



STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID  
DR. ROBERT L. ROBINSON  
EXECUTIVE DIRECTOR

## MEDICAID PROGRAM ACTION

### Eligibility Transmittal

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DATE: September 01, 2008

PROGRAM IDENTIFIER: 435.040108136  
Medicaid Regional Offices

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**SUBJECT:** Revised Citizenship, Alien and Enumeration Policy  
Revised DOM-300, Application for Mississippi Aged, Blind and Disabled Medicaid  
Revised Mississippi Health Benefits Application  
"Important Information for Immigrants" Handout  
New Text for 307/309 Notices  
Revised Program Brochures

This transmittal issues revised policy and updated program materials to comply with a recent compliance review conducted by the Office of Civil Rights and to incorporate other changes and improvements previously identified by Medicaid staff.

#### • **UPDATED POLICY**

The policy on citizenship, alien status and enumeration has been revised. The new material supersedes information in both eligibility manuals and all subsequent policy memoranda related to citizenship, alien status and Social Security Numbers, including "Determining Immigrant Status and Eligibility", dated January 23, 2007, and "Final Citizenship Guidelines for Medicaid Eligibility", dated July 26, 2007. Supervisors must cover the new policy in a staff training workshop and ensure full implementation upon receipt. Existing manuals must be cross-referenced with these revisions to ensure uniform policy application.

This is the first in a series of policy issuances to compile one manual for all programs. Staff can start the new manual by filing the attached Table of Contents for Chapter 102, Non-Financial Requirements, and revised policy sections, 102.04, United States Citizens, 102.05, Aliens, and 102.06, Social Security Number (SSN), effective 09/01/08, in a separate binder. Additional sections will be added to the Non-Financial Chapter until it is complete. Then a new chapter will be started and this process will continue until the manual is complete.

- **REVISED APPLICATIONS**

The applications for the Aged, Blind and Disabled programs and Mississippi Health Benefits programs have been revised to include language and formatting suggested by the Office of Civil Rights. Additional improvements have been made to both forms to provide more complete information to applicants and facilitate the information collection process for staff.

- **"IMPORTANT INFORMATION FOR IMMIGRANTS" HANDOUT**

A new handout, available in both English and Spanish, has been developed to provide specific information to immigrants. Both versions of the flyer must be available in the waiting room of each regional office. The Spanish version of the handout will be given or mailed, as applicable, along with the 307 requesting information to all households indicating Spanish is the primary language spoken in the home.

- **NEW TEXT FOR 307/309 NOTICES**

The following text changes or additions have been made to these MEDS and MEDSX notices:

- Provide a picture ID for applicants age 16 or over and a picture ID of the Head of Household or other person filing this application for the client.
- Provide evidence of date of birth for each applicant (not needed for non-applicants or aliens applying for Emergency Medicaid)
- Provide evidence of date of birth for any new applicant (not needed for non-applicants or aliens applying for Emergency Medicaid)
- Provide proof of relationship to the child/children for whom you are applying.
- Provide Social Security Numbers for each applicant or proof that an application for a Social Security Number has been submitted. Non-applicants and aliens applying for Emergency Medicaid are not required to provide Social Security Numbers.
- A face to face interview is required. Please call for an appointment or come into the office or nearest outstation site. Call 1-800-421-2408 or your Regional Office for a site nearest to you.
- US citizens are required to provide evidence of U. S. citizenship, such as: U. S. passport, original U. S. birth certificate, Certificate of Naturalization, Certificate of Citizenship. Provide one of these documents or talk to your worker.
- US citizens are required to provide evidence of U. S. citizenship, such as: U. S. passport, original U. S. birth certificate, Certificate of Naturalization, Certificate of Citizenship. Provide one of these documents for any new citizen applicants or talk to your worker.

- **REVISED PROGRAM BROCHURES**

The following brochures have been revised to use the term "Qualified Alien" rather than "alien admitted for permanent residence" and to include the Rehabilitation Act of 1973 and Civil Rights Act of 1964 in the final statement.

- Can I Qualify for Medicaid? Eligibility Guide for the Aged, Blind and Disabled Receiving SSI or Former SSI Recipients
- Eligibility Long Term Care for the Aged, Blind and Disabled Living in Nursing Homes

• **REMINDERS**

When interpreter services are needed for non-English speaking applicants and recipients, the Language Line is available. Each office has a Language Identification Card, listing the foreign languages most commonly encountered in the United States, to help identify the language for which an interpreter is needed. In addition, each office has been provided the access number to call the Language Line and has been assigned a unique identification code to access the service.

When an applicant needs help to apply for a Social Security Number, the specialist will print the SS-5, Application for a Social Security Card, and instructions from the Social Security website and provide to the individual. If the applicant has questions about the information needed or where to take or mail the application, the specialist will review the information provided in the SS-5 instructions with the applicant. The regional office can also mail the completed application and required documents when the individual needs mailing assistance. However, the applicant must fill out the SS-5 application form himself.

• **REVISIONS TO EXISTING VOLUME III AND HEALTH BENEFITS MANUAL**

Remove the following from Volume III:

Section D, Pages 4400-4450	Citizenship/Alien Eligibility Citizenship/Alien Status
Section D, Pages 4700-4711	Use of Social Security Numbers
Section L, Page 12000	DOM-300, Application Form and Instructions
Section L, Page 12010	DOM-300A*, Redetermination Form and Instructions

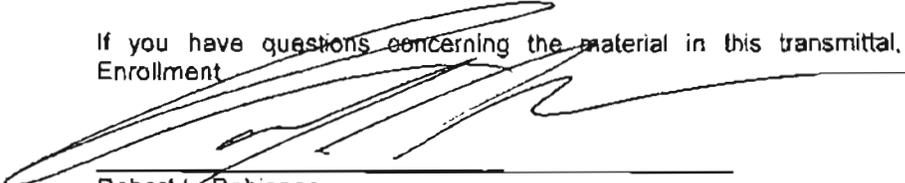
\*The 300A may have been previously removed. The DOM-300B, SSI Redetermination Form, remains a valid DOM form and should be retained in Volume III until further notice.

Cross-reference the revised policy in the following subsections of the Health Benefits Manual:

Section C, Page 3003	Social Security Number Requirement Citizenship and Alien Status
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Insert the attached manual pages into a new binder entitled, "Eligibility Policy and Procedures Manual" and begin using the revised policy to determine eligibility on each applicable factor upon receipt.

If you have questions concerning the material in this transmittal, contact the Bureau of Enrollment



Robert L. Robinson  
Executive Director

RLR: BW: jb

Attachments

cc: All Holders of Volume III and the Health Benefits Manual

**MISSISSIPPI DIVISION OF MEDICAID**  
**ELIGIBILITY POLICY AND PROCEDURES MANUAL**

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#### 102.04 UNITED STATES CITIZENS

An eligible individual must either be a citizen of the United States or a qualified alien, discussed in Section 102.05. Most United States citizens are natural-born citizens, meaning they were born in the United States or were born to United States citizens overseas. Individuals born in the United States, which includes the 50 states, the District of Columbia, Puerto Rico, Guam, the U. S. Virgin Islands, the Northern Mariana Islands and the Panama Canal Zone before it was returned to Panama, are U. S. citizens at birth (unless born to foreign diplomatic staff), regardless of the citizenship or nationality of the parents. Nationals from American Samoa or Swain's Island are citizens for Medicaid purposes.

##### Child Citizenship Act of 2000

The Child Citizenship Act of 2000, enacted February 21, 2001, amended the Immigration and Naturalization Act to provide automatic acquisition of U. S. citizenship by operation of law to certain foreign born children, including orphans with a full and final adoption by U. S. citizens, either abroad or in the U. S., and the biological or legitimated children of U. S. citizens. Prior to the implementation of this act, these children had to go through the naturalization process to become citizens.

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##### Procedures to Verify Citizenship Under the Child Citizenship Act of 2000

The child will automatically acquire U. S. citizenship on the date that all of the following requirements are met:

- The child must have at least one natural or adoptive parent who is a U. S. citizen by birth or naturalization;
- The child must be under 18 years of age;
- The child must currently permanently reside in the United States in the legal and physical custody of the citizen parent(s);
- The child must be admitted to the U. S. as a lawful permanent resident or acquire this status through readjustment of status;
- If adopted, child meets the requirements applicable to adopted children under immigration law as discussed below.

When the child's adoption was finalized abroad and both parents met the child before or during the foreign adoption proceeding, an Immediate Relative IR-3 entry Visa is issued. A child entering as IR-3 child will be issued a Certificate of Citizenship within 45 days of entry into the United States. A Permanent Resident Alien card is not issued to an IR-3 child since the child is a citizen upon entry. The child's parents do not have to apply separately for the Certificate of Citizenship.

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A status of IR-4 is assigned when the child's adoption was either not finalized abroad or both adopting parents did not meet the child before or during the foreign adoption proceeding. A Permanent Resident Alien card is issued to a child in IR-4 status upon entry. When the adoption or re-adoption, if required, in the U. S. is final, the parents have to apply for a Certificate of Citizenship.

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#### 102.04.01 Citizenship

The Deficit Reduction Act (DRA) of 2005 amended the citizenship verification rules for applications and reviews on and after July 1, 2006, requiring documentary evidence of citizenship for individuals declaring to be U. S. citizens or nationals of the United States.

The documents used to verify citizenship must be originals or copies certified by the issuing agency. Uncertified copies, including notarized copies, are unacceptable. Copies of original documents must be retained in the case record as a permanent part of the case record for audit and review purposes. The record copy should be noted "Original Document Viewed" and initialed and dated by the supervisor or Medicaid Specialist who viewed the original.

Original documents can usually be returned immediately. However, documents received in the mail or at out-stationed sites, which cannot be returned to the applicant/recipient the same day, must be mailed back to the individual within two working days. Extreme care must be taken to ensure these important personal documents are not lost, misplaced or misrouted.

Documentation of citizenship is generally a one-time requirement. The individual is not required to provide verification again unless (1) there is a valid reason to question the accuracy of the initial determination or (2) a reapplication is filed after the record retention period and the case has been destroyed.

Certain applicants and beneficiaries are exempt from verification of citizenship and identity. Refer to Section 102.04.04.

#### 102.04.02 Identity

The identity of the responsible person filing the application must be verified. If this person is also an applicant, identity will be verified according to verification procedures for applicants discussed later in this section and in Section 102.04.06.

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However, if the responsible person is a non-applicant parent, relative, non-relative or an authorized representative filing the application on behalf of others, the identity of the non-applicant must be verified by either (1) picture identification, or (2) two different forms of non-picture identification, including such documents as EBT, WIC or other benefit cards or notices, credit or bank cards, employment badges, check stubs or other wage verification, insurance cards, etc., or (3) personal knowledge of a Medicaid staff member.

#### Good Cause Determination for Non-Applicants

If the regional office determines a non-applicant head of household or authorized representative cannot meet the identity verification requirement, the regional manager will review case circumstances and make a good cause determination. If good cause exists, the manager can decide to (1) accept one form of non-picture ID when the individual can present only one or (2) waive the requirement altogether. Otherwise, the application will be denied when the non-applicant head of household or authorized representative, filing an application on behalf of others, refuses to provide required identity verification. The identity requirements for applicants are discussed below and in section 102.06.06.

#### Identity of Applicants

The Deficit Reduction Act (DRA) of 2005 amended the verification rules for applicants and beneficiaries for applications and reviews on and after July 1, 2006. To establish identity, applicants must provide original documents or copies certified by the issuing agency. Other copies, including notarized copies of documents, are unacceptable.

Like the documents used to verify citizenship, copies of the original identity documents must be certified by the supervisor or Medicaid Specialist who viewed them and retained as a permanent part of the case record for review and audit purposes.

Most of the time original documents can be returned immediately. However, documents received in the mail or at out-stationed sites, which cannot be returned to the applicant/recipient the same day, must be mailed back to the individual within two working days. Extreme care must be taken to ensure these important personal documents are not lost, misplaced or misrouted. The case must be documented confirming the documents were returned and the date and method of return.

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Documentation of identity is generally a one-time requirement. The individual is not required to provide verification again unless (1) there is a valid reason to question the accuracy of the initial determination or (2) a reapplication is filed after the record retention period and the case has been destroyed or (3) an individual, whose identity was verified by affidavit as a child, moves as a child to another household or becomes eligible as an adult in his/her own case or in a spouse's case.

Refer to Section 102.04.04 for persons exempt from citizenship and identity verification requirements.

#### 102.04.03 Verification of Citizenship and Identity

The verification requirements found in this section pertain only to applicants declaring to be U. S. citizens. Aliens applying for Emergency Medicaid services only are not required to provide information about citizenship, immigration status or Social Security Number and should not be asked to do so. Refer to Section 102.05 for handling applicants who are qualified or non-qualified aliens.

The evidences of citizenship are divided into a hierarchy of primary, secondary, third level and fourth level documents. Primary evidence has the highest reliability and conclusively establishes both a person's citizenship and identity. When the individual has secondary, third or fourth level documentation of citizenship, additional verification must be provided to establish identity. The evidences of identity are not prioritized.

#### Available Documents

The highest level of verification must be used if it is available. "Available" means the document exists and can be obtained within the time period allowed for providing information, i.e., 30, 45 and 90 days based on application type. Therefore, when a higher level document is not available, it is permissible to use a lower level document. For example, a U. S. Passport is primary evidence of citizenship and identity. If the individual possesses a passport, it must be provided. However, if the individual does not already have a passport, the document is generally considered unavailable due to the time required to process a passport application so the individual can meet verification requirements by providing a lower level document, such as a birth certificate, secondary evidence of citizenship, and a driver's license or other picture identification to verify identity.

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It is generally the individual's responsibility to provide required documents and pay associated fees to obtain them. However, when individuals are economically disadvantaged and unable to pay fees associated with obtaining necessary documents, lower level evidences of citizenship and identity will be accepted.

#### Reasonable Opportunity

Applicants must be provided a reasonable opportunity to provide verification of citizenship and identity. When verification of citizenship and identity is needed, the Medicaid Specialist will issue the required written request for the information. If an applicant subsequently requests additional time, an extension may be granted when the individual is making a good faith effort to obtain the information and timely processing standards for the application can still be met. An application cannot be approved if required citizenship and identity verification has not been provided.

Beneficiaries must also be given a reasonable opportunity to provide documentary evidence of citizenship and identity. When verification of citizenship and identity is needed at review, the Medicaid Specialist will issue the required written request for the information. If the recipient subsequently requests additional time, an extension may be granted when the individual is making a good faith effort to obtain the information and timely processing standards for the review can still be met. When an extension is granted, eligibility can continue if the beneficiary has met all eligibility requirements except verification of citizenship and/or identity.

#### Providing Assistance

When an applicant or beneficiary, who is homeless, an amnesia victim, mentally impaired or physically incapacitated and lacks someone to act for them, does not have the required verifications, the Medicaid Specialist must assist the individual to document U.S. citizenship and/or identity.

In addition, staff must attempt to contact and provide assistance to any applicant or recipient who is known to be deaf, hard of hearing, blind, mentally or visually impaired, physically incapacitated or otherwise disabled, illiterate, limited English proficient, homeless and/or requires communication assistance with reading agency notices and other written correspondence prior to denying or terminating their case.

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The case record must be documented with all efforts taken by specialists to provide assistance to individuals with special needs, conditions and/or barriers. Eligibility will not be denied or terminated until all avenues of verification have been exhausted.

However, when the individual has been given a reasonable opportunity to provide the information and all avenues of assistance have been exhausted and documented by the specialist, eligibility must be denied or terminated if needed information is not provided.

#### 102.04.04 Exemptions from Citizenship and Identity Verification Requirements

Individuals declaring to be U. S. citizens are exempt from citizenship and identity documentation requirements if they are in one of the following categories:

- Medicare recipients entitled to, or enrolled in, Medicare Part A or B under any claim number are exempt from the verification requirements. A copy of the Medicare card should be requested and a copy retained in the case record. However, if the individual cannot provide the Medicare card, agency verification of enrollment in Medicare may be used, if it is available.
- Individuals receiving Social Security benefits under “A” claim number based on their own disability are exempt from the verification requirements. The individual must be a current recipient of Social Security Disability. Prior receipt of disability does not qualify an individual for this exemption. In addition, this exemption does not apply to individuals receiving early retirement or to dependents drawing off of the disabled individual’s record.
- Individuals receiving SSI benefits are exempt. The individual must be a current SSI recipient. Prior receipt of SSI does not qualify a person for this exemption. Former SSI recipients applying for Medicaid must provide evidence of citizenship and identity. However, current SSI recipients applying only for retroactive coverage are exempt.
- Children in receipt of Title IV-B services or Title IV-E Adoption Assistance or foster care payments are exempt. Medicaid eligibility determinations for children in this category are made by the Department of Human Services.
- Deemed eligible children are exempt from citizenship and identity verification requirements until the end of the deemed year. All eligibility factors, including documentation of citizenship and identity, must be met for eligibility to continue beyond the first year.

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### 102.04.05 Evidences of U. S. Citizenship

Primary evidence has the highest reliability. Therefore, when the applicant or beneficiary presents any of the following primary documents: current or expired U. S. passport (without limitation), Certificate of Naturalization or a Certificate of Citizenship, the requirements for both citizenship and identity have been met and no further verification is needed. If any other level of evidence is used to verify U. S. citizenship, a second document verifying identity must be obtained. The following documents may be accepted as primary proof of an individual's citizenship and identity.

Primary Documents	Explanation
U. S. Passport	<p>A U. S. passport does not have to be currently valid to be accepted as evidence of U. S. citizenship as long as it was originally issued without limitation.</p> <p>On an emergency basis, the passport office will issue a U. S. passport without proof of citizenship. In this instance, the passport is issued with the limitation that it is valid for one year rather than the usual 5 or 10 years. When the holder of a passport with limitations returns to the country, he has to provide proof of citizenship to have the passport reissued without limitation. To determine if a passport was issued with limitation, compare the issuance date with the expiration date. If the expiration date is less than five years from the issuance date, the passport was issued with limitation and cannot be used as proof of citizenship. Each passport presented must be examined closely to determine whether or not the passport was issued with limitation.</p> <p>Spouses and children were sometimes included on one passport through 1980. U. S. passports issued after 1980 show only one person. Consequently, the citizenship and identity of the included person can be established when one of these passports is presented.</p> <p>NOTE: Do not accept any passport as evidence of U. S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.</p>
Certificate of Naturalization (N-550 or N-570)	Issued by Department of Homeland Security (DHS) for Naturalization.
Certificate of Citizenship (N-560 or N-561)	Issued By DHS to individuals who derive citizenship through a parent.

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Secondary evidence of citizenship is documentary evidence of satisfactory reliability that is used when primary evidence of citizenship is not available within the reasonable opportunity period. In addition, a second document establishing identity must be presented.

Secondary Documents	Explanation
<p>A U.S. public birth record showing birth in one of the following:</p> <ul style="list-style-type: none"> <li>• One of the 50 U.S. States;</li> <li>• District of Columbia;</li> <li>• American Samoa</li> <li>• Swain's Island</li> <li>• Puerto Rico (if born on or after January 13, 1941);</li> <li>• Virgin Islands of the U.S. (on or after January 17, 1917);</li> <li>• Northern Mariana Islands (after November 4, 1986 (NMI local time);</li> <li>• Guam (on or after April 10, 1899)</li> </ul>	<p>A birth certificate may be issued by the State, Commonwealth, territory, or local jurisdiction. The birth record must have been recorded before the person was 5 years of age.</p> <p>A delayed birth record document recorded after 5 years of age is considered fourth level evidence of citizenship.</p> <p><b>***NOTE:</b> If the document shows the individual was born in Puerto Rico, the Virgin Islands of the U.S. or the Northern Mariana Islands before these areas became part of the U.S. the individual may be a collectively naturalized citizen. Collective naturalization occurred on certain dates listed for each of the territories. Refer to the Citizenship Addendum at the end for information on collective naturalization.</p>
<p>Verification through SAVE for a Naturalized Citizen</p>	<p>Verification through the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database to verify U. S. citizenship for a naturalized citizen when original naturalization papers are not available.</p>
<p>Eligible under the Child Citizenship Act of 2000</p>	<p>When a child derives U. S. citizenship from a parent and meets the requirements of the Child Citizenship Act of 2000, establish (1) the parent's U. S. citizenship and (2) the child's legal immigration status, if applicable, through SAVE to verify the child's citizenship. Primary verification through a Certificate of Citizenship should be available if child was issued a Visa rather than a Permanent Resident Alien card upon entry into the country.</p>

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Secondary Documents	Explanation
Certification of Report of Birth Abroad (FS-1350)	The Department of State issues a DS-1350 to U. S. citizens who were born outside the U. S. and acquired citizenship at birth, as verified by the information recorded on the FS-240, Consular Report of Birth Abroad. When the birth was recorded on the FS-240, certified copies of the Certification of Report of Birth Abroad can be obtained from the Department of State. The DS-1350 contains the same information as recorded on the current version of the Consular Report of Birth, FS-240. The DS-1350 is not issued overseas and can be obtained from the Department of State in Washington DC.
Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)	The Department of State consular office prepares and issues this document. A Consular Report of Birth can only be prepared at an American consular office overseas while the child is under the age of 18. While original FS-240's are not issued within the U.S, lost or mutilated documents can be replaced through the Department of State in Washington DC. Children born to military personnel are usually issued an FS-240.
Certification of Birth Abroad (FS-545)	Before November 1, 1990, the 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 a DS-1350.
U. S Citizen ID Card (I-197) or prior version I-179	The former Immigration and Naturalization Service (INS) issued the I-179 from 1960 until 1973. It revised the form and renumbered it as form I-197. INS issued the I-197 from 1973 until April 7, 1983. INS issued Form I-179 and I-197 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings. Although neither form is currently issued, either form that was previously issued is still valid.
American Indian Card (I-872)	DHS issues this card to identify a member of the Texas Band of Kickapoos living near the U.S./Mexican border. A classification code "KIC" and a statement on the back denote U.S. citizenship.
Northern Mariana Card (I-873)	INS issued the I-873 to a collectively naturalized citizen of the U.S. who was born in the NMI before November 4, 1986. The card is no longer issued, but those previously issued are still valid.
Final adoption decree	The adoption decree must show the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the child was born will not release a birth certificate prior to final adoption, a statement from a State-approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.

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Secondary Documents	Explanation
Evidence of civil service employment by the U.S. government	The document must show employment by the U.S. government before June 1, 1976.
Official military record of service	The document must show a U.S. place of birth (for example a DD-214 or similar official document showing a U.S. place of birth).

Third level evidence of citizenship is documentary evidence of satisfactory reliability that is used when primary or secondary evidence of citizenship is not available. Third level evidence may only be used when primary and secondary evidence does not exist or cannot be obtained and the applicant/beneficiary alleges being born in the U.S. In addition, a second document establishing identity must be obtained.

Third Level Documents	Explanation
An extract, i.e., part(s) of one or more documents from medical records of a hospital, on hospital letterhead established at the time of the person's birth and was created 5 years before the initial application date and shows a U. S. place of birth.	Do not accept a souvenir "birth certificate" issued by the hospital.  NOTE: For children under 16, the document must have been created near the time of birth or 5 years before the application date.
Life or health or other insurance record which shows a U.S. place of birth and was created at least 5 years before the initial application date.	Life or health insurance records may show biographical information for the person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth.  NOTE: For children under 16, the document must have been created near the time of birth or 5 years before the application date.
Religious record recorded in the U. S. within 3 months of birth showing birth occurred in the U. S. and showing either the individual's birth date or age at the time the record was recorded.	The record must be an official record with a religious organization. In questionable cases, i.e., religious document recorded near an international border, the religious record must be verified and/or verify that the mother was in the U. S. at time of birth.  NOTE: Entries in a family Bible are not considered religious records.
Early school record showing a U. S. place of birth.	The record must show the name of the child, the date of admission to the school, the date of birth (or age at the time record was created), a U. S. place of birth and the name(s) and place(s) of birth of the child's parents.

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Fourth level evidence of citizenship is of the lowest reliability. It should only be used in the rarest of circumstances. It is used when primary evidence is not available and both secondary and third level evidence do not exist or cannot be obtained within the reasonable opportunity period and the applicant alleges a U. S. place of birth. In addition, a second document establishing identity must be obtained.

Accept any of the following documents as fourth level evidence of U. S. citizenship if the document meets the listed criteria, the applicant/beneficiary alleges U. S. citizenship and there is nothing indicating the person is not a U. S. citizen or lost U. S. citizenship. Fourth level evidence consists of documents established for a reason other than to establish U. S. citizenship and showing a U. S. place of birth. The U. S. place of birth on the document and documented place of birth on the application must agree. The written affidavit may be used only when the specialist is unable to secure evidence of citizenship in any other chart.

Fourth Level Documents	Explanation
<p>Federal or State census record showing U.S. citizenship or a place of birth (generally for persons born 1900 through 1950).</p>	<p>The census record must also show the applicant's age.</p> <p>NOTE: Census records from 1900 through 1950 contain certain citizenship information.</p> <p>To secure this information the applicant, beneficiary, or State should complete a Form BC-600, Application for Search of Census Records for Proof of Age. ADD in the remarks portion "U.S. citizenship data requested." Also, add that the purpose is for Medicaid eligibility. This form requires a fee.</p>
<p>Other Documents - To be valid, the documents in this section must have been created at least 5 years before the application for Medicaid (or for children under 16, the document must have been created near the time of birth or 5 years before the application date.)</p>	<p>This document must show a U.S. place of birth:</p> <ul style="list-style-type: none"> <li>• Seneca Indian tribal census record.</li> <li>• Bureau of Indian Affairs tribal census records of the Navaho Indians.</li> <li>• U.S. State Vital Statistics official notification of birth registration.</li> <li>• A delayed U.S. public birth record that is recorded more than 5 years after the person's birth.</li> <li>• Statement signed by the physician or midwife who was in attendance at the time of birth.</li> <li>• Bureau of Indian Affairs Roll of Alaska Natives</li> </ul>

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<p>Medical (clinic, doctor or hospital) record and was created at least 5 years before the initial application date (for children under 16, record was created near time of birth or 5 years before the application date) and indicates a U. S. place of birth.</p>	<p>Medical records generally show biographical information for the person including place of birth; the record can be used to establish U. S. citizenship when it shows a U. S. place of birth.</p> <p>NOTE: Immunization records maintained by the family or a school are not considered a medical record for purposes of establishing U. S. citizenship. However, such records maintained by a clinic, doctor or hospitals are considered medical records.</p>
<p>Institutional admission papers from a nursing home, skilled nursing facility or other institution that were created at least 5 years before the initial application date and indicate a U. S. place of birth.</p>	<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.</p>
<p>Written Affidavit</p>	<p><u>Written affidavits may be used as fourth level evidence only in rare circumstances when no other acceptable evidence of citizenship is available.</u></p> <ul style="list-style-type: none"> <li>• The affidavits may be used for U. S. citizens, including naturalized citizens.</li> <li>• Affidavits must be supplied by the applicant/recipient and at least 2 additional individuals, one of whom is not related to the applicant or recipient.</li> <li>• Each of the 2 additional individuals must attest to having personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship.</li> <li>• The individuals providing supporting affidavits must be able to prove their own U. S. citizenship and identity for the affidavit to be accepted.</li> <li>• The applicant/recipient (or guardian or representative for a child) also submits a separate affidavit explaining why other documentary evidence is not available.</li> <li>• Affidavits are signed under penalty of perjury, but do not have to be notarized.</li> </ul> <p>NOTE: For a child, an affidavit cannot be used to verify both identity and citizenship.</p>

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Citizenship Addendum	Explanation
<p>If the document used to verify U. S. citizenship indicates the individual was born in Puerto Rico, the Virgin Islands of the U.S. or the Northern Mariana Islands before these areas became part of the U.S. the individual may be a collectively naturalized citizen. Collective naturalization occurred on certain dates listed for each of the territories.</p>	<p><u>Puerto Rico</u>: Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant/beneficiary's statement that he or she was residing in the U.S. possession or Puerto Rico on January 13, 1941; or</p> <p>Evidence that the applicant/beneficiary was a Puerto Rican citizen and the applicant/beneficiary's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.</p> <p><u>U.S. Virgin Islands</u>: Evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;</p> <p>The applicant/beneficiary's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a possession or the U.S. Virgin Islands on February 25, 1927 and that he or she did not make a declaration to maintain Danish citizenship; or</p> <p>Evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.</p> <p><u>Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI))</u></p> <p>Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time).            NOTE: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.</p>

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### 102.04.06 Evidences of Identity

Proof of identity is required when primary evidence of citizenship cannot be obtained and a secondary, third or fourth level evidence is used.

Identity Documentation	Explanation
<p>The identity of all applicants and recipients must be verified.</p> <p>When a child younger than age 16 or a disabled individual living in a residential care facility does not have one of the following documents available to verify identity, an alternate document indicated below may be used.</p>	<p>This section includes the following acceptable documents which may be used to verify the identity of any applicant or recipient. Documents may be recently expired provided there is no reason to believe the document does not match the individual.</p> <ul style="list-style-type: none"> <li>• A current state driver's license bearing either the individual's picture or containing other identifying information such as name, age, sex race, height, weight or eye color.</li> <li>• School identification card with a photograph of the individual. (ID cards issued by IDENT-A-KID Services of America, ID CONCEPTS, GUARD-A-KID, Safe Kids ID or Child Identification Sheet created by local law enforcement are also acceptable)</li> <li>• U.S. military card or draft record.</li> <li>• Identification card issued by the Federal, State, or local government containing the same information included on driver's licenses.</li> <li>• Military dependent's identification card.</li> <li>• Certificate of Indian blood or other U. S. American/Alaska Native tribal document 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, eye color.</li> <li>• U.S. Coast Guard Merchant Mariner card.</li> <li>• Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas (including general education or equivalency diplomas), employer ID cards, property deeds/titles or other similar types of documents issued by local or state governmental entities when no other higher-level evidence is available to verify identity. All documents must be originals or certified copies. They must include at a minimum, the individual's name plus any additional information to establish identity. Use only when second or third level, but not fourth level, evidence of citizenship was obtained.</li> </ul>

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Identity Documentation	Explanation
<p><u>Children under age 16</u></p> <p>When another document is not available to verify the identity of a child under the age of 16, alternate verification from this list may be used.</p>	<p>Exception: Do not accept a Voter Registration Card or Canadian Driver's License as identity verification.</p> <ul style="list-style-type: none"> <li>• School record including report card, daycare or nursery school record.</li> </ul> <p>NOTE: If a school record is used, it must be verified with the issuing school.</p> <ul style="list-style-type: none"> <li>• Clinic, doctor, or hospital record, showing a date of birth. This includes an immunization record maintained by the medical provider if it shows a date of birth.</li> <li>• If none of the above documents are available, an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative attesting to the child's identity and stating the child's date and place of birth may be obtained. The <u>Statement of Child's Identity</u> should be used as an application attachment for this purpose. It is not necessary to have this form notarized. The form is completed one time to verify a child's identity. A new form is required only if new children are added to the case. The Statement of Child's Identity cannot be used if an affidavit for citizenship was provided.</li> </ul> <p>NOTE: For a child, an affidavit cannot be used for both citizenship and identity.</p>
<p><u>Disabled individual in residential care facility</u></p> <p>When another document is not available to verify the identity of a disabled individual living in a residential care facility, an affidavit may be used.</p>	<p>Disabled individuals in residential care facilities may have identity attested to by the facility director or administrator when the individual has no other acceptable document available. The affidavit is signed under penalty of perjury, but need not be notarized.</p> <p>All other means of verifying identity must be pursued prior to use of an affidavit.</p>

NOTE: Citizenship and/or identity do not have to be verified if the applicant is not otherwise eligible.

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#### 102.05 ALIENS

The purpose of this section is to provide information and instructions for determining alien status and level of Medicaid coverage. In general, eligibility and level of coverage is based on the alien's date of entry into the U. S., the date qualified alien status was obtained and/or the alien's immigration status.

Certain aliens are referred to as "qualified aliens." Qualified aliens are potentially eligible for full Medicaid benefits just like U.S. citizens. Each applicant declaring to be a qualified alien is responsible to provide, or cooperate in obtaining, documentation of alien status.

An alien who is not a qualified alien is a "non-qualified alien." These non-citizens are potentially eligible only for Emergency Medicaid services; however, there may be exceptions. Non-citizens applying for Emergency Medicaid services are not required to disclose information regarding citizenship, alien status or enumeration and should not be requested to do so. All applicable program requirements must be met before an alien is eligible for either full Medicaid or Emergency Medicaid services.

##### 102.05.01 Grandfathered Aliens

Effective 8/22/96, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limited alien eligibility for Medicaid and other federal programs. However, Mississippi elected to "grandfather in" aliens who were receiving and eligible for Medicaid on that date. This means the grandfathered alien, who is lawfully residing in the U. S., has the right to have his eligibility continue under the alien policy in effect prior to 8/22/96. He also retains grandfathered rights if benefits are terminated and eligibility is later reestablished.

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#### VERIFICATION PROCEDURES FOR GRANDFATHERED ALIENS

A "grandfathered alien" is an individual who is lawfully residing in the U. S. and was receiving and eligible for Medicaid on 8/22/96. When there is an indication an alien is potentially "grandfathered", request immigration documents and verify alien status through the Systematic Alien Verification for Entitlements system.

If the individual received Medicaid in Mississippi, check for eligibility on 8/22/96 in the Medicaid Management Information System (MMIS). If the individual received Medicaid in another state, verify eligibility on 8/22/96 with the other state. Documentation of a telephone contact with the other state is adequate verification.

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If the returned SAVE form indicates the alien is lawfully residing in the U. S. and the eligibility check revealed the alien was eligible for and receiving Medicaid 8/22/96, the individual is eligible for full Medicaid, provided other program eligibility factors are met.

If the alien was receiving Medicaid on 8/22/1996, but was subsequently determined to be ineligible, his status as a qualified alien must be determined for full Medicaid coverage. If he is not a qualified alien, he may be eligible for Emergency Medicaid services.

#### 102.05.02 Qualified Aliens

Individuals living in the United States, who are not citizens, by birth or acquisition, and are not U. S. Nationals, are aliens. For Medicaid purposes, certain aliens are referred to as “qualified”, meaning they are potentially eligible for full Medicaid services just like U. S. citizens. There are nine classifications of qualified aliens. Seven are based on INS alien status, one is based on battery or extreme cruelty and INS alien status, and one is based on severe forms of trafficking and certification by U. S. Health and Human Services. Refer to the Alien Status Chart in Section 102.05.15 for documents and eligibility status of the classifications listed below:

- (1) An Alien Lawfully Admitted for Permanent Residence (LPR) - Under the Immigration and Nationality Act (INA);
- (2) A Refugee - Admitted under Section 207 of the INA;
- (3) An Alien Granted Asylum - Under Section 208 of the INA;
- (4) A Cuban and Haitian Entrant - As defined in section 501(e) of the Refugee Education Assistance Act of 1980;
- (5) An Alien Granted Parole for at Least One Year - Under Section 212(d)(5) of the INA;
- (6) An Alien Whose Deportation is Being Withheld - Under (1) Section 243(h) of the INA as in effect prior to April 1, 1997; or (2) Section 241(b)(3) of the INA, as amended;
- (7) An Alien Granted Conditional Entry - Under Section 203(a)(7) of the INA in effect before April 1, 1980;
- (8) A Battered Alien - Meeting the conditions set forth in Section 431(c) of PRWORA, as added by Section 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 PL 104-208(IIRIRA), and amended by Section 5571 of the Balanced Budget Act of 1997, PL 105-33(BBA) and Section 1508 of the Violence Against Women Act of 2000, PL106-386. Section 431(c) of PRWORA, as amended, is codified at 8 USC 1641(e);

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#### (9) A Victim of a Severe Form of Trafficking

In accordance with Section 107(b)(1) of the Trafficking Victims Protection Act of 2000, PL 106- 86.

#### VERIFICATION AND DOCUMENTATION OF QUALIFIED ALIEN STATUS

The Systematic Alien Verification for Entitlements (SAVE) process system is used to verify the authenticity of the alien's USCIS documents, his date of admission to the U.S. and current immigration status. SAVE is used for documented aliens who are applying for benefits. Victims of a severe form of trafficking and aliens applying for Emergency Medicaid services only are not subject to the SAVE verification process.

Once alien status has been verified, it is not necessary to re-verify unless the alien status is subject to change. Examples of when alien status is subject to change include: 1) An individual admitted under a temporary status may change to lawful permanent resident status. 2) An individual admitted under a temporary status that has expired may have updated his status. 3) A refugee may change his alien status to lawful permanent resident status. 4) An individual may meet requirements as a battered alien or some other type of qualified alien status. 5) An illegal alien may change to a legal status. This is not an all-inclusive list. There may be other times when an individual's alien status may change.

#### Medicaid Specialist Responsibilities:

- Request the alien's original immigration documents issued by the immigration agency. Currently, the United States Citizenship and Immigration Services (USCIS), within the Department of Homeland Security is responsible for immigration.
- Complete the SAVE cover sheet for each documented alien requesting benefits, providing the person's full name, Medicaid ID number, alien registration number, nationality, date of birth, Social Security Number, and county of residence.
- Attach front and back copies of original immigration documents and attach a copy of the alien's Social Security card.
- Submit the information to state office.

#### State Office Responsibilities:

When the information to be submitted for SAVE verification is received in state office, it is submitted electronically to the Department of Homeland Security.

When a response is received back, it is reviewed initially at the state level. The reviewer notes on the SAVE verification sheet whether or not the alien is qualified, and if so, whether the 5-year disqualification or 7-year eligibility time limit appears applicable.

If either appears applicable, the reviewer notes the beginning and ending dates and forwards the information to the regional office.

#### Medicaid Specialist Responsibilities Continued:

- When the SAVE verification sheet is received from state office, review it and compare the SAVE information and information from the case record with the chart in Section 102.05.05 to determine alien eligibility and correct level of Medicaid eligibility.

The state reviewer does not have access to all information in the case record; therefore, it is very important that the specialist considers information from all applicable sources and applies the correct policy to make an eligibility determination.

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Example: The SAVE verification sheet from the Department of Homeland Security verifies an alien was Lawfully Admitted for Permanent Residence and is in the 3<sup>rd</sup> year of the 5-year ban. The state reviewer notes the following on the form "LPR, 5-year ban period May 1, 2005 - April 30, 2010." However, the case contains verification that the alien is the pregnant spouse of an honorably discharged veteran. The specialist determines the qualified alien is exempt from the 5-year disqualification and eligible for Medicaid as a pregnant woman in a full service COE.

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#### 102.05.03 5-Year Mandatory Disqualification Period

Unless an exemption is met, qualified aliens admitted to the U. S. on or after August 22, 1996, are disqualified from receiving public benefits for the first five years from the date they entered the country or obtained qualified alien status, whichever is later. During this 5-year ban or disqualification period, these aliens are eligible only for emergency services if they meet all other eligibility requirements.

At the end of the 5-year disqualification period, the alien is potentially eligible for full Medicaid benefits only if he has 40 qualifying quarters (QQs) of earnings covered by Social Security or can be credited with 40 QQs which satisfy the requirement. If 40 QQs cannot be credited, the alien remains potentially eligible for Emergency Medicaid only.

Aliens who are subject to the mandatory 5-year disqualification period are not eligible for full Medicaid for the first 5 years, even if they can be credited with 40 qualifying quarters prior to or during the 5-year disqualification period. The disqualification period must be imposed before an assessment of eligibility based on the 40-quarter requirement.

#### 102.05.04 40 Qualifying Quarters of Earnings

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

- All the qualifying quarters worked by the spouse of the alien during their marriage, provided the alien remains married to the spouse or the marriage ended by death and not divorce, and
- All of the qualifying quarters worked by a parent of an alien while the alien was under age 18. The alien does not have to be under 18 at the time of the application.

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Subject to the limitations above, the alien's own QQs can possibly be combined with those of his parent(s) and/or spouse to attain the required 40 quarters. After December 31, 1996, any quarter in which any of these individuals, i.e., the alien, his parent(s) and/or spouse, received Federal means-tested benefits, such as TANF, SSI and Medicaid, cannot be credited to meet the 40 quarter requirement. When total qualifying quarters have been verified, quarters in which Federal means-tested benefits were received by any person contributing quarters should be subtracted from the total to determine the number of countable qualifying quarters.

#### PROCEDURES TO VERIFY 40 QUALIFYING QUARTERS OF EARNINGS

- Determine the individuals whose quarters can be included in the quarter coverage count based on the requirements and limitations discussed above in Section 102.05.03. Question the applicant to determine that proper relationships exist, the date of birth of the applicants and request Social Security Numbers for each individual included.
- Determine if it is possible for the applicant to meet the requirement. Ask how many years the applicant and each individual included in the quarter coverage calculation have lived in the United States. If the total number of years is less than 10 years (40 quarters), the applicant cannot meet the requirement.
- If the total number of years is at least 10, determine how many years included earnings. Always determine the applicant's own quarters first. Many applicants may have sufficient quarters on their own record and it will not be necessary to request earnings history for other individuals. If the applicant does not have sufficient quarters, determine the quarters for the other individuals.
- Request a quarter coverage history from Social Security unless it is clear from the interview that the applicant, or applicant in combination with others, cannot meet the 40-quarter requirement. However, if the applicant still believes he meets the 40 quarter requirement, request a quarter coverage history.
- When verification is received from Social Security, total the quarters. Do not count any quarter(s) in which federal means-tested benefits were received by the individual as a qualifying quarter.

#### 102.05.05 Aliens Subject to the Mandatory 5-Year Disqualification

Non-exempt aliens in the following classifications, admitted to the U. S. on or after 8/22/96, are subject to the 5-year disqualification. During the disqualification period they are potentially eligible only for Emergency Medicaid services.

- Lawful Permanent Resident Aliens;
- Aliens Granted Parole for at Least One Year;
- Battered Aliens

NOTE: Aliens granted conditional entry under Section 203(a)(7) in effect before April 1, 1980, are not exempt from the 5-year disqualification per se; however, as a practical matter the disqualification will never apply since by definition, they entered the United States and obtain qualified alien status prior to 8/22/96.

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#### 102.05.06 Aliens Exempt from the Mandatory 5-Year Disqualification

Refugees, asylees, Amerasian immigrants, Cuban/Haitian entrants, aliens who have been granted withholding of deportation, victims of trafficking and qualified aliens who are honorably discharged veterans or active duty military and certain of their family members are among the aliens exempt from the 5-year disqualification.

#### Aliens Subject to Eligibility Time Limits

However, aliens in some of the above classifications have a 7-year time limit imposed on eligibility. When the 7-year period ends, eligibility terminates the following month unless the alien's status has changed or he meets an exemption.

When the time-limited alien's status adjusts to LPR during the 7-year period, the alien can continue to be eligible for the remainder of his 7-year period. However, to continue to be eligible beyond the 7-year period, he must be credited with 40 QQs or meet an exemption. If that is not the case, his eligibility ends the first month after the 7-year period ends.

The 5-year disqualification does not apply to aliens in the following classifications, but these aliens are subject to the 7-year eligibility limit:

- Refugees  
Qualify until 7 years after date of entry into the U. S.;
- Asylees  
Qualify until 7 years after the grant of asylum;
- Cuban and Haitian Entrants  
Qualify until 7 years after grant of that status;
- Aliens whose deportation is being withheld,  
Qualify for the first 7 years after grant of deportation withholding;
- Aliens admitted to the country as Amerasian immigrants  
Qualify for 7 years from entry into the U. S.;
- Victims of Trafficking and their derivative beneficiaries  
Qualify during the first 7 years after obtaining the status

#### Qualified Aliens Not Subject to Eligibility Restrictions

The following groups of qualified aliens are exempt from both the 5-year disqualification and the 7-year eligibility time limit and if otherwise eligible, qualify for full Medicaid:

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- Non-citizen members of a Federally-recognized Indian tribe, as defined in 25 U.S.C 450(b)(e); and American Indians born in Canada to whom Section 289 of the INA applies;
- Any qualified alien who is also (1) an honorably discharged veteran or (2) on active duty in the U. S. military or (3) the spouse (including a surviving spouse who has not remarried) or (4) an unmarried dependent child of an honorably discharged veteran or individual on active duty in the military;
- Grandfathered aliens, i.e., those eligible for and receiving Medicaid on 8/22/96;
- Aliens who entered the U. S. and obtained qualified status prior to 8/22/96;
- Aliens who entered the U. S. prior to 8/22/96 , obtained qualified status on or after that date, and remained “continuously present” in the U. S. from their last entry date into the country prior to 8/22/96 until becoming a qualified alien Refer to Section 102.05.05 below for the definition of “continuously present”.

NOTE: Aliens filing an application for Emergency Medicaid services only are not subject to either the 5-year disqualification or 7-year time limit.

#### 102.05.07 Continuously Present in the U. S

As previously indicated, a qualified alien who entered the U. S. prior to 8/22/96 and obtained qualified status on or after that date, must have remained “continuously present” in the U. S. from their last entry date into the country prior to 8/22/96 until becoming a qualified alien. “Continuously present” in the U. S. is defined as

- The alien had no single absence from the U.S. of more than 30 days and
- The alien had no total of aggregate absences of more than 90 days. T

The qualified alien who meets the above definition is deemed to have entered the U. S. prior to 8/22/96 and if otherwise eligible, qualifies for full Medicaid.

Aliens who were not “continuously present” are considered to have entered the U. S. on or after 8/22/96 and as such, these qualified aliens are subject to the 5-year disqualification period from the date qualified status was obtained and the 40 QQ requirement unless an exemption is met.

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#### 102.05.08 Victims of Severe Forms of Trafficking

Trafficking victims are not included in the statutory definition of qualified alien. Under Section 107(b) (1) (A) of the Trafficking Victims Protection Act, however, they are eligible for means-tested benefits to the same extent as refugees, i.e., victims of trafficking and their derivative beneficiaries qualify for Medicaid during the first 7 years after obtaining this qualified status.

The qualified status of a trafficking victim is not based on immigration status. The Office of Refugee Resettlement (ORR) issues a certification letter for an adult who has been subjected to a severe form of trafficking and meets statutory certification requirements. The ORR also issues a similar eligibility letter for children. Other agencies may issue letters or documents to victims of severe forms of trafficking; however, the ORR letter is the acceptable verification. Victims of trafficking are not required to provide immigration documents. SAVE verification is not required.

#### 102.05.09 Battered Aliens

Battered aliens were not initially included in PRWORA's definition of qualified aliens. In passing Section 501 IIRIRA, Congress added a new Section 4319(c), which provides that the term "qualified alien" shall include such immigrants.

- The alien must be either the person battered, the parent of a child who is battered or a child whose parent has been battered.
- The battered alien must not be residing in the same household with the person responsible for the battery or extreme cruelty. If the battered alien resumes living with the one who is responsible for the battery or extreme cruelty, the battered alien's eligibility will end the month after the month of reconciliation.
- The alien must be the beneficiary of a petition for (1) immediate relative status; (2) classification to immigrant status based on relationship to a lawful permanent resident alien; or (3) suspension of deportation and adjustment to lawful permanent resident status.
- The alien must also be able to show a substantial connection between the battery or extreme cruelty and the alien's need for Medicaid. This may include such reasons as Medicaid is needed to obtain medical attention or mental health counseling caused by abuse, to replace medical coverage and/or health services lost when the individual separated from the abuser, to enable the individual to become self-sufficient following separation from the abuser or to provide medical care during a pregnancy resulting from the abuser's sexual assault or abuse of, or relationship with, the individual.

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### 102.05.10 Veteran or Active Duty Military

To be eligible as a veteran, the qualified alien must have been honorably discharged, not based on alienage, and must have fulfilled minimum active duty service requirements. A qualified alien who is an active duty member of the Armed Forces, but not on active duty for training purposes only, can also be eligible.

A qualified alien who is the spouse of a veteran or active duty service member may be eligible. The veteran's exemption also includes the unmarried surviving spouse of a veteran or active duty military person.

To qualify as a surviving spouse, at least one of the following conditions must be met:

- The spouse must have been married to the veteran for at least one year; or
- The spouse must have had a child with the veteran, or
- The veteran's death must have been due to an injury or illness incurred during military service and the marriage must have been in existence sometime within 15 years after the period of service in which the injury or disease was incurred or aggravated.

Surviving spouses who remarry lose the benefit of this exemption the month after the month of the remarriage. Spouses whose marriage ended in divorce lose the benefit of this exemption the month after the month of divorce. To qualify as a child of a veteran or active duty service person, the biological, adopted or stepchild must be

- Unmarried and
- Claimable as a dependent on the military person's tax return and
- Under 18 years of age or under 22 and a student regularly attending school; or
- A child with disabilities who is over 18, if the child had a disability and was dependent on the veteran or active duty service member before the child's 18<sup>th</sup> birthday; or
- A surviving unmarried minor child of a veterans or person killed in active duty and dependent on the veteran at the time of the veteran's death.

### 102.05.11 Non-Qualified Aliens

An alien who does not meet the specific requirements of a qualified alien is a non-qualified alien for Medicaid purposes. A non-qualified alien who meets MS residency requirements and other applicable eligibility factors can receive Medicaid Emergency Services only. An applicant for Emergency Medicaid services is not required to provide information regarding citizenship, immigration or enumeration and should not be requested to do so. The SAVE process is not used for a non-qualified alien.

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#### Illegal Aliens

Illegal aliens are non-qualified aliens. This group of individuals includes:

- Undocumented aliens who entered illegally without knowledge of USCIS; or
- Aliens who were admitted for a limited period of time and did not leave the U. S. when the period of time expired.

These individuals, if they meet all eligibility criteria except citizenship/alien status, are entitled to Medicaid only for treatment of an emergency medical condition. The specialist must accept the applicant's statement if they say they have no documentation and assess the alien for emergency services only. Undocumented and illegal aliens do not have to provide a Social Security Number or provide information regarding citizenship or immigration status. The alien status of an illegal alien is not verified through the SAVE process.

#### Ineligible Aliens

Ineligible aliens may be lawfully admitted to the U. S., but only for a temporary or specified period of time. These aliens are never qualified aliens. Because of the temporary nature of their admission status, most ineligible aliens are not entitled to any Medicaid benefits, including emergency services. However, in some instances, an alien in a currently valid non-immigration status may meet state residency requirements, such as intent to reside in MS for purposes of employment. If state residency requirements are met, the alien is potentially eligible for Emergency Medicaid services only.

Examples of Ineligible Aliens Who are Lawfully Admitted	
Foreign Students Visitors Tourists Foreign government representatives on official business and their families and servants Crewmen on shore leave International organization representatives and their families and servants Temporary workers (individuals allowed entry temporarily for employment purposes) Members of the foreign press, radio, film, etc., and their families Short-term parolees	Visa, Passports or Form I-766 OR Form I-94, Arrival/Departure Record annotated with A to M OR Form I-688, Temporary Resident Card annotated with Section 210 or 245A OR Form I-688 A and B, Employment Authorization Card OR Form I-185, Canadian Border Crossing Card OR Form I-186, Mexican Border Crossing Card OR Form SW 434, Mexican Border Visitor's Permit OR Form I-95-A, Crewman's Landing Permit Note: Form I-94, Arrival-Departure Record, is also issued for refugees and other related statuses.

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### Other Aliens

Aliens who are admitted legally to the U. S., but do not fall into one of the specific categories of qualified aliens are non-qualified aliens. These individuals may include Legal Temporary Residents (LTR's), as well as individuals who are given temporary administrative statuses, i.e., a stay of deportation or voluntary departure until they can formalize permanent status or individuals who are paroled for less than one year or aliens under deportation procedures.

### Immigration Reporting

Applicants who are found to be in the U. S. illegally through the application process are not subject to immigration reporting requirements. Persons who apply for benefits on behalf of others, i.e., a mother applying for her children, are not subject to immigration reporting requirements. Declining to provide documentation of immigration status is not a valid reason to report an alien to immigration.

The alien applicant who declines to present documentation of alien status or a Social Security Number will only be able to receive Emergency Medicaid, if otherwise eligible. In this instance, there is no reason to seek further verification of alien status beyond interviewing the applicant. All rules of confidentiality must be applied in regard to an individual's alien status.

### 102.05.12 Criteria for Approval of Emergency Services

Aliens who are not entitled to full Medicaid benefits (refer to Section 102.05.04) may be eligible for emergency services only, if the following conditions exist:

- All other eligibility requirements are met except satisfactory immigration status;
- Care and services needed are not related to an organ transplant procedure or routine prenatal or postpartum care;
- The alien has, after sudden onset, a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
  - Placing the patient's health in serious jeopardy,
  - Serious impairment to bodily functions,
  - Serious dysfunction of any bodily organ or part, or
  - Is for labor and delivery

NOTE: The services provided in this situation must relate to the injury, illness, or delivery causing the emergency. Services that are not directly related to the injury, illness, or delivery are not compensated by Medicaid. Once the medical condition is stabilized, even if it remains serious or results in death, it is no longer an emergency.

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#### 102.05.13 Case Processing Procedures for Emergency Services

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##### Procedures for Processing Eligibility for Emergency Medicaid Services

At the point of application, the Medicaid eligibility worker must explain to the applicant, who is a non-qualified alien or a qualified alien subject to 5-year disqualification, that if all applicable program eligibility requirements are met, Medicaid may reimburse for emergency services only (including labor and delivery) after the services have been received.

When determining eligibility for Medicaid coverage for treatment of an emergency medical condition only, the specialist will obtain information to

- (1) Establish eligibility based on emergency services criteria, such as a copy of the hospital bill or other documentation from the hospital indicating treatment or services received, dates of service and the diagnosis for the individual's condition
- (2) Establish eligibility on technical factors, except citizenship, alien status and enumeration, and financial factors.

If the alien is not financially eligible, the application will be denied by the specialist.

If the specialist determines the individual appears eligible for emergency services, the case will be referred to state office for a final review and decision. Pertinent material from the case record, including a copy of the application, a budget and medical documentation, will be sent to state office.

The state office worker will make the final determination of whether the individual is categorically eligible and whether the service is an emergency. If Emergency Medicaid services are approved, the state office worker is responsible for client notification and input of eligibility data.

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#### 102.05.14 Budgeting for Citizen Children of Non-Qualified Alien(s)

Children born in the United States to parent(s), who is a non-qualified alien as discussed in Section 102.05.04, may be eligible for full Medicaid. To determine eligibility, count the needs and income, less disregards, of the parent(s) as well as any siblings the parent wants to include in the application. The parent(s) and any sibling(s) who are non-qualified aliens cannot be eligible for full Medicaid benefits; however, they may be assessed for Emergency Medicaid Services.

A child born to a mother eligible for emergency services for labor and delivery is deemed eligible for Medicaid through the month of the child's first birthday, provided the child remains a member of the mother's household and a resident of the state.

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When the child reaches the age of one, a redetermination is required. Citizenship, identity and other verifications postponed during the deemed eligible child's first year must be provided for continued eligibility. To determine eligibility after the deemed period, count the needs and income, less disregards, of the parent(s) as well as any siblings the parent wants to include in the application. The parent(s) and any sibling(s) who are non-qualified aliens cannot be eligible for full Medicaid benefits; however, they may be assessed for Emergency Medicaid Services.

#### 102.05.15 Public Charge

Aliens who seek admission to the U.S. must establish that they will not become 'public charges.' A "public charge" is an alien who has become (for deportation purposes), or who is likely to become (for admission/adjustment purposes), solely dependent on government assistance as demonstrated by either (1) Receipt of public cash assistance for income maintenance (including Work First or SSI), or (2) Institutionalization for long-term care at government expense. Institutionalization for short periods of rehabilitation does not constitute primary dependence.

Many aliens establish that they will not become public charges by having 'sponsors' who pledge to support them. Aliens may ask staff about the consequences of becoming a public charge by applying for assistance. This is of concern to aliens who want to become Legal Permanent Residents and obtain a Green Card. It should be noted that refugees and persons granted asylum may receive any benefit, including Work First, without affecting their chances of becoming a Legal Permanent Resident (LPR) or a U.S. citizen. Long term institutionalized care under Medicaid may result in a public charge determination; however, this does not include short-term rehabilitation stays in long-term care facilities.

However, being institutionalized for long-term care does not automatically make an individual inadmissible to the U.S., ineligible for legal permanent resident status, or deportable on public charge grounds. The law requires that USCIS officials consider several additional issues. Each determination is made on a case-by-case basis and the regional office is not involved in this determination. Specialists will determine eligibility for these persons person following all requirements in Medicaid.

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

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102.05.16 Alien Status Chart

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

<b>OVERVIEW OF ALIEN ELIGIBILITY FOR MEDICAID</b>		
<b>VERIFICATION DOCUMENTATION</b>	<b>ALIEN STATUS</b>	<b>ELIGIBILITY STATUS</b>
<ul style="list-style-type: none"> <li>• I-551 (Alien Registration Receipt Card) commonly referred to as the "green card"</li> <li>• Foreign passport stamped with an un-expired temporary I-551 stamp</li> <li>• I-94 annotated stamped with a temporary I-551 stamp (for recent arrivals or aliens who have applied for a replacement I-551)</li> </ul>	<p><b>LAWFULLY ADMITTED FOR PERMANENT RESIDENCE (LPR)</b></p>	<p>Eligible for full Medicaid benefits if "grandfathered in" or entered the U.S. before August 22, 1996, and obtained qualified status prior to that date or obtained qualified status after 8/22/96 and was continuously present in the U. S. from 8/22/96 until qualified alien status obtained.</p> <p>if entered the U. S. on or after August 22, 1996, disqualified for full Medicaid benefits for 5 years from the date entered the country or obtained qualified status, whichever is later.</p> <p>Eligible for emergency services only during the 5-year disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period only if they have 40 QQs.</p>

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<ul style="list-style-type: none"> <li>• I-94 stamped showing admission under section 207 of the INA and date of entry to the United States</li> <li>• I-688B (Employment Authorization Card) annotated 274a.12(a)(3)</li> <li>• I-766 (Employment Authorization Document) annotated "A3"</li> <li>• I-571 (Refugee Travel Document)</li> </ul> <p>Refugees become eligible to apply for adjustment to LPR status after 12 months in the U. S., but it takes another 6 - 12 months to be approved. They are still considered refugees for eligibility purposes when they have an I-551 with a code of RE-6, RE-7, RE-8 or RE-9)</p>	REFUGEE	<p>Can qualify for full Medicaid until 7 years after date of entry even if adjusts to LPR status during the 7-year period.</p> <p>After 7 years, must have adjusted to LPR with 40 QQs or be exempt from this requirement to establish continued eligibility.</p> <p>5-Year disqualification period does not apply.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with date of entry through the Refugee Assistance Program.</p>
<ul style="list-style-type: none"> <li>• I-94 stamped showing grant of asylum under section 208 of the INA and date of entry</li> <li>• A grant letter from the Asylum Office of the USCIS</li> <li>• I-688B (Employment Authorization Card) annotated "274a.12(a)(5)"</li> <li>• I-766 (Employment Authorization Document) annotated "A5"</li> <li>• Court order of an immigration judge showing asylum granted under section 208 of the INA</li> </ul>	ASYLEE	<p>Can qualify for full Medicaid until 7 years after the grant of asylum even if adjusts to LPR status during the 7 year period.</p> <p>After 7 years, must have adjusted to LPR with 40 QQs or be exempt from this requirement to establish continued eligibility.</p> <p>5-Year disqualification period does not apply.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with date of entry through the Refugee Assistance Program.</p>
<ul style="list-style-type: none"> <li>• Order of an immigration judge showing deportation withheld under section 243(h) of INA as in effect prior to April 1, 1997, or removal withheld under Sec. 241(b)(3) of the INA and date of grant</li> <li>• I-688B (Employment Authorization Card) annotated 274a.12(a)910)</li> <li>• I-766 (Employment Authorization Document) annotated "A10"</li> </ul>	DEPORTATION WITHHELD	<p>Can qualify for full Medicaid until 7 years after the grant of withholding even if adjusts to LPR during the 7-year period.</p> <p>After 7 years, must have adjusted to LPR with 40 QQs or be exempt to establish continued eligibility.</p> <p>The 5-Year disqualification period does not apply.</p>

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<ul style="list-style-type: none"> <li>● I-94 annotated with stamp showing grant of parole under 212(d)(5) and a date showing granting of parole for at least one year. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement)</li> </ul>	<p><u>PAROLEE</u></p>	<p>Eligible for full Medicaid benefits if “grandfathered in” or entered the U.S. before August 22, 1996, and obtained qualified status prior to that date or obtained qualified status after 8/22/96 and was continuously present in the U. S. from 8/22/96 until qualified alien status obtained.</p> <p>If entered the U. S. on or after August 22, 1996, disqualified for full Medicaid benefits for 5 years from the date entered the country or obtained qualified status, whichever is later.</p> <p>Eligible for emergency services only during the 5-year disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period only if they have 40 QQs.</p>
<ul style="list-style-type: none"> <li>● I-94 with stamp showing admission under 203(a)(7) of the INA, refugee-conditional entry</li> <li>● I-688B (Employment Authorization Card) annotated 274a.12(a)(3)</li> <li>● I-766 (Employment Authorization Document) annotated “A3”</li> </ul>	<p><u>CONDITIONAL ENTRANT</u></p>	<p>Eligible for full Medicaid benefits if “grandfathered in” or entered the U.S. before August 22, 1996, and obtained qualified status prior to that date or obtained qualified status after 8/22/96 and was continuously present in the U. S. from 8/22/96 until qualified alien status obtained.</p> <p>If entered the U. S. on or after August 22, 1996, disqualified for full Medicaid benefits for 5 years from the date entered the country or obtained qualified status, whichever is later.</p> <p>Eligible for emergency services only during the 5-year disqualification period. Eligible for full Medicaid benefits after the 5-year disqualification period only if they have 40 QQs.</p>

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VERIFICATION DOCUMENTATION	<i>ALIEN STATUS</i>	ELIGIBILITY STATUS
<ul style="list-style-type: none"> <li>● I-551 (Alien Registration Receipt Card) with the code CU6, CU7, or CH6</li> <li>● Foreign passport stamped with an unexpired temporary I-551 stamp with the code CU6 or CU7</li> <li>● I-94 stamped with an unexpired temporary I-551 stamp with the code CU6 or CU7</li> <li>● I-94 with stamp showing parole as “Cuban/Haitian Entrant” under Section 212(d)(5) or the INA.</li> </ul>	<u>CUBAN/HAITIAN ENTRANT</u>	<p>Can qualify for full Medicaid until 7 years after the grant of this status.</p> <p>After 7 years, must have adjusted to LPR with 40 QQs or be exempt from this requirement to establish continued eligibility.</p> <p>5-Year disqualification period does not apply.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with date of entry through the Refugee Assistance Program.</p>
<ul style="list-style-type: none"> <li>● I-551 with code AM6, AM7, or AM8</li> <li>● Foreign passport stamped with an unexpired temporary I-551 stamp with the code AM1, AM2, or AM3</li> <li>● I-94 stamped with an unexpired temporary I-551 stamp with the code AM1, AM2, or AM3</li> </ul>	<u>AMERASIAN IMMIGRANTS</u>	<p>Can qualify for full Medicaid until 7 years after the entry to the United States.</p> <p>After 7 years, must have adjusted to LPR with 40 QQs or be exempt to establish eligibility.</p> <p>5-Year disqualification period does not apply.</p> <p>If they do not meet categorical requirements, then they are eligible for full benefits for 8 months beginning with date of entry through the Refugee Assistance Program.</p>
Office of Refugee Resettlement(ORR) certification letter	<u>VICTIM OF A SEVERE FORM OF TRAFFICKING</u>	<p>Eligible for benefits to the same extent as a refugee. Eligible for any Medicaid category if meets all other eligibility criteria.</p> <p>Victims of Trafficking and their derivative beneficiaries qualify during the first 7 years after status is obtained.</p> <p>5-Year disqualification period does not apply.</p>

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<p>I-797 indicating filing under one of the provisions listed below and approval of the petition or a finding that a prima facie case has been established.</p> <ul style="list-style-type: none"> <li>● Case Type: I-130 petition approved</li> <li>● Case Type: I-360 petition approved</li> <li>● I-551 (Resident Alien Card or Alien Registration with one of the following class of admission (COA) codes stamped on lower left side of the back of a pink card demonstrates approval of a petition under C.3.j.(1)3. Above: IB1-IB3, IB6-IB8, B11, B12, B16, B17, B20-B29, B31-B33, B36-B38, BX1-BX3, or BX6-BX8</li> <li>● Order from an immigration judge (EOIR) or the Board of Immigration Appeals granting suspension of deportation or cancellation of removal under VAWA (EOIR) Form 42B or an order from an immigration judge (EOIR) or Board of Immigration</li> </ul> <p>For battered aliens, the codes, types and stamps in foreign passports or on the I-94 that demonstrate an approved petition, or application under one of the provisions are too numerous to describe here. If an alien claiming pending or approved status presents a code different than those listed, or if you cannot determine the class of admission from the I-551 stamp, send a copy of the document(s) presented to USCIS with completed SAVE cover sheet to state office for submission of a G845-S.</p>	<p><b><u>BATTERED ALIEN</u></b></p> <p>Includes battered alien's child and parent of a battered alien child</p>	<p>Eligible for full Medicaid benefits if "grandfathered in" or entered the U.S. before August 22, 1996, and obtained qualified status prior to that date or obtained qualified status after 8/22/96 and was continuously present in the U. S. from 8/22/96 until qualified alien status obtained.</p> <p>If entered the U. S. on or after August 22, 1996, disqualified for full Medicaid benefits for 5 years from the date entered the country or obtained qualified status, whichever is later.</p> <p>Eligible for emergency services only during the 5-year disqualification period.</p> <p>Eligible for full Medicaid benefits after the 5-year disqualification period only if they have 40 QQs.</p>
<ul style="list-style-type: none"> <li>● Green Form DD-2 marked "ACTIVE" OR</li> <li>● Current orders showing the individual is on full-time duty in the US Army, Navy, Air Force, Marine Corps, or Coast Guard (Reserves are not considered active duty.)</li> </ul>	<p><b><u>ACTIVE DUTY MILITARY</u></b></p> <p>Includes spouse and unmarried dependent children under 18 or under 22 and a student</p>	<p>Eligible for any Medicaid category if meet all other eligibility criteria.</p> <p>5-Year disqualification period does not apply.</p>
<ul style="list-style-type: none"> <li>● DD-214 indicating honorable discharge, OR</li> </ul> <p>Discharge papers indicating honorable discharge</p>	<p><b><u>VETERAN</u></b></p> <p>Includes spouse and unmarried dependent children under 18 or under 22 and a student</p>	<p>Eligible for any Medicaid category if meet all other eligibility criteria.</p> <p>5-Year disqualification period does not apply.</p>

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<ul style="list-style-type: none"> <li>● I-551 (Alien Registration Receipt Card) with code S13</li> <li>● Canadian passport stamped with an unexpired temporary I-551 stamp with the code S13</li> <li>● I-94 stamped with unexpired temporary I-551 stamp with code S13</li> <li>● A letter or other tribal document certifying at least 50% American Indian blood, as required by section 289 of INA combined with a birth certificate or other satisfactory evidence of birth in Canada</li> </ul>	<p><u>AMERICAN INDIAN BORN IN CANADA</u></p>	<p>Eligible for any Medicaid category if meet all other eligibility criteria.</p> <p>5-Year disqualification does not apply for Medicaid.</p>
<ul style="list-style-type: none"> <li>● Membership card or other tribal document demonstrating membership in a federally-recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act</li> </ul>	<p>AMERICAN INDIAN</p>	<p>5-Year disqualification does not apply for Medicaid.</p> <p>Eligible for any Medicaid category if meet all other eligibility criteria.</p> <p>This does not include a spouse of child of the individual. It also does not include a noncitizen whose membership in an Indian tribe or family is created by adoption, unless he is of at least 50% or more American Indian blood.</p>

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#### 102.06 SOCIAL SECURITY NUMBER (SSN)

Enumeration is the process of assigning Social Security Numbers. In general, applicants for Medicaid must be enumerated as a condition of eligibility by either

- Furnishing their Social Security Number - The applicant can verbally provide the SSN when they do not have a card or other document with the number on it; or
- Providing verification of an application for a Social Security Number when a number has not already been assigned.

Assistance cannot be denied, delayed or discontinued if the applicant, beneficiary or his representative cooperates in providing the SSN of the applicant or applying for the applicant's number. However, if the applicant/beneficiary or his representative refuses to disclose a valid number for the applicant or refuses to apply for the applicant's number, the applicant's or recipient's eligibility will be denied or terminated.

##### 102.06.01 Exceptions to the Enumeration Requirement for Applicants

There are four exceptions to the enumeration requirement for Medicaid applicants.

- Non-qualified aliens applying for Emergency Medicaid services only do not have to provide a Social Security Number or provide proof of an application for a number as a condition of eligibility for emergency benefits.
- The requirement is postponed for deemed eligible children until the first redetermination.
- The Social Security Administration (SSA) does not issue SSN's to deceased individuals. The enumeration requirement is applicable if the SSN was issued prior to death.
- The enumeration requirement may be waived for an applicant who, because of well-established religious objections, refuses to obtain a Social Security Number. The specialist will obtain the applicant's written statement which includes his religious affiliation and reasons for objecting to the requirement. The statement will be forwarded to the state office for a final determination.

##### 102.06.02 Non-Applicants and Enumeration

Non-applicants cannot be required to disclose their own SSN as a condition of eligibility. For example, a mother who is applying for Medicaid only for her children cannot be required to provide her SSN even though she has financial responsibility for the children.

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Medicaid Specialists should explain that the voluntary disclosure of the SSN will enable the agency to make a more accurate eligibility determination and ensure correct benefits. The application must not be denied solely because a non-applicant's SSN is not disclosed. If the non-applicant's income is countable in the budget and is from a source usually verified using the SSN, alternate verification will have to be provided.

#### 102.06.03 Use of SSNs

SSN's will be matched with the following agencies:

- Employment Security to obtain data regarding wages and unemployment compensation;
- Social Security to obtain net earnings from self-employment, wage and retirement information and Title II (RSDI) and Title XVI (SSI) benefit information; and
- Internal Revenue Service (IRS) to obtain unearned income information such as interest, dividends, etc.

Within 45 days of receipt of SSN matches with the above agencies, the information must be compared with the case record to determine whether it affects eligibility. If no action is needed, the case should be documented to this effect. If the information could result in adverse action, independent verification will be required for income and resource information received before any action is taken. This includes verification of:

- The amount of the income and resource that generated the income involved;
- Whether the client actually has or had access to the resource or income (or both) for his/her own use;
- The period of time when the individual had access to the income/resource.

#### 102.06.04 Application for a Social Security Number

When an applicant has not been enumerated, two methods may be used to obtain an SSN. The methods are:

- Application Filed at the Social Security Office: The applicant/beneficiary completes a Form SS-5, Application for Social Security Card, and mails or takes the original SS-5 with required documentation to the SSA office. The applicant/beneficiary then provides an official receipt from SSA to meet the requirement of applying for a SSN. A copy of the receipt must be filed in the case record.

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- - Enumeration at Birth: A parent gives permission on the birth certificate registration form for the Bureau of Vital Statistics to provide a child's birth information to SSA to assign a Social Security Number to the child.

When a Medicaid application is filed for a newborn, not deemed eligible, the parent must either provide the child's Social Security Number or provide verification that an application has been filed through the enumeration at birth process or directly with SSA.

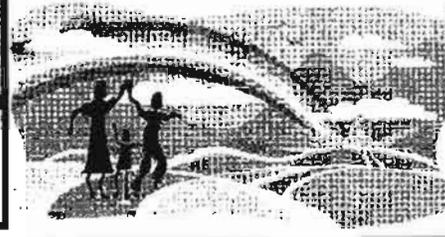
Enumeration can be verified by the newborn's birth certificate which verifies enumeration at birth or by a document from SSA such as the SSA-2853, A Message from Social Security, or SSA-5028, Application for a Social Security Number, which confirms the SS-5 was filed. When these verification methods are used, the SSN must be provided at the next annual review for the FCC programs. For ABD, a tickler must be set for 90 days, at which time the specialist will contact the applicant regarding receipt of the SSN.

#### 102.06.05 Verification of the SSN

When the applicant provides a document with the SSN or provides the number verbally, the Medicaid Specialist must verify it through SVES. A "V" validation code will appear on the SVES response to indicate the SSN has been verified. If the number originally submitted to SVES is not verified, the specialist will obtain the correct information and re-submit the SVES inquiry. If discrepancies exist, such as an applicant/beneficiary has more than one SSN or has the same SSN as another individual, the client must be referred to the SSA office for resolution.

## Eligibility Long Term Care

### For the Aged, Blind and Disabled Living in Nursing Homes



#### What is Medicaid?

Medicaid is a national health care program.

It helps pay for medical services for certain low-income people.

For those eligible for full Medicaid services, Medicaid is not paid to you. Medicaid is only paid to providers of health care. Providers are doctors, hospitals, pharmacists and other medical professionals who take Medicaid.

Be sure the provider you see takes Medicaid *before* you get any service.

**If the provider does not take Medicaid, you must pay the bill.**

#### Who is eligible?

You and/or your husband or wife may qualify for Medicaid in a nursing home or hospital if you are, or will be considered, a long-term care patient(s) in a medical facility that accepts Medicaid.

"Long-term" care means that the patient will remain in a nursing home or hospital for 31 consecutive days or longer.

#### Eligibility

- To be eligible for Medicaid, an applicant must be a citizen of the United States or a qualified alien.
- Applicants must be residents of Mississippi.
- A person must be age 65 or older, blind or disabled (unable to work).  
The medical necessity of the placement must be certified by the attending physician.
- Persons must apply for, and accept, all benefits which he or she may be entitled, such as VA benefits, retirement or disability benefits, etc. Persons who do not accept these benefits may lose their Medicaid eligibility.
- Persons may have monthly income of up to \$1,911 (before deductions). Persons with income above this limit may be able to qualify under an "income Trust."
- Individuals may have total resources of up to \$4,000. Resources mean those assets, including real and personal property, that a person owns that help him or her meet his or her basic needs. Some resources are not counted in the \$4,000 limit. They include:

##### Home Property

One (1) home may be excluded if it is the person's primary place of residence.

##### Income-Producing Property

This property is not counted towards the limit if it produces a net annual return of 6% of the equity value to the beneficiary. Promissory notes and annuities must be determined actuarially sound, i.e., the return must be equal to the life expectancy of the beneficiary.

##### Automobiles

Up to two (2) vehicles may be excluded.

##### Household Goods

These items are totally excluded.

##### Personal Property

Personal property may be excluded if the equity value is \$5,000 or less

##### Life Insurance

The cash value of whole life insurance policies is excluded if the face value of all whole life insurance policies on each person is \$10,000 or less. The value of term life insurance is not countable regardless of value.

##### Burial Plots and Burial Funds

Burial spaces intended for family members are not counted in the \$4,000 limit.

Money saved for funeral expenses up to \$6,000 is not counted.

##### Transferred Assets

Persons who plan to apply for Medicaid may not transfer assets within 60 months prior to application. For assets transferred into a trust, the review (look-back) period is 60 months.

More Information 

**Medicaid Regional Offices (RO's)** - If you have any questions about eligibility or if you want to apply for Mississippi Medicaid, call (toll-free) 1-866-1347 or contact your nearest Medicaid Regional Office in:

Brandon RO	601-825-0477	Grenada RO	662-226-4408	New Albany RO	662-534-0441
Brookhaven RO	601-835-2020	Gulfport RO	228-863-3328	Newton RO	601-635-5205
Canton RO	601-859-3230	Hattiesburg RO	601-264-5386	Pascagoula RO	228-762-9591
Clarksdale RO	662-827-1493	Holly Springs RO	662-252-3439	Philadelphia RO	601-656-3131
Cleveland RO	662-843-7753	Jackson RO	601-961-4361	Picayune RO	601-798-0831
Columbia RO	601-731-2271	Kosciusko RO	662-289-4477	Senatobia RO	662-562-0147
Columbus RO	662-329-2190	Laurel RO	601-425-3175	Starkville RO	662-323-3688
Corinth RO	662-286-8091	McComb RO	601-249-2071	Tupelo RO	662-844-5304
Greenville RO	662-332-9370	Meridian RO	601-483-9944	Vicksburg RO	601-638-6137
Greenwood RO	662-455-1053	Natchez RO	601-445-4971	Yazoo City RO	662-746-2309

**Estate Recovery**

Effective July 1, 1994, Medicaid will seek recovery from the estate of deceased Medicaid recipients who are age 55 or older and in a nursing facility, or enrolled in a Home and Community Based Services Waiver Program at the time of death. Recovery will be made from any real or personal property in the estate of the recipient up to the value of payments made by Medicaid for nursing facility, hospital and drug services. Estate recovery will not apply to recipients who have a surviving spouse or dependant or disabled child.

**Assessment of Resources**

Persons who have entered long-term care on or after September 30, 1989, and who have a spouse living in the community, are entitled to an "assessment for resources" upon request. This means a representative from a Medicaid Regional Office will advise the couple in writing of how their combined resources will be counted.

Effective January 1, 2008, the spouse who is living in the community is entitled to have up to \$104,400 in combined, countable resources. (Please note that these are in addition to those resources listed in the previous section.)

A request for an assessment may be made by either member of a couple or a representative for either spouse. An assessment can be completed when one spouse is in long-term care and the couple provide verification of all countable resources to the representative from the Medicaid Regional Office completing the assessment.

An application for Medicaid may be filed rather than requesting an assessment. If the couple chooses to make an application, their combined countable resources will be evaluated allowing the "community spouse" the maximum \$104,400 in resources. The spouse who is entering the long-term care facility is allowed \$4,000 as his or her share of resources to qualify for Medicaid.

**Retroactive Benefits**

Persons who apply for Medicaid may be eligible to receive benefits for up to three (3) months prior to their month of application. To qualify, the applicant must meet all eligibility requirements during the three (3) months and have received medical services in each of the three (3) previous months.

**Allowed Income**

Even though a person has been determined eligible for Medicaid, he or she is still responsible to pay a certain amount of his or her care. This payment, which is made to the long-term care facility, is often referred to as Medicaid income. Medicaid income is the individual's total income less the following

allowable deductions:

- A personal needs allowance (PNA) of \$44 per month. Individuals active in a work therapy program with earnings are allowed additional deductions based on their earnings. Veterans and surviving spouses of veterans who receive a \$90 VA pension have a \$90 PNA.
- A monthly allowance for the community spouse, less the spouse's own income, which is based on the institutionalized person's actual income. The maximum monthly allowance is \$2,616 and in order for this amount to be deducted, it must be available to the community spouse.
- A monthly allowance for the other dependant family members is based on the dependant's own income.
- Deductions for one (1) health insurance premium for which the recipient has paid.
- Certain medical expenses that would ordinarily be paid for by Medicaid but, due to service limits placed on these services, the recipient is charged for the expense.

Eligibility P2 Revised 09/01/08

# Medicaid Eligibility Guide

## An Eligibility Guide for Persons Age 65 or over or Disabled



### What is Medicaid?

- Medicaid is a national health care program. It helps pay for medical services for certain low-income people.
- For those eligible for full Medicaid services, Medicaid is not paid to you. Medicaid is only paid to providers of health care. Providers are doctors, hospitals, pharmacists and other medical professionals who take Medicaid.
- Be sure the provider you see takes Medicaid *before* you get any service.
- ***If the provider does not take Medicaid, you must pay the bill.***
- **You are encouraged to get a yearly health screening from your doctor or clinic.** This physical examination ***will not*** be used to determine your eligibility for the Medicaid program.

### Am I Eligible?

#### You may be eligible for Medicaid if you

- Have limited finances, which would include both your income and resources (things you own), and
- Are either age 65 or over or disabled.
- A citizen of the United States or you are a qualified alien.

### How is disability defined?

Medicaid must use the same definition of disability that the Social Security Administration uses for the SSI Program.

### How do I apply?

- ⇒ You can call the Medicaid Regional Office located nearest to you and ask that an application be mailed to you.
- ⇒ You can go into the regional office closest to you and fill out an application.
- ⇒ You can request that your application be taken over the telephone. The Regional Office serving your county will be the Regional Office that will handle your case. Depending on the eligibility group, Medicaid is allowed between 45 and 90 days to process your application.

### What is total countable income?

Total countable income is the money a person or couple may get and still qualify for Medicaid. It includes the monthly payment of \$96.40 for Medicare Part B (Medical Insurance). **Income limits change each March.**

### What resources are not counted?

**Some resources are not counted in the \$4,000.00 per individual / \$6,000.00 per couple limit.**

**They include:**

#### Home Property

One (1) home may be excluded if it is the person's primary place of residence.

#### Income-Producing Property

This property is not counted towards the limit if it produces a net annual return of 6% of the equity value to the beneficiary.

#### Automobiles

Up to two (2) vehicles may be excluded.

#### Household Goods

These items are totally excluded.

#### Personal Property

Personal property may be excluded if the equity value is \$5,000.00 or less.

More Information →

**Medicaid Regional Offices (RO's)** - If you have any questions about eligibility or if you want to apply for Mississippi Medicaid, call (toll-free) 1-866-1347, or contact your nearest Medicaid Regional Office in:

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Columbia RO	601-731-2271	Kosciusko RO	662-289-4477	Senatobia RO	662-562-0147
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Greenville RO	662-332-9370	Meridian RO	601-483-9944	Vicksburg RO	601-638-6137
Greenwood RO	662-455-1053	Natchez RO	601-445-4971	Yazoo City RO	662-746-2309

### Life Insurance

The cash value of whole life insurance policies is excluded if the face value of all whole life insurance policies on each person is \$10,000.00 or less. The value of term life insurance is not countable regardless of value.

### Burial Plots and Burial Funds

Burial spaces intended for family members are not counted in the \$4,000.00 limit. Money saved for funeral expenses up to \$6,000.00 is not counted.

**There are five (5) Medicaid eligibility groups or programs for aged and/or disabled persons.**

#### 1) Disabled Children Living at Home (DCLAH)

Disabled children, age 18 and under, who are living at home, may qualify for Medicaid if

- The child needs the type care found in a nursing home or hospital
- The child can receive the same level of care at home
- The cost of caring for the child at home is no more expensive than that of a nursing home or hospital
- The income limit for the child's own income is the same as for nursing home coverage.

#### 2) Qualified Medicare Beneficiaries (QMB)

In the Qualified Medicare Beneficiaries (QMB) Program, Medicaid will pay your Medicare premiums, deductibles, and coinsurance. To be eligible for the QMB Program you must

- Be eligible for Medicare, Part A (Hospital Insurance)
- Have a total monthly income less than **\$ 917.00 for an individual or \$1,217.00 for a couple** It does not matter what your resources are in this group. There is no resource test. Eligibility begins one (1) month after the date you are approved.

#### 3) SLMB and the QI-1

If you are determined eligible in the Specified Low Income Beneficiaries (SLMB) or Qualified Individuals-1 (QI-1) Program, Medicaid will pay your Medicare, Part B premium of \$96.40 per month. To be eligible for the SLMB or QI-1 Program you must

- Have Medicare, Part A (Hospital Insurance)
- Have a total monthly income less than: **\$1,220.00 for an individual or \$1,625.00 for a couple**

It does not matter what your resources are in these groups. There is no resource test. Eligibility begins with the month a person is qualified, which may be up to three (3) months before the month of application.

#### 4) Working and Disabled (WD)

To get full Medicaid in this group, a person must

- Be working at least 40 hours per month
- Be determined disabled
- Have gross monthly earned income less than: **\$4,399.00 for an individual or \$5,899.00 for a couple**
- Have total monthly unearned income less than: **\$1,220.00 for an individual or \$1,625.00 for a couple**
- Have total resources less than: **\$24,000.00 for an individual or \$26,000.00 for a couple**

#### 5) The Healthier MS Waiver

To get Medicaid under this waiver, a person must

- Not be entitled to Medicare
- Be determined disabled or be age 65 or over
- Have gross monthly income less than: **\$1,220.00 for an individual or \$1,625.00 for a couple**
- Have total countable resources less than: **\$4,000.00 for an individual or \$6,000.00 for a couple**
- This waiver has a 5,000 beneficiary enrollment cap at all times.

Eligibility P6 Rev. 09.01.06

The Office of the Governor Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of race, age, sex, national origin, handicap or disability - as defined through the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and the Civil Rights Act of 1964.

## Eligibility Can I Qualify for Medicaid?

An Eligibility Guide for the Aged,  
Blind and Disabled Receiving SSI  
or Former SSI Recipients



### What is Medicaid?

- Medicaid is a national health care program. It helps pay for medical services for certain low-income people.
- For those eligible for full Medicaid services, Medicaid is not paid to you. Medicaid is only paid to providers of health care. Providers are doctors, hospitals, pharmacists and other medical professionals who take Medicaid.
- Be sure the provider you see takes Medicaid *before* you get any service.
- *If the provider does not take Medicaid, you must pay the bill.*
- For your information, a list of providers in your area who take Medicaid is available from your regional Medicaid Office. (Please see back of this publication.)

### Who is Eligible?

You may qualify for SSI (Supplemental Security Income)/Medicaid, or you may be able to remain eligible for Medicaid after your SSI payments stop if you meet certain eligibility guidelines. These guidelines include persons who are:

- **Blind**— People with vision less than 20/200, or people who have a limited visual field of 20 degrees or less while wearing eyeglasses.
- **Aged**— Persons who are 65 and older.
- **Disabled**— People who are unable to work due to a serious physical or mental condition that has lasted, or is expected to last, 12 months or longer.
- **SSI Eligibles**— Persons who are eligible to receive SSI are **automatically eligible** to receive Medicaid. (Social Security eligibility is determined by the Social Security Administration.)
- **Cost of Living (COL) Recipients**— People who are currently receiving Social Security (Title II) benefits, who have lost their SSI eligibility due to a Social Security "cost of living" increase(s) which raised them over the SSI income limit.
- **Disabled Adult Children**— Includes disabled individuals over age 18 who have lost their SSI benefits after July 1, 1987 because they either began to receive Social Security benefits, or because of an increase in their Social Security benefits.
- **Widow(er)s Age 50 to 65**— Includes recipients of Social Security Widow(er) Insurance benefits who **do not receive Medicare**. These widow(er)s must have received SSI but then lost these SSI benefits because he or she began receiving Social Security.

### Income and Resources

- **Income limit**— The maximum amount of money a person or couple may receive and still qualify for Medicaid. This income limit is based on the size of the household, and the type of income received (earned or unearned). The income limit, which is based on federal guidelines, may change each year.
- **Resources**— Those possessions, which include real and personal property, owned by either an individual or a couple. The resource limit for an individual is \$2,000 and for a couple is \$3,000.

*Some resources are not counted in this limit, or are not counted within certain limits. They include:*

- *Home property*— when the person lives in the home or is temporarily absent from the home (meaning he or she plans to return home).
- *One automobile*— valued up to \$4,500 of the current market value.
- *Household goods and personal items*— that have a combined value of not over \$2,000.
- *Life insurance*— when the value of the policy(ies) for each person totals \$1,500 or less.

More Information →

### Citizenship & Residency

- To be eligible for Medicaid, an applicant must be a citizen of the United States or a qualified alien.
- An applicant must be a resident of Mississippi.

### Accepting Other Benefits

- Persons must apply for, and accept, all benefits to which he or she may be entitled (such as VA benefits, vocational rehabilitation, etc.) Persons who do not accept these benefits may lose their Medicaid eligibility.

### Retroactive Medicaid

A person may be eligible for Medicaid benefits for up to three (3) months before the month he or she applied if:

- 1) the person was eligible for SSI during the previous three (3) months, and,
- 2) He or she had received medical services during any or all of that time.

### How Do I Apply?

Applications for Medicaid may be filled out at your regional Medicaid office which serves your home community.

**Medicaid Regional Offices (RO's)** - If you have any questions about eligibility or if you want to apply for Mississippi Medicaid, call (toll-free) 1-866-1347, or contact your nearest Medicaid Regional Office in:

Brandon RO	601-825-0477	Grenada RO	662-226-4406	New Albany RO	662-534-0441
Brookhaven RO	601-835-2020	Gulfport RO	228-863-3328	Newton RO	601-635-5205
Canton RO	601-859-3230	Hattiesburg RO	601-264-5386	Pascagoula RO	228-762-9591
Clarksdale RO	662-627-1493	Holly Springs RO	662-252-3439	Philadelphia RO	601-656-3131
Cleveland RO	662-843-7753	Jackson RO	601-961-4361	Picayune RO	601-798-0831
Columbia RO	601-731-2271	Kosciusko RO	662-289-4477	Senatobia RO	662-562-0147
Columbus RO	662-329-2190	Laurel RO	601-425-3175	Starkville RO	662-323-3888
Corinth RO	662-286-8091	McComb RO	601-249-2071	Tupelo RO	662-844-5304
Greenville RO	662-332-9370	Meridian RO	601-483-9944	Vicksburg RO	601-638-6137
Greenwood RO	662-455-1053	Natchez RO	601-445-4871	Yazoo City RO	662-746-2309

Eligibility P3 Revised 06.01.01

The Office of the Governor Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of race, age, sex, national origin, handicap or disability - as defined through the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and the Civil Rights Act of 1964.

# Application for Mississippi Medicaid Aged, Blind and Disabled Medicaid Programs



- This application is used for an individual, couple or child to apply for Medicaid due to age or disability.
- Please read each question carefully before answering. The answers given will determine whether or not the person(s) applying will be eligible for Medicaid. A friend or relative may help the applicant complete this form. A Medicaid worker is also available if any help is needed.

**WHEN THE FORM IS COMPLETED AND SIGNED, YOU SHOULD EITHER MAIL IT OR BRING IT TO YOUR MEDICAID REGIONAL OFFICE AT THE FOLLOWING ADDRESS:**

**For Regional Office Use Only**

LTC   
  Healthy MS Waiver   
  QMB   
  SLMB   
  Disabled Child   
  SSI Retro  
 QWDI   
  HCBS Waiver

Worker: \_\_\_\_\_                      Nursing Home: \_\_\_\_\_  
 Date of Interview \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Case Name \_\_\_\_\_                      Case Number \_\_\_\_\_  
 Spouse Case Name \_\_\_\_\_                      Case Number \_\_\_\_\_  
 Rights & Responsibilities explained at time of interview     Yes     No  
 In person interview conducted     Yes     No  
 Pamphlets Given:     P1,  P2,  P3,  P4,  P5,  P6,  Cool Kids  
 Special Needs: Interpreter     Yes     No    If yes, specify \_\_\_\_\_  
 If blind, will notices need to be read by phone?     Yes     No

- What is the language most spoken in your home \_\_\_\_\_. If not English and you need assistance, contact your Regional Office or call 1-800-421-2408. An interpreter service will be provided free of charge.

If any person applying for Medicaid using this form is blind or hearing impaired, tell us so that any special needs can be evaluated:

- Blind Name of Applicant \_\_\_\_\_
- Hearing Impaired Name of Applicant \_\_\_\_\_

Are there any other special needs? \_\_\_\_\_

**1. APPLICANT INFORMATION – Enter all information about the 1<sup>st</sup> applicant**

- Applicant's Full Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_
- Marital Status:  Single  Married  Separated  Widowed  Divorced
- Sex (check one):  Male  Female
- Race (check one):  White  Black  American Indian/Alaskan Native  Hispanic/Latino  
 Asian  Other (specify) \_\_\_\_\_
- Home Address: \_\_\_\_\_ Apt or Lot# \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Mailing address (if different from Home address): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number ( ) - \_\_\_\_\_ Message # \_\_\_\_\_ Whose # is this? \_\_\_\_\_
- Do you live:  at home or apt.  with someone in their home  nursing home  other \_\_\_\_\_
- Do you plan to enter a nursing facility?  Yes  No If yes, when? \_\_\_\_\_
- Do you have Medicare Part A?  Yes  No; Give us the Health Insurance Claim # as shown on your Medicare card:  
Do you have Medicare Part B?  Yes  No \_\_\_\_\_  
Do you have other health insurance?  Yes  No If yes, complete the attached DOM-TPL-406 Form
- Are you a U. S. Citizen?  Yes  No. If not, are you a qualified alien?  Yes  No (Not required for aliens seeking Emergency Medicaid services.)
- If someone with personal knowledge of your financial and non-financial situation is acting on your behalf, complete the following: (note: this person should act for all applying)  
Name of Designated Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
- Have you given written power of attorney to anyone?  Yes  No If you marked "Yes", please answer the following:  
Name/Address/ Phone #: \_\_\_\_\_  
\_\_\_\_\_
- Do you have a court appointed guardian or conservator?  Yes  No If you marked "Yes", please answer the following: Name/Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

- Are you the beneficiary of a trust?  Yes  No If you marked "Yes", please give the trustee's:  
Name/Address/Phone #: \_\_\_\_\_
- If you are under the age of 65, what is your disability? \_\_\_\_\_
- List members of your household. If you are in a nursing facility, list the people living in your home prior to client entering the nursing facility: \_\_\_\_\_

**2. APPLICANT INFORMATION – Enter all information about the 2<sup>nd</sup> applicant (Spouse or child applying with a parent) – If spouse is not applying skip to Section 3**

- Applicant's Full Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_
- Marital Status:  Single  Married  Separated  Widowed  Divorced
- Sex (check one):  Male  Female
- Race (check one):  White  Black  American Indian/Alaskan Native  Hispanic/Latino  
 Asian  Other (specify) \_\_\_\_\_
- Home Address (if different from Applicant #1): \_\_\_\_\_ Apt or Lot# \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- What is your current mailing address (if different from home address above)? \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Message # \_\_\_\_\_ Whose # is this? \_\_\_\_\_
- Do you live:  at home or apt.  with someone in their home  nursing home  other \_\_\_\_\_
- Do you plan to enter a nursing facility?  Yes  No If yes, when? \_\_\_\_\_
- Do you have Medicare Part A?  Yes  No; Give us the Health Insurance Claim # as shown on your Medicare card:  
Do you have Medicare Part B?  Yes  No \_\_\_\_\_  
Do you have other health insurance?  Yes  No If yes, complete the attached DOM-TPL-406 Form
- Are you a U. S. Citizen?  Yes  No. If not, are you a qualified alien?  Yes  No (Not required for aliens seeking Emergency Medicaid services.)
- Have you given written power of attorney to anyone?  Yes  No If you marked "Yes", please answer the following:  
Name/Address/ Phone #: \_\_\_\_\_
- Do you have a court appointed guardian or conservator?  Yes  No If you marked "Yes", please answer the following:  
Name/Address/Phone #: \_\_\_\_\_
- Are you the beneficiary of a trust?  Yes  No If you marked "Yes", please give the trustee's:  
Name/Address/Phone #: \_\_\_\_\_
- If you are under the age of 65, what is your disability? \_\_\_\_\_

**3. SPOUSE OR PARENT INFORMATION (IF NOT APPLYING)**

Complete spouse information even if spouse is deceased.

- Full Name of Spouse/Parent \_\_\_\_\_
- Social Security Number\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(\* not required)
- Current Address (if different from applicant) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Has spouse ever received Medicaid?  Yes  No
- If applicant has ever been widowed or divorced, give the following information for **all** previous marriages:

Former Spouse's Name				How Long	How Marriage ended
First	Middle	Maiden	Last	Married	(Death or Divorce)

**4. VETERAN STATUS**

- Is applicant or spouse a veteran? Applicant:  Yes  No Spouse:  Yes  No
- Has applicant ever been married to a veteran?  Yes  No
- Is applicant a dependent of a veteran?  Yes  No

If you answered "Yes" to any of the above questions, please complete the following:

Name of Veteran \_\_\_\_\_

Applicant's Relationship to Veteran \_\_\_\_\_

Veteran's Service Number or Claim Number \_\_\_\_\_

Branch of Service \_\_\_\_\_ Date(s) of Service \_\_\_\_\_

Has applicant ever applied for VA benefits?  Yes  No If yes, we will need proof of the VA decision.

**5. RETROACTIVE MEDICAID**

Medicaid may be able to cover the applicant in the 3 months prior to the date of this Medicaid application (if needed) or the date an application was filed for SSI if the applicant is eligible & received services covered by Medicaid during the 3 month retroactive period.

- Does applicant #1 want to apply for retroactive Medicaid?  Yes  No
- Does applicant #2 want to apply for retroactive Medicaid?  Yes  No

**6. RESOURCES** - This is real or personal property owned or being bought by the applicant, spouse or parent(s) of a child.

Does applicant or spouse / parent(s) own or is applicant / spouse / parent(s) buying any of the following types of resources:

- **RETIREMENT FUNDS** (IRA, Keough Plan, state, federal or municipal retirement or private pension funds)

Yes  No If yes, has applicant applied for income from retirement funds?  Yes  No

- **SAFE DEPOSIT BOX**  Yes  No If yes, at what bank? \_\_\_\_\_

- **BANK ACCOUNTS** (checking, savings, CDs, Christmas Club, Patient Accounts, etc.)  Yes  No

If yes, complete the following: Name of Bank \_\_\_\_\_

Type of Account / Account Number	Balance	Type of Ownership	Interest Paid	How Often
_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Individual
_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Individual

Name of Bank \_\_\_\_\_

Type of Account / Account Number	Balance	Type of Ownership	Interest Paid	How Often
_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Individual
_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Individual

- **PROMISSORY NOTES, LOANS OR PROPERTY AGREEMENTS**  Yes  No If yes,

Principal balance \_\_\_\_\_ Does Note produce income?  Yes  No

Amount of income \$ \_\_\_\_\_ How often \_\_\_\_\_

- **STOCKS, BONDS & SAVINGS BONDS**  Yes  No If yes, describe the type and number owned & the value \_\_\_\_\_

- **HOME PROPERTY**  Yes  No If yes, what State \_\_\_\_\_ County \_\_\_\_\_

Address / location \_\_\_\_\_

Type of ownership:  Sole  Shared  Life Estate  Other (describe) \_\_\_\_\_

- **OTHER REAL PROPERTY**  Yes  No If yes, number of other properties \_\_\_\_\_

Address/location \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Type of ownership:  Sole  Shared  Life Estate  Heir Interest  Other (describe) \_\_\_\_\_

Explain how property is used: \_\_\_\_\_

Does property produce income?  Yes  No If yes, include amount of income \$ \_\_\_\_\_

How often? \_\_\_\_\_

- **HOUSEHOLD GOODS / PERSONAL PROPERTY** (Includes boats, campers, recreational vehicles, or any other personal effects of substantial value.)  Yes  No If yes, what is owned? \_\_\_\_\_

Describe: make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ value \_\_\_\_\_

- **AUTOMOBILE (S)** - (This includes any cars, trucks, motorcycles or farm machinery).  Yes  No If yes,

Type of Vehicle	Model / Year	Amount Owed	Use of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment  Medical  Other

Employment  Medical  Other

Employment  Medical  Other

- LIFE INSURANCE**  Yes  No If yes,

<i>Insured</i>	<i>Owner</i>	<i>Face Value</i>	<i>Insurance Company</i>	<i>Type of Policy</i>
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Whole Life  Term

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Whole Life  Term

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Whole Life  Term
- BURIAL SPACES** (Includes burial plots or spaces)  Yes  No

Number of gravesites owned \_\_\_\_\_ Location of cemetery \_\_\_\_\_

Are these gravesites used / intended for use by applicant's family?  Yes  No
- BURIAL FUNDS** Are there funds set aside for burial?  Yes  No

How are the funds set up?  Cash  Burial Insurance or Contract  Other

Value of funds \$ \_\_\_\_\_ Can funds be cashed in?  Yes  No
- OTHER** Are there any other resources owned or being bought that are not shown above?  Yes  No

If yes, specify \_\_\_\_\_
- Has applicant or spouse sold or given as a gift any resource (including cash) to anyone in the last 5 years?**

Yes  No If yes, specify: \_\_\_\_\_

<i>Type of Resource Transferred</i>	<i>Date</i>	<i>Person to Whom Transferred</i>	<i>Amount of Compensation</i>
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**7. INCOME AND WORK HISTORY**

- Does applicant, spouse or parent(s) work?  Yes  No

If yes, name of person who works \_\_\_\_\_

Employer \_\_\_\_\_

Total wages (before deductions) \$ \_\_\_\_\_ Paid how often \_\_\_\_\_

If paid weekly or biweekly, what is day of week check is received? \_\_\_\_\_
- Was applicant, spouse or parent(s) self-employed at any time this or last year?  Yes  No

If yes, type of business \_\_\_\_\_

Amount earned \$ \_\_\_\_\_ Paid how often \_\_\_\_\_
- If applicant, spouse or parent(s) do not currently work, what is date last employed? \_\_\_\_\_

Employer \_\_\_\_\_
- Did applicant / spouse file state or federal income tax last year?  Yes  No
- Complete the next two questions only if applicant is in a nursing facility.

  - If applicant has a spouse living at home, does applicant wish to make income available to the community spouse?  Yes  No
  - Does applicant receive sheltered workshop earnings or any income from work therapy?  Yes  No

If yes, what are the monthly earnings? \$ \_\_\_\_\_

List below all other types of money received by the applicant, his/her spouse, or any dependent child. If this is an application for a child, each parent must account for his/her income.

		Source of Income	Applicant	Parent(s) or Spouse	Children (Under 18)	Claim Numbers
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Social Security	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No SSI	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No VA Pension/Compensation	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No VA Insurance	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Military Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Railroad Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No State Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Municipal Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Civil Service Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Private Retirement	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Unemployment Compensation	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Rental Income	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Workers' Compensation	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Interest Income	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Trust Income	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Dividends	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Income from Promissory Note	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Oil, Gas, Mineral Royalties	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Child Support/Alimony	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Cash Contributions	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/> No Other	\$ _____	\$ _____	\$ _____	_____

**8. STATEMENT OF RESIDENCY**

Does applicant plan to remain in Mississippi?  Yes  No

**9. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENT, COOPERATION REQUIREMENT & ESTATE RECOVERY REQUIREMENT**

- Medicaid does not pay medical expenses that a third party, such as a private health insurance company, is supposed to pay. All persons applying for Medicaid benefits are required to assign the Division of Medicaid any rights they may have to medical support or other third party payments for medical care. When you sign this Application for Medicaid benefits, you are assigning the Division of Medicaid all rights to collect or receive any such payments for the time you are (were) on Medicaid.
- *I understand that by applying for Medicaid benefits I agree to cooperate with the Division of Medicaid in identifying and providing information to help pursue any third party who may be responsible for providing medical support for me. If I am signing this Application on behalf of another person, I agree to cooperate in identifying and obtaining information to pursue any third party who may be responsible for providing medical support for them.*
- I understand that if I am eligible to enroll in any insurance or benefit plan offered by my employer or my spouse's employer, I am required to enroll in that plan.
- *I understand that upon my death the Division of Medicaid has the legal right to seek recovery from my estate for services paid by Medicaid in the absence of a legal surviving spouse or a legal surviving dependent. Consideration will be made for hardship cases. An estate consists of real & personal property. The Estate Recovery provision applies to Medicaid recipients age 55 or older and in a nursing facility or enrolled in a Home & Community Based Services Waiver program at the time of death*

10. **PRIVACY ACT AND USE OF SOCIAL SECURITY NUMBERS** - The Division of Medicaid is authorized to request the information on this form. The primary use of this information is to determine eligibility for Medicaid and is protected by law from disclosure to unauthorized persons. It is possible that this form may be used to determine another person's right to Medicaid benefits. Pursuant to the authority found in federal law at 42 U.S.C. 1320b-7(a) and federal regulations at 42 CFR 435.910, you are required to disclose the Social Security Number (SSN) for each person applying for Medicaid. This is a mandatory requirement in order to be eligible for Medicaid benefits, unless an applicant is a non-qualified alien seeking emergency Medicaid services. If you cannot recall the SSN for each applicant or if the applicant does not have a SSN, the agency can assist you in applying for an SSN for each applicant. If the applicant has a well established religious objection for not providing his or her SSN, he or she should state the basis for such objection and the agency will review this request. The SSN will be used to verify information such as income and insurance coverage and to help maintain files regarding eligibility pursuant to the authority described in federal regulations 42 CFR 435.940 through 42 CFR 435.960. The SSN may also be used to match with records within the State Medicaid agency and in other state, federal, and/or local agencies, such as the Social Security Administration, Internal Revenue Services, and Employment Security.

11. **APPLICANT RIGHTS AND RESPONSIBILITIES**

- Adults eligible for Medicaid should get a yearly health screening (physical exam) from your doctor or clinic. This exam will not count against your annual doctor visit limit, under Medicaid.
- *Information you share is confidential. Your medical information can only be released if needed to administer the Medicaid program. If you receive care or treatment under Medicaid, you authorize the health care provider to release to Medicaid your medical records and information relating to your diagnosis, examination and treatment.*
- Information that you may give may be reviewed and verified by state and federal staff. You must fully cooperate with state and federal workers if your case is reviewed. No additional permission is needed to get verification or other information.
- *Your application will be considered without regard to race, color, sex, age, handicap, religion, national origin, political belief, or Limited English Proficiency.*
- An annual review is required for all recipients of Medicaid. Failure to complete the review process may result in the termination of benefits for the individual(s) due for review.
- *Face to face interviews are required for new applications and may be required for annual reviews.*
- You may ask for a hearing if you are not satisfied with any action taken by the State of Mississippi in connection with your application for health benefits.
- *If this Application for Medicaid or other information shows that the applicant(s) may be eligible for payments or benefits from other sources, the applicant(s) are required to apply for the benefits when notified by the Division of Medicaid.*
- The Medicaid Regional Office must be notified immediately if there is a change in the applicant's address, living arrangement, family size, income or resources. Also, the regional office must be notified if the applicant is discharged from a hospital or nursing home or if the applicant moves from one medical facility to another.
- *If this Application is for someone who is blind or disabled, the Regional Office must be notified of any improvement in the recipient's medical condition or if the recipient returns to work.*
- The applicant's case may be selected for quality control purposes in a state and/or federal review. If his/her case is selected, the applicant's full cooperation is required.

Does the applicant and/or designated representative accept these responsibilities and agree to notify the Medicaid Regional Office of any and all changes listed above?  Yes  No

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant or designated representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant (if appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (if anyone signs with a mark)

**The Division of Medicaid complies with all state and federal policies which prohibits discrimination on the basis of race, age, sex, national origin, handicap or disability as defined through The Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 and the Civil Rights Act of 1964.**

# Application

## FOR MISSISSIPPI HEALTH BENEFITS



### For Office Use Only

Regional Office: \_\_\_\_\_

Worker: \_\_\_\_\_

Application  Review

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Interview Date: \_\_\_\_\_

### 1. HEAD OF HOUSEHOLD (This is the primary contact for the case)

You must be interviewed before we can make a decision about you or your child(ren's) eligibility.

First Name

Middle Initial

Last Name

What is the language most spoken in your home? \_\_\_\_\_ If not English, and you need assistance, contact your Regional Office or call 1-800-421-2408. An interpreter service will be provided free of charge. If you are hearing or visually impaired and need special assistance, contact your Medicaid Regional Office or call 1-800-421-2408.

Marital Status:  Single  Married  Separated (Date \_\_\_\_\_)  Divorced (Date \_\_\_\_\_)  Widowed

Home Address: \_\_\_\_\_ Apt or Lot # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different from Home address) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone or Cell # (\_\_\_\_) \_\_\_\_\_ Message # if no phone \_\_\_\_\_ Whose # is this? \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ May we contact you at work?  Yes  No

### 2. HOUSEHOLD MEMBERS (List everyone applying, starting with yourself even if you are not applying)

Are you applying for this person? Yes No	Full Name NOTE: Legal parents & spouses living in the home must be listed, even if not applying	Social Security Number *	How is this person related to you?	Date of Birth (MM/DD/YY) (for all applying, attach proof of birth) **	Sex (M/F)	Race *** (Indicate all that apply)	US Citizen? **** (for all applying)		Pregnant? (For all applying)	
							Yes	No	Yes	No
<input type="checkbox"/> <input type="checkbox"/>			SELF				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*You must give us the Social Security Number(SSN) for any person who wants to be eligible for Health Benefits. See the back of this form for more information on the use of Social Security Numbers.

\*\*Proof of Birth is required for any person applying for Health Benefits.

\*\*\* Tell us all that apply: American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Hispanic or Latino, Other. If 'Other', be specific.

\*\*\*\*If you mark "No" to US Citizen, alien status for all applying must be verified to determine qualified alien status. This does not apply to aliens seeking emergency Medicaid services.

### 3. EARNED INCOME INFORMATION

List all earnings from employment and self-employment that you, your spouse and children in your household receive. You must provide proof of your household's most recent income. Your worker will explain to you what is acceptable verification for your family. Only the income of legal parent(s) living in the home is used to determine children's eligibility.

Name of Person Working	Gross Amount Paid (include tips, recurring overtime)	Name of Employer, Address & Phone Number	How often paid?	Employment Start Date?	Is Insurance Available?*

\*If you could get insurance for your children through this employer if you had the money to pay the premiums, answer "Yes"

### 4. CHILD/ADULT CARE EXPENSES

Do you pay someone to care for a child or incapacitated adult living in your home while you work?  Yes  No. If yes, complete:

Name of Person Paying Child/Adult Care Expenses	Name of Child/Adult	Age	Amount Paid	How often paid	Name & Telephone # of Daycare Provider

### 5. UNEARNED INCOME INFORMATION

List all unearned income received by you, your spouse and children in your household. Examples include Social Security benefits, SSI, TANF, Veteran's benefits, unemployment benefits, worker's compensation, child support, alimony, cash contributions, interest, royalties, dividends, rental income and educational income.

Name of Person Receiving Payments	Type of Payment	Gross Amount of Payment	How Often Received

If you are eligible for certain benefits, such as unemployment compensation, you must apply if you want to be eligible.

### 6. INSURANCE INFORMATION

Does any person you are applying for already have health insurance coverage, other than Medicaid or CHIP?  
 Yes  No

If yes, attach a copy of the front and back of the insurance card(s) and provide the following information:

Name of person Insured	Policy Holder's Name	Insurance Company or Employer Plan	Group or Policy #	Effective Date of Coverage	If coverage expected to end, give end date

Has any person you are applying for had health insurance coverage, other than Medicaid or CHIP, that ended within the last 6 months?

Yes  No. If yes, provide the person's name and coverage information.

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**7. RETROACTIVE COVERAGE FOR MEDICAID ONLY (RETROACTIVE COVERAGE IS NOT AVAILABLE FOR THE CHIP PROGRAM)**

Did anyone included in your application receive medical services within the last 3 months?  Yes  No. If yes, list the people and the months the medical expenses were incurred if you want Medicaid eligibility considered for these months.

Name: \_\_\_\_\_

Months: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

**8. CHILD SUPPORT COOPERATION**

If you are an adult (not pregnant) applying for Medicaid, you are required to cooperate with child support services in order for you to get Medicaid for yourself (your children's eligibility will not be affected if you choose not to cooperate). You must cooperate unless the Department of Human Services tells us you have good reason not to cooperate.

Do you agree to cooperate?  Yes  No. If yes, provide the following information about the absent parent(s) of the children included in your application.

Name of Absent Parent	Child(ren) of this Parent	Absent Parent's Date of Birth	Absent Parent's Address	Absent Parent's Employer

**NOTE: Assistance in establishing paternity and obtaining support is available for Medicaid-eligible children through the Department of Human Services. If you are not required to cooperate as a condition of eligibility, you can request to be referred for child support services. You must tell us if you want this service.**

**9. PREGNANCY VERIFICATION**

If you are applying because you are pregnant, you must provide a written statement from your doctor or health care provider stating you are pregnant and your expected due date. Use this space or provide a separate statement.

Patient's Name \_\_\_\_\_

Pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Expected Date of Delivery \_\_\_\_\_

# of Births Expected \_\_\_\_\_

First Maternity Visit \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Practitioner (MD/RN)

\_\_\_\_\_  
Date

## 10. USE OF SOCIAL SECURITY NUMBERS

Pursuant to the authority found in federal law at 42 U.S.C. 1320b-7(a) and federal regulations at 42 CFR 435.910, you are required to disclose the Social Security Number (SSN) for each person applying for Health Benefits. This is a mandatory requirement in order to be eligible for Medicaid benefits, unless an applicant is a non-qualified alien seeking emergency Medicaid services. If you cannot recall the SSN for each applicant or if the applicant does not have a SSN, the agency can assist you in applying for an SSN for each applicant. If the applicant has a well established religious objection for not providing his or her SSN, he or she should state the basis for such objection and the agency will review this request. The SSN will be used to verify information such as income and insurance coverage and to help maintain files regarding eligibility pursuant to the authority described in federal regulations 42 CFR 435.940 through 42 CFR 435.960. The SSN may also be used to match with records within the State Medicaid agency and in other state, federal, and/or local agencies, such as the Social Security Administration, Internal Revenue Services, and Employment Security.

## 11. RIGHTS AND RESPONSIBILITIES (Please read carefully)

- Children under 21 who are eligible for health benefits under Medicaid are eligible for a free health care prevention program called Cool Kids. It provides a way for children to get medical exams, check-ups, follow up treatment and special care to make sure they maintain good health. You will be asked to select an approved screening provider at your interview.
- Adults eligible for Medicaid should get a yearly health screening (physical exam) from your doctor or clinic. This exam will not count against your annual doctor visit limit under Medicaid.
- Information about Family Planning Services and WIC food services are available from your local Health Department.
- Information you share is confidential. Your medical information can only be released if needed to administer the Medicaid or CHIP programs. If you receive care or treatment under Medicaid or CHIP, you authorize the health care provider to release to Medicaid and the CHIP insurer your medical records and information relating to your diagnosis, examination and treatment.
- Information that you give may be reviewed and verified by state and federal staff. You must fully cooperate with state and federal workers if your case is reviewed. No additional permission is needed to get verification or other information.
- Your application will be considered without regard to race, color, sex, age, handicap, religion, national origin, political belief, or Limited English Proficiency.
- An annual review is required for all recipients of Medicaid and CHIP. Failure to complete the review process may result in the termination of benefits for the individual(s) due for review.
- Face to face interviews are required for new applications and annual reviews.
- You may ask for a hearing if you are not satisfied with any action taken by the State of Mississippi in connection with your application for health benefits.
- Medicaid does not pay medical expenses that a third party, such as private health insurance, should pay. By accepting Medicaid, you agree to give your rights to any third party payment to the Division of Medicaid. These payments include payments from hospital and health insurance policies.

## 12. SIGNATURE

Please sign this statement:

I certify that the information I have provided above is true to the best of my knowledge, and I give permission for the State of Mississippi to make any necessary contact to check my statements. I have read the list of my rights and responsibilities that is printed above. If I knowingly give false statements or leave out information asked for on this application, such as income or household members, I commit a crime that is punishable under federal and/or state law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you want to register to vote or update your voter registration information, you may do so at your interview.

Mail or take this Application to the Medicaid Regional Office serving the county where you live or to an outstation site located in your county. You will be notified of the time and place for your in-person interview if you mail the application in. This application must be screened for Medicaid eligibility first. If not eligible for Medicaid, children under 19 will be screened for CHIP eligibility.

## **IMPORTANT INFORMATION FOR IMMIGRANTS**

*If you need help to understand English, please let us know. We will get an interpreter service to help us talk to you. This is a free service. Getting an interpreter will not delay taking your application or making a decision about your Medicaid.*

A Medicaid application will ask you to tell us the Social Security Number and immigration status of everyone living in your household who is applying for Medicaid. This notice tells you when you must give us this information and what will happen if you cannot give us this required information.

**CITIZENSHIP** – Anyone who wants to receive Medicaid or CHIP (Children’s Health Insurance Program) benefits must tell us about their citizenship and immigration status.

**SOCIAL SECURITY NUMBER** – Anyone who wants to receive Medicaid must also give us their Social Security Number. If you do not have a Social Security Number, we can assist you with filling out the paperwork. This will not delay your application, but we must have proof that you file for the Social Security Number. *Social Security Numbers will not be used to report anyone to the Bureau of Citizenship and Immigration Services (BICS).*

**OTHER FAMILY MEMBERS MAY GET BENEFITS IF YOU CANNOT** – If you or any other members of your household are unable to provide proof of eligible immigration status or a valid Social Security Number, that person will be ineligible for Medicaid or CHIP. Other household members can still get Medicaid or CHIP if they are eligible. You will still need to tell us about your family income and answer the other questions on the application form.

**BATTERED IMMIGRANTS** – Battered immigrants with verification of their battered status from the Bureau of Citizenship and Immigration Services or Executive Office of Immigration Review may be eligible to receive Medicaid. The non-abusive parent of a battered child may also be eligible, regardless of whether the child is an immigrant or a U.S. citizen.

**CHANGE IN IMMIGRATION STATUS** – Receiving Medicaid does not affect becoming a legal permanent resident (obtaining a green card) for an immigrant, refugee or person granted asylum. *The exception to this is qualifying for long-term institutional care, such as in a nursing home.*

**EMERGENCY MEDICAID FOR CERTAIN IMMIGRANTS** – An immigrant applying only for emergency Medicaid does not have to provide his or her Social Security Number or information on his/her citizenship or immigration status. Immigrants who are not eligible for Medicaid due to their immigration status may be eligible for emergency services only. Emergency Medicaid means: 1) all other eligibility requirements are met except immigration status, 2) the emergency cannot be related to an organ transplant or routine prenatal or postpartum care, 3) the services covered relate directly to the injury, illness or delivery causing the emergency. Once the medical condition is stabilized it is no longer an emergency, even if it remains serious.

## **IMPORTANTE INFORMACION PARA IMMIGRANTES**

*Si usted necesita ayuda para entender inglés, por favor dejelo saber. Nosotros conseguiremos un servicio de intérprete para ayudarnos a hablar con usted. Esto es un servicio gratis. Conseguir un intérprete no demorará tomar su aplicación o hacer una decisión acerca de su Medicaid.*

Hacer una aplicación del Medicaid pedirá que usted nos diga el número del Seguro Social y el estatus de inmigración de todos los que vivan en la casa del que solicita Medicaid. Esta nota le dice cuando usted nos debe dar esta información y lo que sucederá si usted no nos puede dar esta información necesaria.

**CIUDADANIA** – Cualquiera que quiera recibir los beneficios de Medicaid o CHIP (el Programa del Seguro de Enfermedad de Niños), nos deben decir acerca de su estatus de ciudadanía o inmigración.

**EI NUMERO DEL SEGURO SOCIAL** – Cualquiera que quiera recibir Medicaid también nos debe dar su número del Seguro Social. Si usted no tiene un número del Seguro Social, nosotros le podemos ayudar a llenar el papeleo. Esto no demorará su aplicación, pero debemos tener la prueba que usted ha aplicado para el número del Seguro Social. Los números del Seguro Social no serán utilizados para informarlo a la Oficina de Servicios de Ciudadanía e Inmigración (BICS).

**OTROS MIEMBROS DE LA FAMILIA PUEDEN CONSIGUIR LOS BENEFICIOS SI USTED NO PUEDE** – Si usted o cualquier otros miembros de su casa no pueden proporcionar la prueba de estatus elegible de inmigración o un número del Seguro Social válido, esa persona será inelegible para el Medicaid o CHIP. Otros miembros de la casa todavía pueden conseguir Medicaid o CHIP si ellos son elegibles. Usted todavía necesitará decirnos acerca de sus ingresos familiares y contestar las otras preguntas en el formulario de solicitud.

**LOS INMIGRANTES MALTRATADOS** – Inmigrantes maltratados con comprobación de su estatus de abusados de la Oficina de Servicios de Ciudadanía e Inmigración u Oficina Ejecutiva de la Revisión de la Inmigración, pueden tener derecho a recibir Medicaid. El padre no-abusivo de un niño abusado también puede ser elegible, a pesar de que el niño sea un inmigrante o un ciudadano de EE.UU.

**CAMBIO EN EL ESTATUS DE INMIGRACION** – Recibiendo Medicaid no afecta en convertirse en un residente permanente legal (obteniendo una tarjeta verde) para un inmigrante, refugiado o la persona con refugio otorgado. La excepción a esto, es calificar para el cuidado institucional a largo plazo, como en un hogar de ancianos.

**MEDICAID DE EMERGENCIA PARA CIERTOS INMIGRANTES** – Un inmigrante que aplica sólo para Medicaid de Emergencia, no tiene que proporcionar su número del Seguro Social ni la información de ciudadanía ni el estado migratorio. Los inmigrantes que no son elegibles para el Medicaid debido a su estatus de inmigración, pueden tener derecho a servicios de emergencia solamente. El Medicaid de la emergencia significa: 1) todos los otros requisitos de la elegibilidad son proveídos, menos estatus de inmigración, 2) la emergencia no puede ser relacionada a un trasplante de órgano ni el cuidado rutinario prenatal ni postnatal, 3) los servicios cubiertos son relacionados directamente a una herida, enfermedad o por parto que cause la emergencia. Una vez que la condición médica es estabilizada, ya no es una emergencia, incluso si se queda grave.