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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**7A — IMMIGRATION AND NATURALIZATION  
 SERVICE (INS) DOCUMENTATION, ALIEN STATUS,  
 AND MEDI-CAL PROGRAM ELIGIBILITY**

<u>Type of Documentation</u>	<u>Alien Status</u>	<u>Qualified for Benefits if Otherwise Eligible?</u>
<p>1. INS Form I-551 (or earlier Forms I-151, AR-3, and AR-3a) (Alien Registration Receipt Card, commonly known as a "green card").</p>	<p>Lawfully admitted to the United States for permanent residence as an immigrant in accordance with Sections 101 (a) (15) and 101 (a) (20) of the Immigration and Nationality Act (INA), or considered to be lawfully admitted to the United States for permanent residence as a result of an exercise of discretion by the Attorney General in accordance with Section 249 of the INA.</p>	<p>Yes</p>
<p>2. A foreign passport stamped:                   PROCESSED FORM I-551                  TEMPORARY EVIDENCE                  OF LAWFUL ADMISSION                  FOR PERMANENT RESI-                  DENCE VALID UNTIL                  _____ EMPLOY-                  MENT AUTHORIZED</p>	<p>The stamp is valid until the alien receives the I-551. However, if the alien applicant presents a passport with an expired date, find out whether the I-551 was received. If it was, ask to see it.</p> <p>In cases where no date was entered in the "valid until" blank on the passport (INS may not have assigned one) or when more than a year has passed since the date of entry to the United States, submit a CA 6 to INS to verify that the applicant's alien status has not changed.</p> <p>Presentation of a valid I-551 serves as proof of permanent resident status. A temporary stamp on a passport does not rule out the possibility that INS may have revoked the alien's permanent status after stamping the passport. Ask to see the I-551, therefore, if INS reports it was sent.</p>	<p>Yes</p>

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| <p>3. A foreign passport or INS Form I-94 (Arrival-Departure Record) stamped:</p> <p>TEMPORARY FORM I-551,<br/>         ADMISSION FOR PER-<br/>         MANENT RESIDENCE AT</p> <p>_____<br/>         (PORT),<br/>         _____<br/>         (DATE),</p> <p>_____<br/>         (OFFICE OF ISSUANCE),<br/>         _____<br/>         (DATE),</p> <p>_____<br/>         SIGNATURE OF ISSUING<br/>         OFFICIAL (TITLE)</p> | <p>This stamp is valid until the alien receives the I-551. However, if the alien applicant presents a passport with an expired date, find out whether the I-551 was received. If it was, ask to see it. If more than a year has passed since the date of entry to the United States, submit a CA 6 to INS to verify that the applicant's alien status has not changed.</p> <p>Presentation of a valid I-551 serves as proof of permanent resident status. A temporary stamp on a passport or INS Form I-94 does not rule out the possibility that INS may have revoked the alien's permanent status after stamping either document. Ask to see the I-551, therefore, if INS reports it was sent.</p> | <p>Yes</p> |
| <p>4. Reentry Permit (a passport booklet for lawful permanent resident aliens).</p>  | <p>Lawfully admitted to the United States for permanent residence as an immigrant in accordance with Sections 101 (a) (15) and 101 (a) (20) of the INA, or considered to be lawfully admitted to the United States for permanent residence as a result of an exercise of discretion by the Attorney General in accordance with Section 249 of the INA.</p>   | <p>Yes</p> |
| <p>5. INS Form I-94 (Arrival-Departure Record) annotated with conditional entry, conditional entrant, political asylum, or refugee.</p>  | <p>Lawfully admitted to the United States as a conditional entrant, refugee, or for political asylum in accordance with Section 203 (a) (7) before April 1, 1980 or Section 207 or 208 of the INA.</p>   | <p>Yes</p> |
| <p>6. INS Form I-94 (Arrival-Departure Record) annotated with parolee or paroled.</p>  | <p>Paroled into the United States in accordance with Section 212 (d) (5) of the INA.</p>   | <p>Yes</p> |

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| 7. Letter from INS or court order withholding deportation pursuant to Section 243 (h) (1) of the INA.  | Lawfully present in the United States because the Attorney General has withheld deportation in accordance with Section 243 (h) (1) of the INA.  | Yes |
| 8. Letter from INS or court order granting an indefinite voluntary departure in lieu of deportation or granting an indefinite stay of deportation (exclusive of Section 243 (h) (1) of the INA). | Legally present in the United States because an indefinite voluntary departure in lieu of deportation or an indefinite stay of deportation has been granted.  | Yes |
| 9. INS Form I-94 (Arrival-Departure Record) annotated with any letter A through L.   | Lawfully admitted to the United States for temporary residence in accordance with Section 101 (a) (15) (A) through (L) of the INA. Aliens in this category include foreign government officials, students, temporary workers, and exchange visitors among others. | No  |
| 10. INS Form I-94 (Arrival-Departure Record) annotated with asylum applicant, applicant for asylum, I-589 applicant.   | Application for asylum has been received by INS. The United States Attorney General has not yet taken action on the application.  | No  |
| 11. I-181-A (Notice to Alien from INS).  | Application for adjustment to permanent status has been received by INS.  | No  |
| 12. I-181-B (Notice to Alien from INS).  | Request for adjustment to permanent status has been approved. Appropriate documentation is being processed.   | Yes |



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**7B -- CA 6 (1/82) PROCEDURES AND IMMIGRATION AND  
NATURALIZATION SERVICE (INS) ADDRESSES AND INQUIRY PROCEDURES**

**1. County Responsibilities**

- a. Explain eligibility via the CA 6 (revised 1/82) process to all alien Medi-Cal applicants who have no documentation or who do not have currently valid documentation of legal entry. Expired documentation is no longer valid. Persons who have current documentation of legal entry which is temporary in nature cannot establish eligibility through the certification process.
- b. Ensure that the mailing address on the CA 6 is the same as the one used on the CA 1 and MC 210. This address is normally the residence address but could also be an address where the alien receives all his/her mail.

This requirement is necessary because a mailing address on the CA 6 which differs from the applicant's actual mailing address (as shown on the CA 1 and MC 210) is inconsistent with the purpose of the CA 6. The intent of the CA 6 process is to allow presumptive Medi-Cal eligibility pending INS verification of the alien's residence status. This objective cannot be satisfied unless INS is able to notify the alien to appear at an INS office to discuss his/her residence status.

- c. Grant eligibility to otherwise eligible undocumented aliens who have completed and signed form CA 6. Eligibility should be granted pending verification from INS.

**2. Documentation Necessary to Establish Ineligibility Due to Citizenship Requirements**

Aliens who do not possess identification from INS regarding their entry status can be determined ineligible due to citizenship requirements under the following conditions only:

- a. After having had the CA 6 process explained, the alien does not wish to complete the certification required on the CA 6.
- b. A CA 6 received from INS indicates the alien is not lawfully in the country. In such cases, ineligibility continues to exist until the alien provides evidence that he/she is currently in the country legally or under color of law. NOTE: If a CA 6 received from INS indicates that the alien did not keep the appointment with INS, the reason for discontinuance is failure to cooperate, rather than failure to meet citizenship requirements.

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3. Alien Responsibilities

- a. If a CA 6 certification is signed, cooperate with INS in determining lawful alien status.
- b. If a CA 6 is on file with any welfare department indicating INS has determined unlawful presence in the U. S., provide verification, prior to approval, that status has changed to lawful. The verification should be in the form of an identification card issued by INS or a statement from INS.

4. INS Addresses and Inquiry Procedures

Two copies of form CA 6 are to be sent to the appropriate INS office as follows:

a. San Diego and Imperial Counties

U. S. Immigration and Naturalization  
Service  
880 Front Street  
San Diego, CA 92188

b. Inyo, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura Counties

U. S. Immigration and Naturalization  
Service  
300 North Los Angeles  
Los Angeles, CA 90012

c. All other counties

U. S. Immigration and Naturalization  
Service  
630 Sansome Street  
San Francisco, CA 94111

Ensure that the county's return address is on each copy of the CA 6 sent to INS.



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If a county believes the alien information supplied by the applicant on a CA 6 needs to be verified by the INS and there is an alien registration number indicated on the CA 6 by the applicant, the county must attach a separate note or cover letter to the CA 6 before sending the form to INS. The note or cover letter should indicate that the county is questioning the authenticity of the number stated on the CA 6 as it relates to that applicant. The INS will not process a CA 6 with a registration number listed if a note or cover letter is not attached.



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7C — INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

1. States Adopting the Interstate Compact

The residence of a child placed in foster care in another state from California or a child placed in California by another state will be determined in accordance with the Interstate Compact on Placement of Children (Civil Code, Section 265, effective January 1, 1975) where such placements involve the following states which have adopted the Interstate Compact.

ALASKA (effective 7/1/76)	NEBRASKA
ARIZONA (effective 9/24/76)	NEW HAMPSHIRE
CALIFORNIA	NEW MEXICO (effective 6/17/77)
COLORADO	NEW YORK
CONNECTICUT	NORTH CAROLINA
DELAWARE	NORTH DAKOTA
FLORIDA	OHIO
GEORGIA (effective 3/23/77)	OKLAHOMA
IDAHO	OREGON
ILLINOIS	PENNSYLVANIA
INDIANA (effective 9/1/78)	RHODE ISLAND
IOWA	SOUTH DAKOTA
KANSAS	TENNESSEE
KENTUCKY	TEXAS
LOUISIANA	UTAH
MAINE	VERMONT
MARYLAND	VIRGINIA
MASSACHUSETTS	WASHINGTON
MINNESOTA	WEST VIRGINIA
MISSISSIPPI (effective 7/1/76)	WISCONSIN (effective 11/17/78)
MISSOURI	WYOMING
MONTANA	

2. Placements Between California and Compact States

The Interstate Compact on the Placement of Children provides for uniform application of financial responsibility for support and maintenance of children in out-of-state foster care. Under the Compact, when a foster care placement is made in one state (receiving state) by a sending agency of another state, the financial responsibility is with the state in which the sending agency is located. In accordance with the Compact, a child, who is placed by a California agency in foster care in another state which has adopted the Compact, is considered a resident of California and is eligible for Aid to Families with Dependent Children-Boarding Homes and Institutions (AFDC-BHI) payments by California, if otherwise eligible. Conversely, a child, who is placed in California by a

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sending agency located in another state which has adopted the Compact, is not considered a resident of California, and financial responsibility would therefore remain with the sending state.

### 3. Placements Between California and Noncompact States

Where the placement of a child for foster care is made between California and another state which has not adopted the Interstate Compact, the Welfare and Institutions Code, Section 17.1 shall apply in determining residence. However, there are two kinds of situations which arise under these provisions.

First, when a court of Competent Jurisdiction places a child directly with a guardian or gives custody or care directly to a foster parent or institution, the child is considered a resident of the state in which the person or agency given care or custody is located. Therefore, if a California court places a child with a guardian or foster parent in another state for care or custody, the child is a resident of the other state for AFDC-BHI purposes. If an out-of-state court places a child directly with a guardian or foster parent for care or custody in California, the child is a resident of California and, if otherwise eligible, can receive AFDC-BHI payments from California.

Second, when a state or county agency, such as a county welfare department or county probation department, places a child into foster care in another state, either independently or as authorized by a court order, the child is considered a resident of the state in which the placing agency is located. This is in contrast to a direct court placement of a child into out-of-state foster care, as discussed in the above paragraph. If a placement is made in another state by a California state or county agency, the child is a resident of California and would be eligible if all other eligibility requirements are met. If placement for foster care is made in California by an agency of another state, the child is a resident of the other state.

When the foster parents of a California foster child move out of the State and the California placing agency continues the placement, the child is considered to be placed in out-of-state placement by the California agency and remains a resident.

### 4. Relinquished Children

When a child has been relinquished to a California adoption agency or has been freed from custody and control of his parents and referred to a California agency for adoption purposes, the child remains a resident of the State if placed out-of-state for foster care prior to adoption. Conversely, a child, who is the responsibility of an adoption agency of another state and who is placed in foster care in California, is a resident of the other state.

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7D -- UNITED STATES CITIZENS,  
CITIZENS OF STATES FREELY ASSOCIATED  
WITH THE UNITED STATES, AND  
AMERICAN INDIANS BORN IN CANADA

In addition to persons born in the United States, persons born in the following areas are treated the same as United States citizens for Medi-Cal purposes:

- o American Samoa and Swain's Island (these persons, though not United States citizens, are "nationals" who owe permanent allegiance to the United States).
- o Commonwealth of Puerto Rico.
- o Commonwealth of the Northern Mariana Islands.
- o Guam.
- o Virgin Islands of the United States (St. John, St. Croix, and St. Thomas).

In accordance with the Compact of Free Association Act of 1985 (Public Law 99-239), citizens of the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (MIS) may live, work, or study in the United States without restrictions. They may also qualify for Medicaid/Medi-Cal benefits, if otherwise eligible. As proof that they are citizens of independent nations "freely associated" with the United States, these "permanent nonimmigrants" should present Arrival-Departure Records (INS Form I-94) annotated either CFA/FSM or CFA/MIS.

Otherwise eligible citizens of the nonassociated Republic of Palau (Koror and adjacent islands), however, do not qualify for benefits because they are neither United States citizens nor permanent nonimmigrants in accordance with Public Law 99-239. By voting to reject free association with the United States, they gave up any right to special status and are thus treated as nationals of a foreign country for immigration purposes.

In accordance with Section 289 of the Immigration and Nationality Act (8 United States Code 1359), American Indians born in Canada have the right to freely enter and reside in the United States provided that they are of at least one-half American Indian ancestry. Individuals who may not qualify for this special immigration status are spouses or children of Canadian-born Indians and individuals whose membership in an Indian tribe or family is created by adoption, unless they are of at least 50 percent American Indian ancestry. Membership in this class may be established by presenting: birth or baptismal certificates issued on a reservation, tribal records, letters from the Canadian Department of Indian Affairs, or school records.



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**7E — PROCEDURES FOR CHANGE IN MEDICAID COVERAGE  
FOR TITLE IV-E (FEDERALLY ELIGIBLE) ADOPTION  
ASSISTANCE PROGRAM (AAP) AND AID TO FAMILIES  
WITH DEPENDENT CHILDREN-FOSTER CARE  
(AFDC-FC) PROGRAM CHILDREN WHO  
RESIDE OUT OF THE PLACING STATE**

**A. BACKGROUND**

Children who are federally eligible, under Title IV-E, for the AAP or the AFDC-FC Program, and who reside out of the state (known as the placing state) responsible for the placement or adoption, are automatically entitled to Medicaid benefits from the state in which they reside.

Before October 1, 1986, AAP/AFDC-FC children who received a grant and who moved to another state continued to receive both the grant and Medicaid from the placing state. For federal AAP/AFDC-FC children, receipt of a grant was required to initiate Medicaid benefits. AAP children are children with special medical or psychological needs (often prior AFDC-FC children). Therefore, Medicaid benefits are provided as an incentive to families to adopt these children. The financial resources of the adoptive family are not considered.

Effective October 1, 1986, the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires that federally eligible AAP (whether or not there is an interlocutory or final adoption decree) and federally eligible AFDC-FC children who reside out of the placing state receive Medicaid from the state in which they reside. For the AAP children, receipt of a grant will no longer be needed to initiate Medicaid eligibility, but a grant is still required for AFDC-FC children. The placing state will continue to pay the grant, if any. Children eligible under state-only adoption assistance or foster care programs will continue to receive Medicaid from the placing state.

**B. PROCEDURES FOR DISCONTINUING TITLE IV-E CALIFORNIA PLACED AAP/AFDC-FC CHILDREN NOW LIVING IN OTHER STATES**

Responsibility to provide Medicaid coverage rests with the other state. California continues to determine grant eligibility and issue payment. Counties must notify out-of-state adoptive/foster families or the agency responsible for placing institutionalized child(ren) that their child(ren) will be discontinued from Medi-Cal and are eligible for Medicaid from the state in which they reside.

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Although Medi-Cal will be terminated for these children, the Medi-Cal Eligibility Data System (MEDS) records will remain in active status, but no Medi-Cal card will be issued. The MEDS program will do the following:

1. Medi-Cal cards for Aid Codes 03, 42, and 46 are suppressed when the ZIP code on the MEDS record is less than 900 or more than 961 in the first 3 digits. This action became effective for January 1987 month of eligibility and is an ongoing edit.
2. The eligibility status on the MEDS record continues to show "001". However, no card is issued, and the Eligibility History File (EHF) is not updated to indicate card issuance. There is no indication on MEDS that a card was not issued.
3. EW 15 and EW 45 transactions are allowed on the MEDS records should the need arise to issue a Medi-Cal card to a child who returns to California.
4. Daily transactions submitted to update the MEDS record do not cause card issuance unless there is an address change to restore a California residence or an aid code change.

Children living in another country (Germany, Canada, Mexico, etc.) will continue to receive a Medi-Cal card; however, children living in Guam, Puerto Rico, the Virgin Islands, American Samoa, and the Northern Marianas Islands, which are treated as states under federal rules, will not receive Medi-Cal cards. Children in those states will receive Medicaid benefits from those states. If a situation occurs in which the new state cannot provide medical benefits, contact the Medi-Cal Eligibility Branch immediately.

Be sure that aid codes are properly assigned to all Title IV-E AAP/AFDC-FC children placed by California to ensure that these children will be correctly identified and receive reciprocal Medicaid benefits if they move to another state. Use Aid Code 03 for Title IV-E AAP children and Aid Code 42 or 46, as appropriate, for Title IV-E AFDC-FC children.

Examples 1 and 2 are the suggested Notices of Action (NOAs) for AAP and AFDC-FC children, respectively. Example 3 is the suggested NOA for both AAP/AFDC-FC children who were not on Medi-Cal previously and are placed directly to another state. These NOAs serve as the child's verification of federal eligibility and of residence in the other state. The NOAs include the same information California is requesting from other states in order to transfer Medicaid responsibility to us (Section C).



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The usual MC 239 NOA format should be used with the suggested language which explains the discontinuance of Medi-Cal benefits, the reason and legal basis, and the right to a hearing. To avoid a break in Medicaid coverage for these children, the NOAs should be sent as far in advance as possible; however, at a minimum, ten days before the Medi-Cal card is stopped. The appropriate NOA must be used whenever a federally eligible AAP or AFDC-FC child leaves or changes from one state to another.

**C. PROCEDURES FOR GRANTING MEDI-CAL ELIGIBILITY TO TITLE IV-E CHILDREN PLACED BY OTHER STATES, NOW LIVING IN CALIFORNIA**

Responsibility to provide Medicaid coverage rests with California. The placing state continues to determine grant eligibility and issue payment. The adoptive/foster parents or the placing state or agency may request Medi-Cal for AAP/AFDC-FC children. The county must verify that the child is federally eligible for AAP or AFDC-FC from the placing state and obtain information sufficient to initiate and maintain Medi-Cal eligibility. You should obtain a letter or document issued by the placing state or agency which includes:

1. The name of the child and his/her adoptive/foster parents.
2. The child's Social Security number, date of birth, and address.
3. A certification of Title IV-E federal eligibility for AAP or AFDC-FC.
4. For AAP cases, the adoption agreement's termination or renewal date, and if a copy of the agreement is not included, a statement that an adoption agreement is on file in the placing state.
5. For AFDC-FC cases, the name of the agency in the placing state with responsibility for care and custody of the child.
6. The termination date of Medicaid benefits from the placing state.
7. The name of a contact person in the placing state.
8. Other health insurance coverage, if any.

If the letter or document does not include all of the above, contact the placing state to obtain the missing information.

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Use form MC 250 titled "Application and Statement of Facts for Child Not Living With a Parent or Relative for Whom a Public Agency Is Assuming Some Financial Responsibility". This form must be completed by the placing state or agency, the adoptive/foster parents, or the institution in which the child is placed. A suitable letter from the placing state may be used in lieu of the signature at the bottom of the MC 250. No other determination of eligibility is necessary.

The MC 250 should be used to initiate the MEDS record and to issue an immediate need Medi-Cal card if the MEDS cutoff date has passed. Assign Aid Code 03 to AAP children and Aid Code 45 to AFDC-FC children. These aid codes are to be used temporarily until we establish new aid codes. Please flag these cases so they may be easily identified when the new aid codes are instituted.

Send the usual NOA to notify the applicant of his/her eligibility to Medi-Cal and the effective date. When the adoptive/foster parents complete the MC 250, send the NOA to them rather than to the responsible agency. Remind them of their responsibility to notify you of any changes of address or changes in AAP/AFDC-FC eligibility. Annually verify in writing or by telephone with the placing state the child's eligibility for AAP or AFDC-FC under Title IV-E. Document the contact and include the name of the contact person on the MC 250.

There may be cases in which children living in California and placed by another state request retroactive Medi-Cal cards. In addition to the above information, counties should obtain the date of the child's move to California. Retroactive eligibility may not commence before October 1, 1986.

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EXAMPLE 1

NOTICE OF ACTION

(Names of Adoptive Parents)  
(Name of Child)  
(Medi-Cal Number of Child)

A federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), makes your adopted child eligible for Medicaid from the state where he/she resides rather than from California. Similar provisions apply to federally eligible foster children. This should make it easier for you to obtain medical services from providers in your community.

California's Medi-Cal coverage for your child will terminate on \_\_\_\_\_ (Date). This change affects only medical coverage, not subsidy payments. Responsibility for your subsidy payment, if you are receiving one, and for the adoption assistance agreement still rests with California.

You must make an appointment immediately with your local public welfare or family services office to receive Medicaid. If you are unable to locate the appropriate office, or if your circumstances have changed, please contact:

(California Adoption Agency)  
(Contact Person)  
(Address)  
(Telephone Number)

(The above is to be completed by individual counties.)

It is your responsibility to notify the person listed above, and the agency in your state which is responsible for providing Medicaid benefits, if any one of the following changes occurs:

1. The adoption assistance agreement is terminated,
2. Your child moves to another state, or
3. Your child changes addresses within the State.

Take the attached letter with you to the appointment; it verifies your child's Medicaid eligibility.

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To: (New State Agency) (Use County Letterhead)

(Names of Adoptive Parents  
and Child)  
(Child's Date of Birth and  
Social Security Number)

To Whom It May Concern:

The Consolidated Omnibus Budget Reconciliation Act of 1985, PL 99-272, enacted on April 7, 1986 and effective October 1, 1986, makes Title IV-E adoption assistance children eligible for Medicaid in the state in which they reside once an adoption assistance agreement is in effect. Similar provisions apply to federally eligible foster children. (If you are unfamiliar with this Act, you may want to contact your state's Title XIX resource person.)

(Name of Child) is the adopted child of or has been placed for adoption with (Names of Adoptive Parents). He/she meets the eligibility requirements for Title IV-E adoption assistance. A current adoption assistance agreement is on file with this office. This agreement terminates     or requires recertification     on (Date). This child has     does not have     other health insurance coverage. Please confirm with the adoptive parents.

California terminated this child's Medicaid eligibility on (Date) with the expectation that the child will receive Medicaid coverage in your state. Please accept the adoptive parent's application for Medicaid coverage for this child. If you have further questions about the child's eligibility, or if you are unable to issue medical benefits, please call (insert name and telephone number of appropriate contact person).

Sincerely,

(Appropriate County Signature)

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EXAMPLE 2

NOTICE OF ACTION

(Names of Foster Parents)  
(Name of Child)  
(Medi-Cal Number of Child)

A federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), makes your foster child eligible for Medicaid from the state where he/she resides rather than from California. Similar provisions apply to federally eligible adoption assistance children. This should make it easier for you to obtain medical services from the providers in your community.

California's Medi-Cal coverage for your child will terminate on \_\_\_\_\_ (Date). This change affects only medical coverage, not your foster care payments. Responsibility for your foster care payment and for foster care placement still rests with California.

You must make an appointment immediately with your local public welfare or family services office to receive Medicaid. If you are unable to locate the appropriate office, or if your circumstances have changed, please contact:

(California County Contact Person)  
(Address)  
(Telephone Number)

(The above is to be completed by individual counties.)

Please note that it is your responsibility to notify the county person listed above, and the agency in your present state which is responsible for providing Medicaid benefits, if any one of the following changes occurs:

1. The foster care payment is discontinued,
2. Your child moves to another state, or
3. Your child changes addresses with the State.

Take the attached letter with you to the appointment; it verifies your child's Medicaid eligibility.

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To: (New State Agency) (Use County Letterhead)

(Names of Foster Parents  
and Child)

(Child's Date of Birth and  
Social Security Number)

To Whom It May Concern:

The Consolidated Omnibus Budget Reconciliation Act of 1985, PL 99-272, enacted on April 7, 1986 and effective October 1, 1986, makes Title IV-E foster children eligible for Medicaid in the state where they reside. Similar provisions apply to federally eligible adoption assistance children. (If you are unfamiliar with this Act, you may want to contact your state's Title XIX resource person.)

\_\_\_\_\_  
(Name of Child) is the foster child of \_\_\_\_\_  
\_\_\_\_\_  
(Names of Foster Parents). He/she meets the eligibility requirements for Title IV-E foster care. The agency responsible for this child is \_\_\_\_\_  
(Name of California Agency). This child has \_\_\_\_\_ does not have \_\_\_\_\_ other health insurance coverage. Please confirm with the foster parents or the responsible California agency if the child is in an institution.

California terminated this child's Medicaid eligibility on \_\_\_\_\_ (Date) with the expectation that the child will receive Medicaid coverage in your state. Please accept this foster parent's application for Medicaid coverage for this child. If you have further questions about the child's eligibility, or if you are unable to issue medical benefits, please call \_\_\_\_\_ (insert name and telephone number of appropriate contact person).

Sincerely,

(Appropriate County Signature)

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**MEDI-CAL ELIGIBILITY MANUAL**  
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**EXAMPLE 3**

**NOTICE OF ACTION**

(Names of Adoptive/Foster  
Parents or Responsible Agency)  
(Name of Child)  
(Medi-Cal Number of Child)

A federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), makes your adopted/foster child eligible for Medicaid from the state where he/she resides rather than from California. This should make it easier for you to obtain medical services from providers in your community.

Your child is eligible for Title IV-E Medicaid benefits as of           (Date)          . This eligibility is only for medical coverage, not grant payments. Responsibility for your grant payment, if you are receiving one, and for the adoption assistance agreement or foster care placement still rests with California, even though California will not be providing the Medicaid benefits.

To obtain Medicaid benefits for your child, you must make an appointment immediately with the local public welfare or family services office in your state. If you are unable to locate the appropriate office, or if your circumstances change, please contact:

(California Contact Person/Agency)  
(Address)  
(Telephone Number)

(The above is to be completed by individual counties.)

It is your responsibility to notify the person listed above, and the agency in your state which is responsible for providing Medicaid benefits, if any one of the following changes occurs:

1. The adoption assistance agreement is terminated, or the foster care payment is discontinued;
2. Your child moves to another state; or
3. Your child changes addresses with the State.

Take the attached letter to the appointment; it verifies your child's Medicaid eligibility.

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To: (New State Agency) (Use County Letterhead)

(Names of Adoptive/Foster  
Parents or Responsible Agency)  
(Child's Name)  
(Child's Date of Birth and  
Social Security Number)

To Whom It May Concern:

The Consolidated Omnibus Budget Reconciliation Act of 1985, PL 99-272, enacted on April 7, 1986 and effective October 1, 1986, makes Title IV-E adoption assistance children (AAP) or Title IV-E foster care (AFDC-FC) children eligible for Medicaid in the state in which they reside. (If you are unfamiliar with this Act, you may want to contact your state's Title XIX resource person.)

(Name of Child) is the adopted/foster child of or has been placed with (Adoptive/Foster Parents or Institution). He/she meets the eligibility requirements for Title IV-E adoption assistance or foster care, and has been placed directly to your state from California. Therefore, California did not issue Medicaid benefits to this child. If this is an AAP child, a current adoption assistance agreement is on file with this office. This agreement terminates      or requires recertification      on (Date). This child has      does not have      other health insurance coverage. Please confirm with the adoptive/foster parents or agency responsible for the child.

Medicaid eligibility for this child becomes/became effective (Date) with the expectation that the child will receive Medicaid coverage in your state as of that date. Please accept an application for Medicaid coverage for this child. If you have further questions about the child's eligibility, or if you are unable to issue medical benefits, please call                      (insert name and telephone number of appropriate contact person).

Sincerely,

(Appropriate County Signature)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 7G--HOW TO USE THE STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS (MEDI-CAL FORM MC 13)

#### BACKGROUND:

Welfare and Institutions Code Section 14011.2 requires every Medi-Cal applicant to provide a declaration of citizenship/immigration status, and requires every applicant who has a Social Security number to provide it to the county. This section also specifies that Medi-Cal applicants who claim to be U.S. citizens, U.S. nationals, or aliens in a satisfactory immigration status are required to provide a Social Security number as a condition of eligibility. The Department of Health Services has developed the "Statement of Citizenship, Alienage, and Immigration Status" (Medi-Cal Form MC 13) to obtain this information.

Full implementation of Welfare and Institutions Code Section 14011.2 was delayed by the courts until the California State Court of Appeal ruled that the Department of Health Services could fully implement that section. To fully implement that section, DHS has updated the MC 13. The latest revision of the MC 13 is dated July 1996. The general MC 13 requirements and instructions for completing the revised form are provided below.

#### WHEN TO COMPLETE THE MC 13

An MC 13 must be completed at each application, reapplication, or restoration for every person requesting Medi-Cal benefits including applicants in Statewide Automated Welfare System (SAWS) counties. Make certain that each adult applicant, or adult acting on behalf of a child, supplies all appropriate information, then signs and dates the form. In cases where the applicant is a child, or is incapable, incompetent, or deceased, the same person who signs the MC 210 (Statement of Facts) must complete the MC 13. A new MC 13 is required at annual redetermination only when the beneficiary's immigration status has changed. If the case file lacks an MC 13, have the applicant complete the most current version of the form.

#### COMPLETING THE JULY 1996 VERSION OF THE MC 13

The July 1996 version of the MC 13 incorporates a number of major revisions including:

- Every Medi-Cal applicant is required to provide information about his or her citizenship/immigration status.
- Every Medi-Cal applicant who has a Social Security number is asked to provide it to the county welfare department. Applicants who claim to be U.S. citizens, U.S. nationals, or aliens in a satisfactory immigration status, who do not have a Social Security number at the time of application are still required to obtain a number and provide it to the county as a condition of eligibility.
- Medi-Cal applicants are no longer asked to request full or restricted benefits. The appropriate level of benefits is determined by the county based on a review of the applicant's citizenship or immigration status and completion of the Systematic Alien Verification for Entitlements (SAVE) process when necessary.
- Information previously included throughout the MC 13 and on page 6 of the November 1993 version of the MC 219 ("Important Information for Persons Requesting Medi-Cal" page) is now included in Section "A" of the MC 13.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Each section of the July 1996 MC 13 is discussed in detail below.

### SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Section A includes a variety of important information to help applicants understand the citizenship/alienage requirements of the Medi-Cal program including the definition of satisfactory immigration status (SIS). The terms defined in this section are intended only for Medi-Cal purposes. This section also includes information about alien documentation and verification requirements, and about the Social Security number requirements for Medi-Cal applicants. Each of these topics is discussed in more detail below. Eligibility workers should be familiar with the information in this section to assist applicants with any questions that may arise regarding these topics.

### SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

In previous versions of the MC 13, Section B was used by the applicant to request full or restricted Medi-Cal benefits. Because of the State Court of Appeal ruling in the Crespin case, applicants no longer request a level of Medi-Cal benefits when they complete the MC 13. The county welfare department must make that determination based on a review of each applicant's citizenship/immigration status. Therefore Section B is now designed for the applicant to indicate whether he or she is a U.S. citizen, a U.S. national or an alien, without reference to the level of benefits requested. Every applicant must indicate his or her citizenship or immigration status in Section B.

Every applicant is required to complete question 1 in this section indicating whether he or she is or is not a citizen or national of the United States. Every applicant who indicates that he or she is a U.S. citizen or national must provide information about his or her place of birth and then skip to Section C. Anyone who indicates that he or she is not a citizen or national of the U.S. must provide information about his or her specific alien status in questions 2 through 4. If none of the alien statuses in questions 2 through 4 are applicable, the applicant should answer "NO" to EACH of those questions. Aliens who claim to be PRUCOL must indicate which PRUCOL category applies to them in question 5. AN MC 13 INDICATING THAT THE APPLICANT IS NOT A CITIZEN OR NATIONAL OF THE UNITED STATES IS INCOMPLETE UNLESS THE APPLICANT INDICATES A SPECIFIC ALIEN STATUS (INCLUDING A SPECIFIC PRUCOL STATUS WHEN APPLICABLE) OR ANSWERS "NO" TO QUESTIONS 2 THROUGH 4.

### SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

Only aliens who answer "YES" to questions 2, 3, or 4 in Section B are required to complete Section C. This is because verification of an applicant's alien status is only required if he or she claims to have "satisfactory immigration status". This requirement is applicable to aliens who indicate that they are amnesty aliens with a valid and current I-688 (question 2) or lawfully admitted for permanent residence (question 3) or PRUCOL (question 4).

### PROVIDING DOCUMENTATION OF IMMIGRATION STATUS

Aliens who indicate they have satisfactory immigration status (SIS) are required to provide documentation of their immigration status. Procedures for verifying SIS are found in All County Welfare Directors Letter 92-48. Aliens who claim SIS have 30 days (or the time it takes to determine whether they are otherwise eligible, whichever is longer) to present evidence of SIS.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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If they are otherwise eligible, grant them full Medi-Cal benefits without further delay (even without evidence of SIS) if the 30 days to present evidence of SIS have not elapsed. In addition, such applicants, if they present the required evidence of SIS and if they are otherwise eligible, receive full Medi-Cal benefits while their evidence is being verified with the Immigration and Naturalization Services (INS) through the SAVE system.

If an applicant claims SIS, but needs to obtain replacement immigration documents, the requirement to provide evidence of SIS shall be considered to be met if the alien presents an Individual Fee Register Receipt (INS Form G-711) requesting replacement of a lost, stolen, or unreadable INS document. In many cases, it will not be necessary to refer persons to INS for replacement of a document, but rather, to ask them to search for it at home and then bring it in to you

### SECTION D: SOCIAL SECURITY NUMBER

Every Medi-Cal applicant who has a Social Security number (SSN) is asked to provide it to the county regardless of his or her citizenship or immigration status. Therefore, every applicant must indicate whether or not he/she has a SSN in this section. However, only applicants who claim to be United States citizens or United States nationals or aliens who claim to have satisfactory immigration status, are required to provide (or apply for) a SSN as a condition of Medi-Cal eligibility. (This includes applicants who answer "YES" to question 2, question 3, or question 4 in Section B).

For U.S. citizens, U.S. nationals and aliens who are required to provide a SSN, but who do not have a number at the time of application, counties should use established policies for meeting the SSN requirement. (See Title 22, California Code of Regulations, Sections 50168 and 50187 for more information about this requirement)

Although aliens who claim that they are not in a SIS are asked to provide a Social Security number, a SSN is not required to establish eligibility for restricted Medi-Cal. If an alien who is otherwise eligible for restricted Medi-Cal indicates that he or she has a SSN, it is appropriate to ask him or her to provide it. If such an applicant refuses to provide the SSN, the county must still grant restricted Medi-Cal benefits (if the applicant is otherwise eligible) and should request an investigation if there is reason to believe that the applicant is withholding any information relevant to his or her Medi-Cal eligibility. However, All County Welfare Directors Letter 95-53 clarifies that: "Under no circumstances should an Eligibility Worker knowingly submit an incorrect or fraudulent SSN to MEDS."

### COUNTY USE SECTION

The "FOR COUNTY USE ONLY" section of the MC 13 provides space for important information about the citizenship/alien status determination. Counties should provide all of the applicable information requested in this section. The July 1996 version of the MC 13 retains most of the items previously included in this section and incorporates some important changes. For example, the question asking counties to indicate which documents are in the file has been deleted. The "Action Taken" categories have been expanded for counties to indicate when full Medi-Cal benefits were granted pending verification of immigration status. Counties should mark this response when full Medi-Cal benefits are granted to an otherwise eligible alien during the reasonable opportunity period to provide evidence of SIS and/or while waiting for the INS to verify SIS through SAVE. The latest revision also adds a section for the county to indicate which level of benefits the applicant is potentially eligible to receive. It is not necessary to complete the eligibility determination to respond to this question since it is based on the citizenship/immigration status information provided on the MC 13.



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print Name of Applicant (The applicant is the person who wants Medi-Cal):	Date:
Print Name of Person Acting for Applicant:	Relationship to Applicant:

### SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

**Satisfactory immigration status and full Medi-Cal benefits for aliens:** Federal and state law provide that full Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements including California residency. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). The 16 PRUCOL categories are listed in SECTION B, question 6 below.

Documented aliens not in a satisfactory immigration status who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

**Citizenship/immigration status information:** Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

**Alien status documents and verification requirements:** Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

**Social Security number requirement:** Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

### SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States?  Yes  No

If the applicant is a citizen or a national of the United States, where was he/she born? \_\_\_\_\_

**IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDI-CAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.**

2. Is the applicant an amnesty alien with a valid and current I-688?  Yes  No  
3. Is the applicant a lawful permanent resident?  Yes  No  
4. Is the applicant a PRUCOL alien?  Yes  No

**IMPORTANT:** All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:
- A conditional entrant admitted to the United States before April 1, 1980
  - An alien paroled into the United States, including Cuban/Haitian entrants

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- An alien subject to an Order of Supervision
- An alien granted an indefinite stay of deportation
- An alien granted an indefinite voluntary departure
- An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- An alien who has properly filed an application for lawful permanent resident status
- An alien granted a stay of deportation for a specified period
- An alien granted asylum
- A refugee admitted to the U.S. since April 1, 1980
- An alien granted voluntary departure who is awaiting issuance of a visa
- An alien in deferred action status
- An alien who entered and has continuously resided in the U.S. since before January 1, 1972 who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry alien)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- An alien granted withholding of deportation pursuant to INA Section 243(b)
- An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him /her, either because of the person's status category or individual circumstances.

**SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)**

**IMPORTANT:** Complete this section only if you answered "YES" to question 2, question 3, or question 4 in SECTION B on the front of this form.

1. Alien Registration number and/or Alien Admission (INS Form I-94) number: \_\_\_\_\_
2. Date the applicant first entered the U.S.: \_\_\_\_\_
3. Applicant's name when he/she first entered the U.S.: \_\_\_\_\_
4. Of what country is the applicant a citizen: \_\_\_\_\_
5. Where was the applicant born: \_\_\_\_\_

**SECTION D: SOCIAL SECURITY NUMBER**

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

- Yes, the applicant's Social Security number is: \_\_\_\_\_
- No

**SECTION E:**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.**

Applicant Signature: _____	Date: _____
Signature of Person Acting for Applicant: _____	Date: _____

**FOR COUNTY USE ONLY**

EW Number: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

**Action taken:**

- None necessary.
- SAVE primary verification performed. \_\_\_\_\_ Date: \_\_\_\_\_
- Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. \_\_\_\_\_ Date: \_\_\_\_\_
- Full Medi-Cal benefits were granted pending verification of immigration status.
- Copies of alien status documents are in the case file.
- Person referred to INS to obtain replacement documents. \_\_\_\_\_ Date: \_\_\_\_\_

**COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.**

**BASED ON THE INFORMATION PROVIDED ON THIS FORM:**

- The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive FULL Medi-Cal benefits.
- The above named applicant is an alien, who, if otherwise eligible, would receive RESTRICTED Medi-Cal benefits.

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