



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

Family Investment Administration  
**ACTION TRANSMITTAL**

Control Number: 07-05

Effective Date: September 1, 2006

Issuance Date: August 10, 2006

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF  
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS  
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA  
CHARLES E. LEHMAN, EXECUTIVE DIRECTOR, DHMH/OOEP**

**RE: MEDICAID CITIZENSHIP and IDENTITY REQUIREMENTS**

**PROGRAMS AFFECTED: MEDICAL ASSISTANCE (MA) MARYLAND CHILDREN'S  
HEALTH PROGRAM (MCHP), and TEMPORARY  
DISABILITY ASSISTANCE PROGRAM (TDAP)**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

**SUMMARY:** Effective July 1, 2006, due to federal regulatory changes based on the Deficit Reduction Act of 2005, all persons declaring to be U.S. citizens must provide documentation of their citizenship and identity at the time of initial application or annual redetermination for Medicaid. In Maryland, this federal change applies to Medical Assistance (MA), Maryland Children's Health Program (MCHP), Long-Term Care, Primary Adult Care (PAC), HealthChoice, Women's Breast and Cervical Cancer Health Program, and all waiver programs. It does **not** apply to Medicare beneficiaries, presumptively eligible newborns and SSI recipients. At this time, due to implementation and delinking problems, it also does **not** apply to TCA applicants and recipients. DHR and the LHDs will be notified when the TCA applicants are subject to this regulation. However, customers receiving TCA should not be discouraged from providing the documents when available.

The Department of Health and Mental Hygiene (DHMH) will require individuals to provide documentation of citizenship and identity. Implementation of this process will start with all MA/MCHP applications received by Local Departments of Social Services (LDSSs) and/or Local Health Departments (LHDs) on or after September 1, 2006. Recipients with a redetermination end date from September 2006 through August 2007 will be required to meet the new Medicaid requirements. This transmittal issues comprehensive procedures based on the new federal guidelines for processing MA/MCHP applications and redeterminations.

DHMH is sending notices to current MA/MCHP recipients of the new citizenship and identity requirements:

Customers not required to provide documentation receive DRA 1.

Customers required to provide documentation of identity receive DRA 2.

Customers required to provide documentation of both citizenship and identity receive DRA 3.

Aliens: The new verification requirement for citizenship and identity *does not* affect the existing process by which aliens verify their qualified legal status, nor does it apply to refugees, others covered in the G-track, and illegal or ineligible aliens requesting emergency medical services (X02).

**REMINDER:** There is no change in Food Stamp policy regarding verification of citizenship. For Food Stamps, verification of citizenship is not required unless questionable. **Do not** close or deny a Food Stamp AU when denying an associated MA/MCHP AU for failure to verify citizenship and/or identity.

### **ACTION REQUIRED**

Verification of citizenship and identity is a condition of eligibility for:

All MA/MCHP applications received on or after September 1, 2006  
and

All MA/MCHP redeterminations with a redetermination end date beginning on or after September 30, 2006.

### **Applicants**

Do not approve a MA/MCHP application until you receive the required verifications. If the required documentation of citizenship and identify is not provided by the due date, the application must be denied. However, MA/MCHP policy allows for extension of time standards if the applicant is actively attempting to establish eligibility.

If the denied applicant submits the required documentation within the 6-month period under consideration, reactivate the application and determine eligibility based on the **original** date of application.

**NOTE:** Applicants approved for TDAP also receive notification of eligibility for the Primary Adult Care Program (PAC). TDAP customers must provide verification of citizenship in order to qualify for PAC. DHMH will notify TDAP recipients who have not met the citizenship requirement, and will request documentation. The eligibility span for PAC will be opened on MMIS once verification is received.

DHMH is in the process of requesting a revision to the text on the TDAP approval notice. Until the text has been modified, add the following free form text to the TDAP approval notice:

You may be eligible for the Primary Adult Care Program that provides your pharmacy and primary care coverage. DHMH will notify you of your eligibility.

## **Recipients**

Recipients are required to provide the verifications at their next redetermination. If the required documentation of citizenship and identity is not provided by the due date, eligibility must be terminated with timely notice. However, MA/MCHP policy allows for extension of time standards if the applicant is actively attempting to establish eligibility.

If the terminated recipient submits the required documentation within 4 months of the month of termination, eligibility is determined as of the effective date of termination in accordance with MA Policy Alert 12-04 Tardy Redetermination policies and procedures.

## **Excluded Applicants/Recipients**

- TCA/FO1 applicants and recipients are not subject to this change until further notice,
- Medicare Beneficiaries, (S03, S07, S14), and any other coverage groups with Medicare eligibles,
- Presumptively eligible newborns (P03/P12), and
- Supplemental Security Income (SSI) recipients (L01, S02, S04, S05), and any other coverage groups with SSI beneficiaries.

## **Social Security Number Reporting Requirements**

Except for emergency medical services for illegal or ineligible aliens, either a valid social security number (SSN) must be reported or an application for an SSN must be filed. If any customer was determined eligible based on a SSN application, a valid SSN number must be provided and entered on CARES by the next redetermination, **or MA eligibility must be terminated.**

## **Citizenship and Identity Documentation Requirements**

Federal law requires that all documents provided must be originals or copies certified by the issuing agency. DHMH recognizes the hardship this currently poses for both case managers and applicants/recipients. At this time, individuals unable to provide originals may forward copies. Mail-in programs may accept copies, unless they suspect fraud.

DHMH is currently developing a system to facilitate the receipt of documentation, particularly for MCHP and other mail-in systems. Until this is effective, applicants and recipients who provide copies, rather than originals or certified copies, may be required to provide originals later.

The CARES narration must explain how and when citizenship and identity were verified, or why eligibility was denied or terminated due to failure to verify citizenship and/or identity.

## **Verification Procedures**

- A. Use one of the following documents to prove **both** citizenship and identity:
  1. U.S. passport (current or expired), or
  2. Certificate of Naturalization (N-550 or N-570), or
  3. Certificate of Citizenship (N-560 or N-561).

**NOTE:** If the individual was born outside of the U.S. and was not a U.S. citizen at birth, one of the three documents listed above is required.

B. Or, use one of the following documents to prove citizenship and another document to prove identity.

| Proof of Citizenship   | Proof of Identity  |
|--|--|
| <ul style="list-style-type: none"> <li>• U.S. Birth Certificate</li> <li>• Data match by DHMH to document a birth record</li> <li>• For child under 16: a record created near the date of birth, or 5 years before initial MA/MCHP application, and showing U.S. place of birth on hospital letterhead or other medical record, except immunization record</li> <li>• Record showing U.S. place of birth, if created at least 5 years before initial MA/MCHP application: record on hospital letterhead or other medical record created near the date of birth, institutional admission papers, signed statement by physician or midwife who attended the birth, Vital Statistics notice of birth registration, insurance record</li> <li>• Final adoption decree for child born in U.S.</li> <li>• Certificate of citizen born abroad (DS-1350, FS-240, FS-545)</li> <li>• U.S. military service record showing U.S. place of birth</li> <li>• Evidence of U.S. civil service employment before 6/1/76</li> <li>• Federal or state census record for 1900-1950 showing U.S. citizenship or U.S. place of birth</li> <li>• ID card for naturalized citizen living in Mexico or Canada ((I-179 or I-197)</li> <li>• Three written and signed affidavits. Two completed by citizens who have personal knowledge of the person's citizenship, one of whom is not a relative. Another affidavit completed by the person, representative, or someone else knowledgeable to explain why the proof isn't available</li> </ul> | <ul style="list-style-type: none"> <li>• Photo driver's license or MVA ID card</li> <li>• Data match to document identity (current or past TCA, Food Stamps, SSI eligibility)</li> <li>• Photo school ID card</li> <li>• Photo on federal, state, or local government ID card</li> <li>• U.S. military ID card or draft record</li> <li>• Native American Tribal Document</li> <li>• US Coast Guard Merchant Mariner card</li> <li>• For children under 16: school record, (DHR/FIA 604 form), nursery or day care record (pre-school health form), <b>or</b> written affidavit signed by parent or guardian if an affidavit was not used as proof of citizenship</li> </ul> |

C. There are **two** affidavits to verify citizenship and **one** to verify identity. The affidavits must be signed under penalty of perjury, and the signer must be able to provide proof of his/her own citizenship and identity.

- DES/AF1, Affidavit of Citizenship, is to be completed by an applicant/recipient.
- DES/AF2, Affidavit of Citizenship, is to be completed by a citizen who has personal knowledge of an applicant or recipient's claim of citizenship.
  - There must be at least **two** written and signed affidavits by citizens claiming knowledge of the applicant/recipient's event (birth, naturalization).
    - One affidavit must be signed by someone who is **not related** to the applicant/recipient.
  - A **third** affidavit must be completed by the applicant/recipient explaining why the proof is not available.
- Use DES/AF3, Affidavit of Identity, to verify identity of a child younger than 16 years of age.

D. Verification of identity for children can also be obtained via the use of:

- DHR/FIA 604-A School Attendance Verification
- DHR/FIA 1131 Primary Prevention Initiative Health Care Form

### **CARES Procedures**

Enter on the **DEM2** screen one of the following citizenship verification codes to indicate the type of documentation received.

**AC** - Verified alien card (**Use only for verification of citizenship status**)

**BC** – Use if a birth certificate, notice of birth registration or data match from Vital Records verified citizenship

**NOTE:** If **BC** is already in the verification filed, check the case record for a copy of the birth certificate, Vital Records data match, or Notice of birth registration. **If the documents are not in the case record, verify citizenship with another acceptable source.**

**CP** – Use if citizenship papers: a U.S. passport, Certificate of Naturalization, or Certificate of citizenship verifies citizenship and identity

**CS** - Use client statement **only** when citizenship is verified by **3** affidavits

**HC** – Use hospital document for all P03 and P12 children, and P02 and P11 pregnant women who are determined presumptively eligible through the ACE process. Use hospital document from others (hospital, medical, or institutional records) and/or verification from a physician/midwife who witnessed birth

**OT** – Use this code for all other acceptable verifications of citizenship.

**Unacceptable Verification Codes for Citizenship**

**BR** – Baptismal record

**CO** – Conversion

**FB** – Family Bible

**INQUIRIES:** For policy questions, contact the DHMH Division of Eligibility Policy and MCHP at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). Contact Cathy Sturgill at 410-238-1247 for CARES questions.

cc: DHR Executive Staff  
DHMH Executive Staff  
FIA Management Staff  
DHMH Management Staff  
Constituent Services  
RESI  
DHR Help Desk

**Important Alert: New Law Requiring Proof of Citizenship and Identity**

July 27, 2006

Dear Recipient:

You now receive health care benefits from the State of Maryland's Children's Health Program or Medical Assistance Program (for example, HealthChoice, Primary Adult Care, and all waiver programs). After **July 1, 2006**, if you declare to be a U.S. citizen, a new federal law requires you to provide proof of your United States citizenship and your identity.

**Since you currently receive Medicare benefits or Supplemental Security Income (SSI) benefits from the Social Security Administration, you do NOT need to provide proof of your citizenship or identity. When you receive a redetermination packet, you will follow the same procedures that were in place before July 1, 2006.**

If you have questions about these new requirements, please call:

**1-866-676-5880 (toll free)  
410-949-1049**

*Si usted necesita leer esta carta en español, revise la versión en español adjunta. Si usted necesita una versión en español de la aplicación, llame a su trabajadora social o al*  
**1-866-676-5880 (toll free)  
410-949-1049**

**DRA 1**

**Important Alert: New Law Requiring Proof of Citizenship and Identity**

July 27, 2006

Dear Recipient:

You now receive health care benefits from the State of Maryland's Children's Health Program or Medical Assistance Program (for example, HealthChoice, the Primary Adult Care Program, and all waiver programs). After **July 1, 2006**, if you declare to be a U.S. citizen, a new federal law requires you to provide proof of your United States citizenship and your identity. **We HAVE proof of your citizenship. You must provide proof of your identity.**

You will need to provide proof of your identity at your next redetermination. You should receive your redetermination package soon. Your eligibility for healthcare benefits may end if you do not provide documentation by the stated due date. However, your eligibility for health care benefits will continue as long as you work with your caseworker and are trying to get acceptable documents to prove your citizenship and identity. Your caseworker may be able to assist you in obtaining those documents.

Below is a list of some of the acceptable documents that you can show to your caseworker to prove your identity.

| <b>Proof of Identity</b>  |
|---|
| Photo ID:<br>driver's license or MVA ID card,<br>school ID, or<br>government ID   |
| U.S. military ID card or draft record   |
| Children under 16 only:<br>school record,<br>nursery or daycare record, or<br>written affidavit signed by parent or<br>guardian |



If you cannot obtain any of these documents for a child younger than 16, your caseworker can provide an Affidavit that must be completed and signed by the child's parent, guardian, or other representative.

If you have questions about these new requirements, please call:

***1-866-676-5880 (toll free)***

***410-949-1049***

***Si usted necesita leer esta carta en español, revise la versión en español adjunta. Si usted necesita una versión en español de la aplicación, llame a su trabajadora social o al.***

***1-866-676-5880 (toll free)***

***410-949-1049***

**DRA 2**

**Important Alert: New Law Requiring Proof of Citizenship and**

**July 27, 2006**

Dear Recipient:

You now receive health care benefits from the State of Maryland's Children's Health Program or Medical Assistance Program (for example, HealthChoice, the Primary Adult Care Program, and all waiver programs). After **July 1, 2006**, if you declare you are a U.S. Citizen, a new federal law requires you to provide proof of your United States citizenship and your identity.

You will need to provide the proof of **both your citizenship and identity** at your next redetermination. You should receive your redetermination package soon. Your eligibility for health care benefits may end if you do not provide documentation by the stated due date. However, your eligibility for health care benefits will continue as long as you work with your caseworker and are trying to get acceptable documents to prove your citizenship and identity.

This letter lists examples of some of the acceptable documents you can show to your caseworker to prove your citizenship and identity. If you cannot obtain any acceptable documents to prove your citizenship, your caseworker can provide Affidavits that must be completed and signed by two U.S. citizens. You or your authorized representative will also need to sign an Affidavit to explain why you do not have any of the listed documents available to prove your citizenship.

**If you have questions about these new requirements, please call:**

***1-866-676-5880 (toll free)***

***410-949-1049***

***Si usted necesita leer esta carta en español, revise la versión en español adjunta. Si usted necesita una versión en español de la aplicación, llame a su trabajadora social o al.***

***1-866-676-5880 (toll free)***

***410-949-1049***

If you have one of the following documents, you can provide it to prove **both Citizenship and Identity**. (If you were not born in the U.S. and were not a U.S. citizen at birth, you **must** provide one of these 3 documents.):

U.S passport (current or expired);  
 Certificate of Naturalization (N-550 or N-570); or  
 Certificate of Citizenship (N-560 or N-561).

If you cannot provide one of those documents, you will need to provide one document from each column below:

| Proof of Citizenship  | Proof of Identity   |
|---|---|
| U.S. birth certificate  | Photo ID: driver's license or MVA ID card, school ID, government ID   |
| Certificate of citizen born abroad:<br>DS-1350, FS-240, FS-545  |   |
| ID card for naturalized citizen living in Mexico or Canada:<br>I-179 or I-197   | U.S. military ID card or draft record   |
| Final adoption decree for child born in U.S.  | For children under 16 only: school record, nursery or daycare record, or written affidavit signed by parent or guardian (only acceptable if a written statement was not used as proof of citizenship) |
| Evidence of U.S. civil service employment before 6/1/76   |   |
| Military service record showing U.S. place of birth   |   |
| For children under 16 only: record on hospital letterhead or other medical record, created near the date of birth and showing the U.S. place of birth (not including an immunization record)  |   |
| Federal or state census record for 1900-1950 showing U.S. citizenship or U.S. place of birth as well as age   |   |
| Record showing U.S. place of birth, if created at least 5 years before initial Medical Assistance or MCHP application: record on hospital letterhead or other medical record established at the time of birth; institutional admission papers; signed statement by physician or midwife who attended the birth; Vital Statistics official notice of birth registration; life, health, or other insurance record |   |
| An affidavit (written statement signed under penalty of perjury), which is signed by two individuals who are both citizens and have personal knowledge of the recipient's citizenship. One of the individuals signing must <i>not</i> be related to the recipient. A third affidavit, which is signed by you or your representative, to explain why there is no proof available.                                |   |

*Your caseworker may be able to assist you in obtaining those documents. You can also call one of the phone numbers listed on page one of this letter if you have questions about this new requirement.*

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF CITIZENSHIP**

**To Be Completed By Applicant/Recipient Only**

**This Document Is Not Valid Unless Fully Completed.**

|   |
|---|
| Applicant/Recipient Name: _____ Date of Birth: _____                      |
| Address: _____  |
| Head of Household (if the individual is younger than 21 years old): _____ |

|   |
|---|
| 1. <input type="checkbox"/> I am a U.S. citizen.  |
| 2. <input type="checkbox"/> I am 18 years old or older.   |
| 3. I am a U. S. Citizen because:<br><input type="checkbox"/> I was born in the U.S. or a U.S. territory. Date and place: _____<br><input type="checkbox"/> I was naturalized as a U.S. citizen. Date and place: _____<br><input type="checkbox"/> I was born overseas to a U.S. citizen parent(s).<br>Date, place, and parent(s) name: _____<br><input type="checkbox"/> Other: _____ |
| 4. I am unable to produce documents to prove citizenship because:<br>_____<br>_____   |

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF CITIZENSHIP**  
**This Document Is Not Valid Unless Fully Completed.**

Applicant/Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Household (if the individual is younger than 21 years old): \_\_\_\_\_

1. My name is \_\_\_\_\_, and I live at \_\_\_\_\_  
\_\_\_\_\_.

- I am a U.S. citizen.  
 I am 18 years old or older.

2. Are you a relative of the individual named above?  
 Yes. Relationship? \_\_\_\_\_  
 No.

3. How long have you known this individual? \_\_\_\_\_  
How do you know this individual? \_\_\_\_\_

4. How do you know the facts you present in this Affidavit?  
\_\_\_\_\_

5. I have personal knowledge of how the applicant/recipient became a U.S. citizen. The facts known to me are that he/she was:

- Born in the U.S. or a U.S. territory. Date and place: \_\_\_\_\_  
 Naturalized as a U.S. citizen. Date and place: \_\_\_\_\_  
 Born overseas to a U.S. citizen parent. Date, place, and parent(s) name(s): \_\_\_\_\_  
 Other: \_\_\_\_\_

6. The individual is unable to produce documents to prove citizenship because:  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF IDENTITY**

**For a Child Younger Than 16 years Old**

**This Document Is Not Valid Unless Fully Completed.**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

5. My name is \_\_\_\_\_, and I live at \_\_\_\_\_

6. I am the child's:

- Parent
- Legal guardian
- Other

7. I am unable to produce the required documents to prove the child's identity (U.S. passport, Certificate of Naturalization (N-550 or N-570), Certificate of Citizenship (N-560 or N-561), school photo ID card, school record with date and place of birth, nursery or day care record with date and place of birth, learner driver's license, or military dependent's ID card) because: \_\_\_\_\_

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed