

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
 P.O. Box 942732
 Sacramento, CA 94234-7320
 (916) 727-2941



September 20, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 172

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

This letter transmits a revised Article 7G of the Medi-Cal Eligibility Procedures Manual entitled: "How to Use the Statement of Citizenship, Alienage, and Immigration Status (Medi-Cal Form MC 13)." The enclosed procedures replace the procedures transmitted via Medi-Cal Eligibility Manual Letter No. 164. The updated procedures reflect revisions to the MC 13 that were made after Procedures Manual Letter No. 164 was transmitted to the counties.

Procedures RevisionDescription

Article 7G

The Revised Article Section 7G incorporates changes necessary to implement the State Court of Appeal ruling in the case of Crespin v. Cove. Pursuant to that ruling all Medi-Cal applicants must provide information about their alien status on the MC 13, and all applicants who have a Social Security number are asked to provide it. Counties have been instructed to implement that ruling (including Procedures Article 7G) on October 1, 1996.

Filing Instructions:Remove PagesInsert Pages

Article Section 7G
 Pages 7G-1 through 7G-5

Article Section 7G
 Pages 7G-1 through 7G-5

If you have any questions regarding these procedure revisions, please contact John Zapata of my staff at (916) 657-0725

Sincerely,

Original signed by

Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

- 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(h)
- 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.

MC 13 (7/88)