



State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

DATE: November 6, 2007

MMCD All Plan Letter 07017

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: FEDERAL DEFICIT REDUCTION ACT OF 2005, SECTION 6036  
(CITIZENSHIP VERIFICATION REQUIREMENT)

This All Plan Letter is the first in a series you may be receiving from the Department of Health Care Services (DHCS) as more information and guidance is provided by the Centers for Medicare and Medicaid Services regarding the above-referenced new federal law.

Section 6036 of the Federal Deficit Reduction Act of 2005 (DRA) enacted on February 8, 2006, entitled Improved Enforcement of Documentation Requirements, creates a new subsection 1903(x) of the Social Security Act that requires most individuals claiming U.S. citizenship to provide satisfactory documentary evidence of citizenship or nationality and identity when initially applying for Medicaid or upon a recipient's first redetermination. Applicants or beneficiaries in any of the following groups are exempt from the citizenship and identity requirements described in this letter:

- Supplemental Security Income (SSI) beneficiaries;
- Social Security Disability Insurance (SSDI – Title II) beneficiaries;
- Social Security Retirement and Survivors Insurance (RSI – Title II) beneficiaries who receive those benefits based on their own disability;
- Medicare beneficiaries;
- Deemed eligible infants who are born in the U.S. and who therefore are citizens (includes children born to non-citizen mothers and whose delivery was covered by Medi-Cal);
- Minor Consent applicants and beneficiaries;
- Children receiving adoption or foster care assistance, including Kinship Guardianship Assistance Payment (Kin-GAP) recipients; and
- Infants eligible under the Abandoned Baby Program who are also born in the U.S. and have no documentation.

**This new requirement does not change the documentation or eligibility determination process for individuals declaring as non-citizen immigrants. Counties should continue to follow existing Medi-Cal verification procedures for those who do not declare they are U.S. citizens or nationals.**

The DHCS Medi-Cal Eligibility Division (MCED) has sent out an informing notice to all current Medi-Cal beneficiaries, including non-citizens and those who are exempt from DRA Section 6036, informing them of the DRA requirements. MCED has also sent out a letter identifying family members for which a California birth record match was found, and another letter notifying beneficiaries where there were no birth record matches for any family member. No notices or letters will be sent to Minor Consent beneficiaries. The first set of notices and letters were sent to beneficiaries with annual redeterminations in December 2007. Subsequent mailings will be made to beneficiaries with annual redeterminations in 2008.

State law (Assembly Bill 1807, Chapter 74, Statutes of 2006) implementing DRA Section 6036 requires that providing this documentation is a one-time occurrence for applicants and beneficiaries. The statute also requires that counties maintain records of receipt of these documents for future use and for inter-county transfers.

The DRA Section 6036 requires states to verify identity and citizenship of individuals currently receiving Medicaid and those who apply for Medicaid. In accordance with DRA Section 6036 and Assembly Bill 1807, beneficiaries currently receiving Medi-Cal are required to provide citizenship/identity documentation at their next annual redetermination if they have not provided acceptable evidence at any time in the past. They will continue to receive Medi-Cal as long as they are otherwise eligible and are making a good faith effort to provide the documents. If the beneficiary is not able to provide proof of citizenship or identity, coverage will be reduced to restricted services (emergency, pregnancy related and long term care). If the beneficiary provides the evidence within one year after being reduced to restricted coverage, eligibility will be restored to full scope, effective the month coverage was reduced to restricted.

New applicants and others applying for Medi-Cal must provide the necessary citizenship/identity documentation before they can be determined to be eligible to receive full scope Medi-Cal benefits. As with beneficiaries currently receiving Medi-Cal, if the applicant is not able to provide evidence of citizenship or identity, initial eligibility will be limited to restricted coverage. If the applicant provides the evidence within one year, eligibility is established at full scope coverage, effective the date of application and any retroactive coverage month(s).

An applicant or beneficiary will be determined to be making a good faith effort to provide the necessary citizenship/identity documentation if he or she demonstrates an ongoing effort to obtain and present satisfactory documentation to meet the evidence of citizenship requirements including evidence of identity if applicable. The good faith effort determination will not continue if the beneficiary does nothing to obtain the required verifications or indicates that they are unable to provide the evidence of citizenship and identity. A woman who is pregnant and indicates she has stopped making a reasonable or good faith effort, but still meets all other eligibility requirements, will receive restricted benefits.

AB 1807 authorizes DHCS to provide for exceptions or alternatives in implementing DRA Section 6036, including the use of electronic data matches for birth records. Pursuant to this authorization, DHCS has run several data matches to initiate an automated birth record match for Medi-Cal eligibles and applicants known to Medi-Cal Eligibility Data System (MEDS). DHCS has also implemented MEDS system changes to allow counties to request an automated match against California birth records for applicants and beneficiaries who were born in California. When a successful match was identified, the citizenship information for these individuals was added to the MEDS INQE screen.

- Applicants and beneficiaries for whom a matching birth record is found will have met the citizenship documentation portion of this requirement and shall not be required to provide evidence of citizenship; however, they must still provide evidence of identity.

Electronic birth records are considered evidence of citizenship of high reliability. Counties shall use this system to attempt to obtain birth record matches for all California-born individuals. Applicants or beneficiaries for whom a birth record is found will still be required to provide an identity document to meet the evidence of citizenship requirement.

An affidavit signed under penalty of perjury by a parent, guardian, or caretaker relative stating the date and place of birth of the child may be used to establish the identity of children who are under 16 years of age if no other acceptable evidence is available. An affidavit of identity may also be used for children under 18 years of age where a driver's license or school ID is not available. An affidavit may not be used to establish the identity of a child if an affidavit was used to establish the child's citizenship. Documents provided by beneficiaries to the counties for the purpose of identity and/or citizenship must be originals or certified copies.

Geographic Managed Care (GMC) and Two-Plan Model (Two-Plan) managed care plans may see a delay in the enrollment of some new potential health plan members until beneficiaries provide the required documentation. County Organized Health Systems (COHS) managed care plans may see an increase in the retroactive enrollment period because once a beneficiary provides the appropriate citizenship and identity documents to the county they would be approved for Medi-Cal benefits back to the initial application date. Beneficiaries, who fail to make a good faith effort, will be moved to restrictive aid codes and will be disenrolled from the health plans and the capitation will discontinue. These beneficiaries will be Fee-for-Service (FFS). If these beneficiaries provide the acceptable documents within one year from the month of annual redetermination, they will be granted full scope Medi-Cal from the month that restricted benefits began. In counties where GMC or Two-Plan operates, the beneficiaries will remain in FFS for the retroactive eligibility period. In counties where COHS models operate, the beneficiaries will be retroactively enrolled in the managed care plan.

Managed care plans are encouraged to assist health plan members by providing information about how to obtain the documents necessary to successfully complete the verification process (i.e. advising the beneficiaries to contact the county office to determine if a birth record match was found, directing them to the County Vital Records or State Vital Statistics Records offices and helping them to understand which documents can be submitted for the citizenship/identity process). Members should be encouraged to contact the county to see if a birth record match can be found if the member was born in California before paying for a birth certificate. Managed care plans are prohibited from providing direct monetary gifts to members to cover the cost of the documents required for the citizenship/identity process. Managed care plans can explore with their respective legal counsel whether they can contribute funds to an independent entity (i.e. a non-profit advocacy organization) which would use the money to assist all Medi-Cal beneficiaries (both managed care and FFS), who have a hardship in paying for the cost of the birth certificates and other documentation required by the DRA.

MCED outreach materials will be available to inform Medi-Cal applicants and recipients about the DRA requirements. Three fliers and a poster were developed in threshold languages. The fliers and poster are as follows:

- *Medi-Cal Requires Proof of Citizenship and Identity for U.S. Citizens and Nationals* – provides general information about DRA requirements;

- *Medi-Cal Requires Proof of Citizenship and Identity for Children Who Are U.S. Citizens or Nationals* – provides general information about DRA affects on children;
- *Changes in Medi-Cal Citizenship and Identity Requirements for U.S. Citizens and Nationals* – explains how DRA affects the benefits of applicants and recipients; and
- *New Medi-Cal Requirements Proof of Citizenship and Identity Required* – informs applicants and recipients about changes in Medi-Cal

Managed care plans may distribute fliers to patients and display the poster in public areas. Instructions for locating the fliers and poster will be made available soon on the Deficit Reduction Act website (DRA)

**(<http://www.dhcs.ca.gov/services/medi-cal/Pages/DRA.aspx>)**

Managed care plans are also required to submit written materials, developed for members, to their DHCS contract managers for review and approval prior to providing them to members.

For additional information about the DRA implementation process please refer to the All County Welfare Directors Letter (ACWDL) No. 07-12 which can be found at the Medi-Cal website: [www.dhs.ca.gov/mcs/County/CountyInfo.htm](http://www.dhs.ca.gov/mcs/County/CountyInfo.htm). If you have questions about the information in this letter, please contact your contract manager. Thank you for your continued cooperation.

Sincerely,

  
Vanessa M. Baird, MPPA, Chief  
Medi-Cal Managed Care Division