (800) 824-0088.

Article 4 Section 9 – Diligent Search

Table of
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Diligent Search	04.09.01

4.09.01 Diligent Search

A. General

The diligent search process involves the "search" for an applicant's available income and resources when the applicant is unable to assist in the application process. Diligent search shall be completed on all Medi-Cal applicants who are deceased, comatose, amnesiac, or otherwise mentally incompetent and no one else is authorized to complete the Statement of Facts as specified in MPG [Article 4, Section 2](#).

MPG LTR 11 (4/88)

B. Process Overview

The diligent search process requires the worker to take the following actions:

Step	Action
1	Determine and document applicant's competency
2	Refer to the State Programs-Disability and Adult Programs Division (SP-DDSD) for a disability determination, excluding applicants who appear to be under age 21 or over 64.
3	Conduct reasonable search
4	Determine eligibility based on diligent search findings
5	Refer to Public Administrator applicants who are ineligible to Medi-Cal due to excess property

MPG LTR 11 (4/88)

C. Determine and Document Competency

Medi-Cal applicants who, in the judgment of the worker, are unable to adequately respond to routine questions asked as part of the eligibility determination process should be considered incompetent. The determination of "incompetency" is based on individual judgment. It is not a legal or medical determination.

Most referrals from a hospital, which will require a diligent search process, involve persons who are deceased, comatose or have amnesia. When the worker determines that the person is incompetent, the worker will obtain a written confirmation of his/her determination of "incompetency" by either the hospital

social worker or other medical personnel. The worker's determination of "incompetence" shall be noted in the case narrative. The confirmation of the worker's determination of "incompetence" is to be stated in writing by the confirming person and filed in the case file.

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**D.
Refer for a
Disability
Determination**

A referral to the SP-DDSD is required for all applicants who have been determined "incompetent" except for persons who appear to be under age 21 or over age 64. The worker making the referral will sign Form MC 220, Authorization for Release of Information, and write "person is comatose" or "person is deceased" as applicable on the face of the form. Forms MC 221, Disability Determination and Transmittal, and MC 223, Statement of Facts for Medi-Cal Regarding Disability, will be completed by the worker with all available information.

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**E.
Reasonable
Search –
Identity**

When a member of the hospital staff has attempted to establish the identity of a person who is comatose, amnesiac, or mentally incompetent and the person's identity remains unknown, the worker will document in the case narrative that reasonable efforts were made by hospital staff to establish the identity of the person. If the person is deceased and law enforcement officials are involved, information on identity should be requested from the appropriate agency.

Refer to MPG Article 4 Section 9 Appendix A for case processing instructions when the identity of the applicant remains unknown.

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**F.
Reasonable
Search –
Income and
Property**

For applicants whose identity is known, the worker will conduct a reasonable search to include the following.

1. MEDS "known to Welfare" search by Social Security number (SSN) or, if the SSN is not available, by name and county.

2. Verification of Social Security benefits via Form 07-94 DSS or IEVS abstract.
3. Verification of Veteran's Administration benefits via Form CA-5.
4. Verification of wage, UI/DI information via the IEVS abstract.
5. Verification of vehicle registration through written request to the Department of Motor Vehicles.
6. Property search via County Assessor's Office. The worker may call the County Assessor's Office to determine if the applicant has any real property in San Diego County, or use SS screens by following the instructions in the Operations Handbook, Section I.VI.
7. If the personal effects of the individual indicate an account at a specific banking institution, the worker will request the bank to search for all accounts belonging to the person. If the bank refuses to provide the requested information, the worker will document the effort in the case narrative. If information contained in the personal effects, e.g., passbook or check register, provides an account balance, the worker will use this information in determining eligibility.

When requesting any of the above information, include a cover letter indicating the circumstances, i.e., the person is comatose or deceased, and therefore cannot sign a release of information form, there is no person authorized to act on behalf of the person, and the County is trying to establish Medi-Cal eligibility.

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**G.
Determine
Eligibility
Based on
Findings**

Eligibility determinations based on the results of diligent search procedures will be completed in the same manner as any other determination. Residency requirements will be considered to be met in the absence of information to the contrary. Only the income and resources discovered through the search will be considered available. Restricted/limited scope will be granted if the worker is unable to obtain acceptable citizenship/identity

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documents and prove legal residence or citizenship status at the end of the diligent search process.

Upon completion of the Medi-Cal eligibility determination resulting from the diligent search process, the Eligibility Supervisor will approve the worker's determination by countersigning the Statement of Facts.

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**H.
Refer to
Public
Administrator**

A referral to the Public Administrator shall be made when the diligent search results in the denial of Medi-Cal benefits because the applicant was found to have excess property or the applicant was found to have real property which must be utilized.

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**I.
Acting on
Changes**

At any time during the application process, if the person's condition changes or a friend or relative is found so that information can be obtained in the usual manner, the diligent search efforts are to be ceased. Case record shall be updated to reflect the person's true identity and eligibility status.

If the person...	Action
Remains eligible and a Medi-Cal Client Index Number (CIN) has been assigned	Retain the CIN and update the Aid Code if there is a change in eligibility status
Is found to be ineligible	Discontinue the case with timely and adequate notice.

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APPENDIX A: Processing Diligent Search Applications in CalWIN

For cases where the identity of the applicant remains unknown, CalWIN entries are completed in the same manner as any other cases with the following exceptions:

1. Name

If the person's name is unknown, use either John C. Doe or Jane C. Doe for the case name.

2. Birth Date

If unknown, use "01" for the month and "01" for the day; use the following for the year of birth:

If the estimated age is...	Then use...
Under 21	Current year minus 10 years
Between 21 and 64	Current year minus 40 years
65 or over	Current year minus 70 years

3. Social Security Number

If unknown, enter zeros. A pseudo number will be assigned by MEDS.

4. Health Insurance Claim Number

If unknown, leave blank.

5. Address

Since MEDS will produce a reject message if the address field is blank, use the address of the FRC in which the case is being processed.

Article 7 Section 2 – Citizenship

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07.02.01 Citizenship

A. General

Citizens of the United States are entitled to receive full-scope Medi-Cal benefits upon presentation of acceptable evidence of citizenship status and identity, if otherwise eligible. For the purpose of this section, any reference to “U.S. citizens” should be interpreted as including both U.S. citizens and U.S. nationals.

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Note: In March 2003, the functions of the former Immigration and Naturalization Services (INS) transitioned into the Department of Homeland Security (DHS) as the U.S. Citizenship and Immigration Services (USCIS).

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B. Definitions

Persons who fall within one of the following categories shall be considered U.S. citizens for Medi-Cal purposes.

Category	Description
U.S. Citizens/ Nationals	Persons born in one of the fifty United States or the District of Columbia (D.C.).
	Persons born in the following areas are treated the same as U.S. citizens for Medi-Cal purposes: <ul style="list-style-type: none">• American Samoa• Swain's Island
Collectively Naturalized	Persons born in the following areas are treated the same as U.S. citizens for MC purposes, if conditions specified in MPG 7-2-Appendix A are met. <ul style="list-style-type: none">• Puerto Rico• Guam• U.S. Virgin Islands (St. John, St. Croix, and St. Thomas)• Northern Mariana Islands
Acquired Citizenship	Persons born in another country may have acquired citizenship if one or both of their parents were U.S. citizens at the time of birth, and the parent(s) met the requirements for transmitting citizenship. INS must act favorably on an application for Certificate of Citizenship, INS Form N-600, before acquired citizenship is approved. INS Form N-600 is not documentation of acquired citizenship as it merely shows the person has applied for acquire citizenship.

Derived Citizenship	<p>A child may have derived citizenship if one or both of the child's parents become citizens through naturalization before the child's eighteenth birthday.</p> <p>The child would have to have been a legal permanent resident to obtain derived citizenship through his/her parent's naturalized citizenship.</p>
Naturalized Citizenship	<p>Naturalized U.S. citizens are persons who were born abroad and have since obtained U.S. citizenship through the naturalization process.</p> <p>Many conditions must be met before a person may obtain U.S. citizenship through this process, including:</p> <ul style="list-style-type: none"> • Legal permanent resident status for at least five years; or • Marriage to a U.S. citizen for at least three years.

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**C.
Compact Free
Association
Act of 1985**

In accordance with the Compact of Free Association Act of 1985, citizens of the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (MIS) may live, work or study in the U.S. without restrictions. They may also qualify for full-scope Medi-Cal benefits if otherwise eligible. As proof that they are citizens of independent nations "freely associated" with the U.S., these "permanent non-immigrants" must present Arrival-Departure Records (Form I-94) annotated either CFA/FSM or CFA/MIS.

Citizens of the non-associated Republic of Palau (Koror and adjacent islands) do not qualify for full-scope Medi-Cal benefits because they are neither U.S. citizens nor permanent non-immigrants. By voting to reject free association with the U.S., they gave up any right to special status and are thus treated as nationals of a foreign country for immigration purposes. If otherwise eligible, they may be granted restricted benefits.

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**D. American
Indians
Born in
Canada**

American Indians born in Canada have the right to freely enter and reside in the U.S. provided that they are at least one-half American Indian ancestry. These persons may qualify for full-scope Medi-Cal benefits if otherwise eligible. Spouses or children of Canadian-born Indians and individuals, whose membership in an Indian tribe or family is created by adoption, may not qualify for this special immigration status unless they are at least fifty percent American Indian ancestry.

Membership in this class may be established by presenting any of the following documents:

- Birth or baptismal certificates issued on a reservation
- Tribal records
- Letters from the Canadian Department of Indian Affairs
- School records

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07.02.02 Verification Requirements

A. General

Prior to the Deficit Reduction Act of 2005 (DRA 2005), Medi-Cal applicants who claimed to be U.S. citizens were not required to provide verification of citizenship to receive full-scope Medi-Cal benefits, unless he/she claimed to have naturalized, acquired, or derived citizenship or the applicant's claim of U.S. citizenship is questionable.

Under the DRA 2005, Medi-Cal applicants declaring U.S. citizenship/national status who meet all other eligibility requirements are not eligible for full scope Medi-Cal benefits until acceptable verification of citizenship AND identity is provided.

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B. Verification Requirements for Applicants

Beginning May 12, 2008, most Medi-Cal applicants who declare to be U.S. citizens or U.S. nationals and who are requesting for Medi-Cal must provide acceptable documentation of citizenship **AND** identity at the time of application to receive full scope Medi-Cal benefits (unless they are exempt from the requirement as specified in MPG 7.2.02D).

Limited scope benefits shall be issued to an otherwise eligible applicant, if the applicant for whatever reason, has indicated that he/she will not present the required evidence of citizenship or identity or who stop making good faith effort to obtain it. Staff are required to take all actions specified in MPG 4-7-9 prior to issuing limited scope.

If an applicant is not exempt from the citizenship/identity verification requirements at the time of application, but meets one of the exemption criteria while he/she is making good faith effort to provide, full-scope benefits will be granted back to date of application, including any retroactive months if otherwise eligible.

Verification of citizenship AND identity is a **one-time** activity in that once the verification is requested and provided, it may not be requested again. This would apply to any individual who:

- moves from one county to another;
- has a break in aid; or
- presents evidence that he or she has met the citizenship and identity requirements in another state's Medicaid program.
- Non-citizen immigrants (aliens) are not subject to the citizenship and identity verification requirements specified under DRA. An otherwise eligible immigrant shall continue to be evaluated for Medi-Cal using existing procedures regarding acceptable evidence of alien status and identity as specified in MPG Article 4 Section 7 and Article 7 Section 3.

**D.
Exemption
from
Requirements**

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:

- 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)
- 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)

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EXCEPTIONS:

The following groups shall be exempted from the citizenship and identity verification requirements **indefinitely**.

- Deemed eligible infants who are born in the U.S. and are therefore citizens (includes children born to non-citizen mothers whose delivery was covered by Medi-Cal)
- Children covered under the Abandoned Baby Program who are born in the U.S. and have no documentation

Medi-Cal beneficiaries who report a change in their citizenship status (e.g. a legal permanent resident alien who became a U.S. citizen through the naturalized process) are required to provide acceptable documentation of citizenship AND identity. However, unlike Medi-Cal applicants, Medi-Cal beneficiaries, if otherwise eligible, shall continue to receive the same level of benefits provided that they are making a good faith effort to provide the required citizenship and identity documents.

Limited-scope benefits shall be issued to an otherwise eligible current beneficiary, if the beneficiary for whatever reason, has indicated that he/she will not present the required evidence of citizenship or identity or who stop making good faith effort to obtain it. The beneficiary's full-scope benefits will be reduced to limited-scope benefits the first of the following month provided that the ten-day notice requirement is met.

When a beneficiary reports a change in their citizenship status at

annual redetermination, the redetermination shall be certified as complete with no reduction in benefits if both of the following conditions are met:

- the only outstanding verifications are for citizenship and/or identity; and
- the beneficiary is otherwise eligible and is making a good faith effort to provide the required documents.

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E. Presumptive Eligibility (PE) / Accelerated Enrollment (AE) for Children

The requirement to provide verifications of citizenship and identity does not apply to individuals at the time presumptive eligibility or accelerated enrollment is established. These programs include:

- Presumptive Eligibility for Pregnant Women;
- Child Health and Disability Prevention (CHDP) Gateway
- Accelerated Enrollment at the Single Point of Entry
- School Lunch Program
- Presumptive MC eligibility under the Breast and Cervical Cancer Treatment Program (BCCTP)

Evidence of citizenship and identity must be provided when ongoing Medi-Cal eligibility is determined, unless the individual falls within one of the exemption groups identified in MPG Section 7.2.02.D.

Individuals receiving Medi-Cal coverage under one of the above PE or AE program will continue to be aided under the appropriate PE or AE aid code as long as they are making a good effort to provide the required citizenship and/or identity documents and if all other eligibility requirements are met.

Note: Presumptively disabled relates to one Medi-Cal eligibility requirement and is not the same as Presumptive Eligibility. Individuals who are presumptively disabled are not exempt from the DRA citizenship/identity verification requirements and must provide acceptable documentation at the time of application to receive full scope Medi-Cal benefits, if otherwise eligible.

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F. CalWORKs

The CalWORKs citizenship and identity documentation requirements fulfill the DRA requirements. Therefore, CalWORKs recipients would have met the citizenship and identity verification requirements from the beginning date of their CalWORKs aid and will not be required to provide documentation of their citizenship and identity for on-going Medi-Cal eligibility. This would include individuals discontinued from CalWORKs and transitioned to either Transitional Medi-Cal (TMC), Edwards v Kizer (Aid Code 38) or any other Medi-Cal program.

However, CalWORKs beneficiaries who receive CalWORKs during the

initial 90 days in which they have to provide the documents and then lose CalWORKs eligibility for failure to provide the required citizenship document, will:

- be required to provide documentation of citizenship prior to their redetermination date; and
- continue to receive full-scope benefits during their reasonable opportunity period if otherwise eligible.

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7.02.03 Verification Standards for Citizenship and Identity

A. Citizenship Document Standard

Verifications of U.S. citizenship can be submitted in person, by mail, or by a guardian or an authorized representative. To verify U.S. citizenship, the verifications provided must meet all of the following conditions:

- be original documents or copies certified by the issuing agency; **AND**
- show U.S. place of birth or that the person is a U.S. citizen/national; **AND**
- fall within those identified in MPG 7.2.Appendix B.

While the applicant/beneficiary has been informed of the requirement to provide the most reliable documents they have, the worker must accept and consider citizenship/identity verification requirements to be met if the document provided falls within those identified on MPG 7.2.Appendix B.

Refer to MPG 7.2.04.F for procedures on requesting DHCS's approval to accept documents not identified on MPG 7.2.Appendix B.

NOTE: Uncertified copies or notarized copies may NOT be accepted.

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B. Identity Document Standard

Verifications of identity can be submitted in person, by mail, or by a guardian or an authorized representative. To verify the identity of a U.S. citizen, the document provided must :

- fall within the those identified in MPG 7.2.Appendix C; **AND**
- contain sufficient identifying information that relates to the person named on the document. This may include a combination of any of the following (not an all inclusive list):
 - Photograph of the applicant or beneficiary (preferred)
 - Name
 - Age
 - Sex
 - Race
 - Height
 - Weight
 - Eye Color

Expired documents are acceptable as evidence of identity. Refer to MPG 7.2.04.E regarding special identity rules for children under 18.

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7.02.04 Acceptable Verifications for Citizenship and Identity

A. General

Federal guidelines provide a ranking of acceptable evidence for documenting citizenship and identity, ranging from most (primary) to least reliable. DHCS 0001 and 0002 inform applicants and beneficiaries of the requirement to provide the most reliable documents they have. However, the worker must accept and consider the citizenship and identity verification requirements to be met if the documents provided fall within those identified below. Refer to MPG 7.2.Appendix B and Appendix C for detailed descriptions of acceptable citizenship and identity verifications.

Reminder: Medi-Cal applicants/beneficiaries who claim to be a U.S. citizen/national and who request Medi-Cal are required to provide verification of citizenship AND identity (unless they are exempt from the requirement).

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B. Documents Establishing U.S. Citizenship AND Identity

Primary evidence of citizenship and identity are documents of highest reliability and conclusively establish an individual's U.S. citizen status. The following documents are classified as primary evidence and shall be used to satisfy both U.S. citizenship **AND** identity verification requirements:

- 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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Note: Applicants or beneficiaries born outside of the U.S. who were not citizens at birth must submit one of primary evidences listed above.

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C. Documents Establishing U.S. Citizenship Only

When primary evidence of citizenship is not available, any one of the following documents, starting with "Second Level Evidence of Citizenship," can be used as evidence of citizenship. **When an applicant or beneficiary provides any one of these documents, separate evidence of identity is required.** Refer to MPG 7.2.Appendix B for detailed description.

Second Level Evidence of Citizenship

U.S. Public Birth Certificate issued before age five and showing birth in:

- One of the 50 United States
- District of Columbia
- American Samoa

U.S. Public Birth Certificate issued before age five and showing birth in:

- Swain's Island
- Puerto Rico (DOB on or after 1/13/41)
- U.S. Virgin Islands (DOB on or after 1/17/17)
- Northern Marian Islands (DOB after 11/4/86, NMI local time)
- Guam (DOB on or after 4/10/1899)

Note: Children born in the U.S. to foreign sovereigns or diplomatic officers are NOT U.S. citizens unless citizenship status was acquired through either the derived or naturalized citizenship process.

DHCS Birth Record Data Match if born in California

Certification of Report of Birth (DS-1350)

Certification of Birth issued by the Department of State (Form FS-545 or DS-1350)

Report of Birth Abroad of a U.S. Citizen (FS-240)

U.S. Citizen I.D. Card (Form I-197 or I-179)

American Indian Card (I-872)

Northern Mariana Identification Card (I-873)

Final Adoption Decree showing U.S. place of birth

Evidence of civil service employment by U.S. Government showing employment before 6/1/76

U.S. Military Record showing U.S. place of birth

SAVE Verification – Verification by the Systematic Alien Verification for Entitlements (SAVE) system is acceptable evidence of citizenship for naturalized citizens. However, a Medi-Cal applicant is not eligible for full-scope benefits during the time it takes to verify citizenship using the SAVE system.

Note: Workers may generate a SAVE to verify the current status of immigrants who claim to be United States citizens if they have an A-Number or an I-94.

Proof of Adoption under the Child Citizenship Act provided that certain conditions are met. Refer to MPG 7.2.Appendix B for a list of conditions.

Third Level Evidence of Citizenship

Extract of a hospital record on hospital letterhead established at time of birth showing U.S. place of birth. Extract must be on hospital letterhead, signed, and reference hospital medical records.

Life, health or other insurance record meeting all of the following conditions:

- shows U.S. place of birth; AND
- was created at least 5 years before the initial Medi-Cal application date, unless the applicant is under the age of five.

Early school records containing all of the following information:

- the name of the child;
- date of admission to the school;
- date of birth of the child;
- U.S. place of birth for child; AND

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<ul style="list-style-type: none"> the name and place of the birth of the child's parent. 	
<p>Religious records recorded in the U.S. within three months must show that the:</p> <ul style="list-style-type: none"> birth occurred in the U.S; AND date of birth or the individual's age at the time the record was made. <p>Note: The record must be an official record with the religious organization. Refer to MPG 7.2.Appendix B for instructions on handling questionable cases.</p>	
<p>Fourth Level Evidence of Citizenship</p>	
<p>Federal or State census record showing U.S. citizenship or a U.S. place of birth and applicant's age. (Generally for persons born 1900-1950)</p>	
<p>Roll of Alaska Natives maintained by the Bureau of Indian Affairs</p>	
Seneca Indian Tribal Census record	<p>Acceptable only if all of the following conditions are met::</p> <ul style="list-style-type: none"> Show U.S. place of birth; AND Was created at least 5 years before the initial Medi-Cal application date, unless the applicant is under the age of five
Bureau of Indian Affairs tribal census record of the Navaho Indians	
U.S. State Vital Statistics official notification of birth registration	
Amended U.S. public birth record, amended more than 5 years after the person's birth	
Statement signed by the physician or midwife who was in attendance at time of birth	
Institutional admission papers from a nursing facility, skilled care facility or other institution	
Medical (clinic, doctor or hospital) record – Excluding immunization records	
<p>Written Affidavit provided that:</p> <ul style="list-style-type: none"> no other evidence of citizenship can be obtained; AND the affidavit(s) be signed under penalty of perjury by at least two individuals who have personal knowledge of the event(s) establishing the applicant's/beneficiary's claim of citizenship; AND at least one of the individuals providing an affidavit must not be related to the applicant or beneficiary who is the subject of the affidavit; the individual (s) making the affidavit must be able to prove his/her own citizenship and identity for affidavit to be accepted; AND a second affidavit from the applicant/beneficiary or other knowledgeable person explaining why documentary evidence does not exist or cannot be readily obtained is also required; AND the applicant or beneficiary and affiants must provide acceptable evidence of identity specified in MPG 7.2.Appendix C. 	

NOTE:

- Affidavits of citizenship may be used for naturalized citizens.
- Affidavits of citizenship do not need to be notarized.
- Affidavits may NOT be used for both citizenship and identity.

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D. Documents Establishing Identity of a U.S. Citizen

A Medi-Cal applicant or beneficiary must also provide acceptable identity document when:

- Primary evidence (i.e. United State Passport, Certificate of Naturalization (Form N-550 or N-570), Certificate of U.S. Citizenship (Form N-560 or N-561) is not available; AND
- Evidence from the second through fourth levels is presented.

Acceptable identity documents shall include any one of the following. Refer to MPG 7-2-Appendix C for detailed descriptions.

- 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
- Native American Tribal document
- U.S. Coast Guard Merchant Mariner card
- A U.S. Passport, current or expired, even if issued with limitation.
- Affidavits of identity for disabled individuals in institutional care facilities signed by a residential care facility director or administrator on behalf of an institutionalized individual in the facility.
- 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.

Note: Expired identity documents are acceptable proof of identity.

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E. Special Identity Rules of Children Under 18

The following documents may be used to establish the identity of a child under sixteen (16):

- clinic records, doctor records or hospital records;
- school, nursery or daycare records including report cards (Such

records must be verified by the worker with the issuing school. A phone contact with the issuing school is sufficient verification if the contact is narrated in case file); or

- an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative stating the date and place of birth of the child when no other identity documents are available. The signature on the application (MC 210 or MC 321) signed under penalty of perjury stating place and date of birth of child under 16 can also serve as an affidavit if no other acceptable evidence of identity is provided at time of application or redetermination. The National School Lunch Program (NSLP) application is not equivalent to the MC 210 or MC 321 and cannot be used as an affidavit to establish identity.

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For children under eighteen (18), an affidavit of identity (DHCS 0009) may be used in instances where the child cannot obtain a school ID card and does not have a Driver's License.

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Note:

- A non-citizen parent or guardian may provide an affidavit of identity of a child under 18.
- An affidavit cannot be used to established identity of a child if an affidavit for citizenship was provided.
- The affidavit does not need to be notarized.

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**F. Other
Citizenship
Documents**

When an applicant or beneficiary is otherwise eligible, but is unable to provide verifications of citizenship specified in MPG 7-2-Appendix B, he or she will in some cases provide an original or certified copy of a document which the FRC believes constitutes reliable documentation of U.S. citizenship. In such cases, send all pertinent case information to the Medi-Cal Program Specialist.

Upon receipt of the referral, the Program Specialist will evaluate the document for reliability, log the referral, and forward all documents to DHCS for a determination. If and when DHCS approves the use of a citizenship document not previously approved on MPG 7.2.Appendix B, DHCS will report the citizenship information directly to MEDS for the individual. DHCS will modify MEDS INQE to accept the new document type as "Other Acceptable Document Approved by DHCS" and the worker will be notified of DHCS action.

Only DHCS will have the ability to report other documents to MEDS. Other documents are evaluated on a case-by-case basis. Approval of a new document type does not indicate approval of this new document type for any individual other than the one approved.

Reminder:

- Applicants who submit other evidence of citizenship will remain in pending status until DHCS has completed the review and

determination.

- Otherwise eligible beneficiaries, who report a change in their citizenship status (e.g. a legal permanent resident alien who became a U.S. citizen through the naturalized process), will continue to receive the same benefits until DHCS has completed the review and determination.

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07.02.05 Automated Birth Record Matches

A. General

Applicants/beneficiaries who are born in California and who are not exempt from the citizenship/identity verification requirements may have their citizenship verified by means of an automated data match against state birth records. The data match compares the California birth records against information in the Medi-Cal Eligibility Data System (MEDS), the Statewide Client Index (SCI), and CalWIN.

When a successful match occurs, citizenship information is automatically populated to the MEDS INQE screen for the matched individual. Electronic birth records are considered second level evidence of citizenship. The worker shall use this system to attempt to obtain birth record matches for all California-born applicants and beneficiaries.

A request for a birth record match can be initiated at the State level or County level. The worker may request for a birth record match via entries in CalWIN or submission of a 14-28B - MEDS Citizenship/Identity Request: AP19 to the MEDS Operator in the office.

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B. State-Run Matches

Automated birth record matches are performed by DHCS for existing Medi-Cal eligibles and applicants already known to MEDS. It is anticipated that DHCS will initiate the automated birth record matches monthly. Applicants and beneficiaries for whom a match was found are not required to provide evidence of citizenship since DHCS has confirmed the information electronically.

Applicants/Beneficiaries for whom a matching birth record is found are still required to provide evidence of identity.

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C. Requesting Birth Record Match via CalWIN

When an applicant/beneficiary reports that he/she was born in California, the worker will request for a Birth Record Data Match in CalWIN. Refer to MPG 7.2.Appendix D on how to initiate the request via CalWIN.

MEDS alerts will be generated to the assigned worker when:

- An acceptable match has been found.
- An acceptable match has not been found and other evidence of citizenship is required.

Based on the MEDS alert received, the worker is required to take actions specified in MPG 7.2.05.E. and 7.2.05.F.

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**D.
Requesting
Birth Record
Match
Manually**

When CalWIN is not available and the worker needs to submit a Birth Record Match request to MEDS, the worker will submit a completed 14-28B to the MEDS Operator in the FRC. The 14-28B must contain the following information:

- Applicant or Beneficiary Birth Name
- Date of Birth
- City and/or County of Birth
- Mother's Maiden Name (optional)
- Father's Name (if known)

MEDS alerts will be generated to the assigned worker when:

- An acceptable match has been found
- An acceptable match has not been found and other evidence of citizenship is required

Based on the MEDS alert received, the worker is required to take actions specified in MPG 7-2-05.E. and 7-2-05.F.

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**E.
Processing
Matched Birth
Records**

When a valid birth record match is found, the worker must mail the DHCS 0006 - Proof of Citizenship or Identity Needed For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals to inform the applicant/beneficiary of the result and whether identity verifications are still required.

Verifications of identity are still required unless valid birth record matches are of children under 16. In these cases, an affidavit signed under penalty of perjury by a parent or guardian (e.g. signature on MC 210 or MC 321) stating the date and place of birth of the child, are accepted as evidence of identity for children under 16.

For children between the ages of 16 and 17, an affidavit of identity (DHCS 0009) may be used in instances where the child cannot obtain a School ID Cards and does not have Drivers' License.

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**F. Processing
Unmatched
Records**

When a valid birth record match is NOT found, the worker must inform the applicant/beneficiary born in California of the result and that a citizenship document is still required by mailing the following forms:

- DHCS 0006 - Proof of Citizenship or Identity Needed For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals
- DHCS 0004 - Request for California Birth Record if boxes 3, 4, or 5 are checked on the DHCS 0006.

Upon receipt of additional information, the worker will submit a new birth record match request.

Note:

- The worker may complete DHCS 0004 for the applicant/beneficiary by phone or in the office, in which case, the worker will not need to include the DHCS 0004 when mailing the DHCS 0006
- Verifications of identity are still required unless valid birth record matches.

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**G.
Validating
Copies of
CA Birth
Certificates**

When an applicant or beneficiary presents a non-certified copy of a California birth certificate, the worker may use the information contained in the copy to request a birth record match.

Upon a successful birth record match, the worker is not required to retain the non-certified copy in the case file.

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07.02.06 Special Consideration for Pregnant Women

A. Required Action

When an applicant is pregnant, workers must take the following actions:

Inform the applicant of her options to either:

1. Continue in her effort to obtain the required citizenship and/or identity documents, during which time:
 - She can apply for Presumptive Eligibility Program at a PE participating clinic or provider's office to cover prenatal care services but not the cost of delivery; AND
 - Her application for full-scope Medi-Cal benefits will remain in "pending" status
2. Request to receive limited scope benefits, which will cover prenatal services and cost of delivery, because she is not able to provide CIT/ID documents at this time.

For applicants that choose to continue in their effort to obtain the required citizenship and/or identity document, the worker will take the following actions:

If applicant has not submitted the documents and has not elected to receive limited scope benefits...	Then ...
By the end of the 5 th month of her pregnancy	<ul style="list-style-type: none"> • Contact client by phone and restate her options as indicated above; and • Mail 14-89 DRA Reminder Flyer for Pregnant Women in Month Six.
Within 30 days of her estimated date of confinement (EDC)	Contact client by phone and restate her options as indicated above

County
Policy

For applicants that choose to stop making good faith effort and be eligible for limited scope, the worker will inform the applicant that if she is able to provide documentation of her citizenship/identity within a year from her original date of application, she will be entitled to receive full-scope Medi-Cal benefits back to her date of application, including any retroactive period.

EXCEPTION:

If the applicant is eight months pregnant when she applies for Medi-Cal, the worker will inform the applicant that she will be granted limited-scope Medi-Cal, which will cover labor and delivery services if she cannot provide proof of citizenship. The worker further informs the applicant that if acceptable proof of citizenship is received within one year of her application date, her limited scope benefits will be

expanded to full-scope benefits, as of the date of her Medi-Cal application, including any retroactive period if she is otherwise eligible.

Note: DHCS requires that we inform pregnant women of the options specified above.

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7.2.07 Bridging Program

A. General

The Medi-Cal to HF Bridging Program provides one month of additional full-scope zero SOC Medi-Cal to certain children when changes in family circumstances result in the loss of zero SOC Medi-Cal. This extra month allows the family time for their information to be forwarded to HF (with their consent) for a HF evaluation, or for them to contact HF to complete an application before the SOC increases.

Currently, individuals who are receiving full-scope Medi-Cal benefits and who meet the eligibility criteria for the Bridging Program as specified in MPG 5-8-11 are granted 7X aid code.

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B. Restricted Aid Code for the Bridging Program

When an individual is receiving “limited scope” Medi-Cal benefits because he/she fails to meet the verification of citizenship/identity requirements at the end of the reasonable opportunity period AND is determined to be eligible for the Bridging Program, he/she shall be granted bridging restricted aid code of E1. A referral shall be made to Healthy Families as appropriate.

Until CalWIN is programmed to transmit the E1 aid code to MEDS, the individual will continue to receive his/her restricted benefits under the existing restricted aid code for the one month bridge period. The full-scope 7X aid code shall NOT be used to issue bridging to an individual who failed to meet the citizenship/identity verification requirements at the end of his/her reasonable opportunity period.

Clarification
DHCS

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7.2.08 Aid Codes

A. Full-Scope Benefit Aid Codes

U.S. citizens/nationals who provide acceptable evidence of citizenship and identity are to be assigned the regular full-scope or citizen pregnancy-related services aid code.

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B. Limited- Scope Benefit Aid Codes

Until the Department of Health Care Services (DHCS) implements a long-term automated process, the following aid code shall be used to issue limited scope Medi-Cal benefits to an otherwise-eligible non-exempt U.S. citizen/national if for whatever reason, has indicated that he/she will not present the required evidence of citizenship or identity or who stop making good faith effort to obtain it.

- Regular restricted-scope aid code based on the coverage the citizen is eligible to receive for Medi-Cal only persons or families. Examples are aid code 3V (for a person or family eligible under 1931(b)); aid code 58 or 5F (for a medically needy/indigent person or family).
- 55 aid code for otherwise eligible citizens who need long term care services

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Acceptable Verifications of Citizenship
Detailed Description of Citizenship Documents

Primary Evidence of Citizenship

- 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.

Note: When an applicant or beneficiary provides one of these documents separate evidence of identity is NOT required.

Citizenship Document	Explanation
United States Passport issued without limitation	Issued by the Department of State. An expired U.S. passport may be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. A U.S. passport card issued without limitation is equivalent to a passport book. Note: Spouses and children were sometimes included on one passport through 1980. The citizenship and identity of the included person can be established when one of these passports is presented.
Certificate of Naturalization (Form N-550 or N-570)	Issued by the Department of Homeland Security (DHS) for naturalization. Prior to 1991 issued by Federal and State Courts.
Certificate of U.S. Citizenship (Form N-560 or N-561)	Issued by DHS to individuals who derive citizenship through a parent.

Second Level Evidence of Citizenship

- These documents are of high reliability. They are to be used when evidence of highest reliability is not available and the applicant or beneficiary declares birth in the U.S.
- California Department of Health Care Services' (DHCS) electronic verification of birth record information meets the requirement of citizenship documentation. No further citizenship documentation is necessary; however identity will still need to be verified.

Note: When an applicant or beneficiary provides one of these documents, separate evidence of identity is required.

Citizenship Document	Explanation
U.S. Public Birth Certificate showing birth in <ul style="list-style-type: none"> • One of the 50 United States; • District of Columbia; • American Samoa; • Swain's Island; • Puerto Rico (DOB on or after 1/13/41); • U.S. Virgin Islands (DOB on or after 1/17/17); • Northern Mariana Islands (DOB after 11/4/86, NMI local time); or • Guam (DOB on or after 4/10/1899). 	<ul style="list-style-type: none"> • The birth record document may be issued by the State, Commonwealth, Territory or local jurisdiction. • It must have been issued before the person was five years of age. <p>An amended birth record document that is amended after 5 years of age is considered fourth level of evidence of citizenship.</p> <p>Note: If the document shows the individual was born in Puerto Rico, Guam, 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 the dates listed for each of the Territories. See Attachment A for additional requirements for Collective Naturalization.</p>
Certification of Report of Birth (DS-1350)	Issued by the Department of State to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S. citizenship at birth, based on information shown on a Consular Report of Birth Abroad of a Citizen of the United States (FS-240). When the birth was recorded on an FS 240, certified copies of the 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 FS-240. The DS-1350 is not issued outside the U.S.

Second Level Evidence of Citizenship (continued)	
Citizenship Document	Explanation
Certification of Birth Abroad (FS-545)	Prior to 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.
Consular Report of Birth Abroad of a Citizen of the United States (FS-240)	Issued by the Department of State consular office. 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.
U.S. Citizen I.D. Card (I-197 or I-179) Note: Section 1903(x) of the Act incorrectly refers to the same document as an I-97.	INS issued the I-179 from 1960 until 1973 when 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)	Issued by DHS to identify a member of the Texas Band of Kickapoos living near the U.S./Mexican border. The classification code "KIC" and a statement on the back denote U.S. citizenship.
Northern Mariana Card (I-873)	Issued by INS to a Collectively Naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 4, 1986. The card is no longer issued; 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. Individuals employed by the U.S. Civil Service prior to June 1, 1976 were required to be U.S. citizens.
U.S. Military Record	The document must show date of birth and a U.S. place of birth (for example a DD-214).
SAVE Verification	<p>Verification of citizenship through the Systematic Alien Verification for Entitlements (SAVE) system is acceptable evidence of citizenship. Applicants are not eligible for Medi-Cal during the time it takes to verify citizenship using SAVE.</p> <p>Note: Staff may use SAVE to verify the current status of immigrants who claim to be U.S. citizens if they have an A-number or an I-94. In many cases, the SAVE response will indicate that the individual is a U.S. citizen. If SAVE indicates that the individual is a U.S. citizen, that is acceptable evidence of citizenship for Medi-Cal eligibility purposes.</p>

Second Level Evidence of Citizenship (continued)

Citizenship Document	Explanation
<p>Proof of Adoption Under the Child Citizenship Act of 2000* (effective February 27, 2001)</p> <p>* Section 101(b) of the Immigration and Nationality Act (8 U.S.C. 1101(b)(1)) pertaining to international adoptions (admission for lawful permanent residence as IR-3 (child adopted outside the U.S.) or as IR-4 (child coming to the U.S. to be adopted)).</p>	<p>Verification that an adopted child meets the requirements for establishing citizenship under the Child Citizenship Act is acceptable evidence of citizenship. To establish citizenship in this way requires evidence that all of the following conditions have been met on or after February 27, 2001:</p> <ul style="list-style-type: none"> • at least one parent of the child is a U.S. citizen; • the child is under 18; • the child is residing in the U.S. in the legal and physical custody of the U.S. citizen parent; • the child was admitted to the U.S. for lawful permanent residence; and • if adopted, the child satisfies the specified Immigration and Nationality Act (INA) requirements pertaining to international adoptions.

Third Level Evidence of Citizenship

- These documents are of lesser reliability.
- They are to be used when evidence of highest reliability is not available and the applicant or beneficiary declares birth in the U.S.

Note: When an applicant or beneficiary provides one of these documents separate evidence of identity is required.

Citizenship Document	Explanation
<p>Extract of a Hospital Record on Hospital Letterhead Established at the Time of Birth</p>	<ul style="list-style-type: none"> • Must have been created five years before the initial application date and indicate a U.S. place of birth. • Must be on hospital letterhead, signed, and reference hospital medical records. • For children under 16 must have been created near the time of birth or five years before the application. <p>Souvenir birth certificates issued by a hospital are <u>not</u> acceptable.</p>
<p>Life, Health, or Other Insurance Record</p>	<p>Document must:</p> <ul style="list-style-type: none"> • Indicate a U.S. place of birth; and • have been created at least five years before the initial application date (or near the time of birth if under 16). <p>Life or health insurance records may show biographical information for the person including place of birth; the record can be used to established U.S. citizenship when it shows a U.S. place of birth.</p>
<p>Religious Records (e.g. Certificate of Baptism)</p>	<p>To be acceptable as evidence of citizenship, religious records must:</p> <ul style="list-style-type: none"> • be recorded in the U.S. within 3 months of birth; • show that the birth occurred in the U.S.; • show either the date of birth, or the individual's age at the time the record was made; and • be an official record with the religious organization. <p>In questionable cases (e.g., where the record was recorded near a U.S. international border and the child may have been born outside the U.S.), the county must either verify the religious record or document that the mother was in the U.S. at the time of the child's birth.</p>
<p>Early school records</p>	<p>Must include all of the following:</p> <ul style="list-style-type: none"> • child's name; • date of admission to the school; • date of birth; • a U.S. place of birth; and

	<ul style="list-style-type: none"> • name(s) and place(s) of birth of the child's parent(s).
Fourth Level Evidence of Citizenship	
<ul style="list-style-type: none"> • These documents are of the least reliability. • They are to be used when first, second, and third level evidence of citizenship is not available <u>and</u> the applicant or beneficiary declares birth in the U.S. <p>Note: When an applicant or beneficiary provides one of these documents separate evidence of identity is required.</p>	
Federal or State Census Record	<p>Must include all of the following:</p> <ul style="list-style-type: none"> • Age; and • U.S. citizenship or a U.S. place of birth. <p>Note: Census records from 1900 through 1950 contain certain citizenship information. To secure this information, the applicant/beneficiary will need to complete an Application for Search of Census Records for Proof of Age (Form BC-600). Add in the remarks portion "U.S. citizenship data requested." Also, add that the purpose is for Medicaid eligibility. This form requires a fee.</p>
<p>Seneca Nation of Indians Tribal Census Record*</p> <p>Bureau of Indian Affairs tribal census records of the Navajo Nation*</p> <p>Bureau of Indian Affairs Roll of Alaska Natives*</p> <p>U.S. State Vital Statistics Official Notification of Birth Registration</p> <p>Delayed U.S. public birth record**</p> <p>Statement Signed by Physician or Midwife in Attendance at time of birth*</p>	<p>All documents must:</p> <ul style="list-style-type: none"> • Indicate a U.S. place of birth; and • Have been created at least five years before the application for Medi-Cal. <p>* For children under 16, the document must have been created near the time of birth or five years before the initial date of application and must show a U.S. place of birth.</p> <p>** Delayed U.S. public birth record must have been recorded more than five years after the person's birth.</p>
Institutional Admission Papers from a Nursing Facility, Skilled Care Facility, or Other Institution	<p>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 and was created at least five years before the initial date of application.</p>
Medical (clinic, doctor, or hospital) Record	<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>Immunization records are not considered medical records 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 five years before the date of application.</p>

Fourth Level Evidence of Citizenship (continued)

Written Affidavit

Affidavits may be used by U.S. born citizens and naturalized U.S. citizens in circumstances where no other acceptable documentary evidence of citizenship is available. In order for an affidavit to be acceptable to establish citizenship the following requirements must be met:

- No other evidence of citizenship can be obtained by the applicant or beneficiary.
- The affidavit(s) must be signed under penalty of perjury by at least two individuals who have personal knowledge of the event(s) establishing the applicant's or beneficiary's claim of citizenship. Affidavits need not be notarized.
- At least one of the individuals providing an affidavit must not be related to the applicant or beneficiary who is the subject of the affidavit.
- The individuals making the affidavit must provide proof of their own citizenship and identity, i.e., must themselves be U.S. citizens/nationals.
- If the affidavits do not explain why other evidence is unavailable, an additional affidavit should be requested from the applicant or beneficiary which includes that information.
- The applicant/beneficiary whose citizenship is addressed in the affidavit must provide acceptable evidence of identity.

Note:

- Affidavits of citizenship may be used for naturalized citizens
- Affidavits of citizenship do not need to be notarized
- Affidavits may NOT be used for both citizenship and identity

Acceptable Verifications of Identity

Identity Document	Explanation
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 individual or has other personal identifying information relating to the individual such as age, weight, height, race sex and eye color.
Identity documents described in 8 CFR 274a.2(b)(1)(v)(B)(1) of the Immigration and Nationality Act	<p>8 CFR 274a.2(b)(1)(v)(B)(1) describes the following acceptable documents* :</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 identification card or draft record • Identification card issued by the Federal, State, or local Government with the same identifying information included on a driver's license • U.S. Military dependent's identification card with a photograph of the individual • Native American Tribal document • U.S. Coast Guard Merchant Mariner Card with a photograph or other identifying information of the individual <p>Expired identity documents are acceptable for proof of identity.</p> <p>Exception: Do NOT accept a voter's registration card or Canadian driver's license as listed in 8 CFR 274a.2(b)(1)(v)(B)(1).</p>
Three or more corroborating identity documents	<p>Identity may be established based on three or more corroborating documents that, taken together, reasonably corroborate the identity of an individual (if there is no other evidence of identity available), provided the documents were not used to establish citizenship and the individual provided second or third level evidence of citizenship. These documents must at a minimum include the individual's name (and any other identifying information) and must contain consistent identifying information. Acceptable documents that could be used to establish identity in this way include:</p> <ul style="list-style-type: none"> • Marriage Licenses • Divorce decrees • High School Diplomas (including general education and high school equivalency diplomas) • Employer ID Cards • Property Deeds and Titles
U.S. passport issued with limitation.	Passports with limitations may be used as proof of identity. Such a passport does not have to be currently valid to be acceptable evidence of identity.
Affidavit of identity for disabled individuals in institutional care facilities	Must be signed under penalty of perjury by a residential care facility director or administrator on behalf of an institutionalized individual in the facility on behalf of the institutionalized individual in the facility but does not need to be notarized. (DHCS 0010 is a new form developed for use when an affidavit of identity is needed under these circumstances).

Acceptable Verifications of Identity

Identity Document	Explanation
Special identity rules for children under 18	<p>For children under 16, the following documents may be used to establish the identity:</p> <ul style="list-style-type: none"> • clinic, doctor or hospital records; • school, nursery or daycare records including report cards. If accepted, such records must verify them with the issuing school; or • an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative stating the date and place of birth of the child when no other identity documents are available. The signature on the application (MC 210 or MC 321) signed under penalty of perjury stating place and date of birth of child under 16, can also serve as an affidavit if no other acceptable evidence of identity is provided at time of application or redetermination. The National School Lunch Program (NSLP) application is not equivalent to the MC 210 or MC 321 and cannot be used as an affidavit to establish identity <p>For children under 18, an affidavit of identity may be used in instances where an affidavit was not used to document citizenship for the child and the child cannot obtain a School ID Cards and does not have a drivers' license.</p> <p>Note:</p> <ul style="list-style-type: none"> • An affidavit for identity cannot be used if an affidavit for citizenship was provided. • The affidavit does not need to be notarized.

Note: Identity documents that have expired are acceptable as long as there is no reason to believe the document does not match the individual.