

**MCHP
TRANSMITTAL LETTER FOR MANUAL RELEASES**

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF OPERATIONS, ELIGIBILITY AND PHARMACY
BENEFICIARY SERVICES ADMINISTRATION
MARYLAND CHILDREN'S HEALTH PROGRAM
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201**

**MANUAL: Maryland Children's
Health Program-MCHP**

EFFECTIVE: July 1, 2006

RELEASE NO: MR-19

ISSUED: August 2006

**APPLICABILITY: MCHP and MCHP Premium –
Verification of Citizenship and Identity**

<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
Program Policies and Procedures	Section 600, pages 1-2	Section 600, Pages 1-2

COMMENTS

Refer to the Medical Assistance Manual Release 135. These changes are effective July1, 2006.

Need More Information?

Questions about the Maryland Children's Health Program Manual included in MR-19 should be directed to the Eligibility Policy and MCHP Division at 410-767-3641 or at 1-800-492-5231 option 2 and request extension 3641.

Section 600: Non-Financial Eligibility Requirements

A. CITIZENSHIP – (See this Section in Chapter V of the Medical Assistance Eligibility Manual).

United States citizenship or alien status is a factor of technical eligibility for MA and MCHP. MCHP applicants, or representatives of child applicants, affirm by signing the application form that the pregnant woman or child applying is a U.S. citizen or lawful immigrant, or is applying for emergency services only.

Policies Before July 1, 2006

Unless the case manager has cause to question the citizenship status of the applicant (such as CARES case history or the individual's comments related to alien status), self-declaration (as attested by the signature on the application form) should be accepted without verification. However, the integrity of the application process must be ensured so that ineligible or illegal aliens are not granted Medicaid or MCHP eligibility, except for coverage of emergency medical services (coverage group X02) if they are Maryland residents.

If the case manager determines that further information or verification of the applicant's or recipient's citizenship status (including immigrant status) is needed, the case manager should require verification from the applicant or applicant's representative. The case manager should use the Department of Homeland Security's SAVE system for verification of immigration status, including date of entry and date of qualified alien status. Information or verification about immigration status may not be requested for someone who is not requesting benefits, such as the applicant's parent(s).

Policies Effective on or after July 1, 2006

See pages 500-6a – 500-6b-11 for the policies related to verification of citizenship, alien status, and identity.

State Funded Aliens (X01)

Qualified aliens who arrived in the U.S. on or after August 22, 1996 are not eligible for federally funded medical coverage under Medicaid or the Maryland Children's Health Program until they have resided in the U.S. for 5 years as a qualified alien, unless their immigration status is not subject to the 5-year bar (e.g., refugees, asylees). Prior to July 1, 2005, State-funded Medical Assistance (X01) was available for qualified aliens who were pregnant or children and met all of the technical and financial criteria of the MCHP program, except for 5 years' residence as a qualified alien. These persons received the same Medical Care Program identification card and the same benefit package as MCHP recipients, except that they were not enrolled in HealthChoice.

For non-pregnant children active in X01 in June 2005 or who applied for X01 before July 1, 2005, their X01 coverage ended as of June 30, 2005. Pregnant women who were active in X01 in June, 2005 or who applied for X01 before July 1, 2005, may remain eligible in X01 until the end of their current postpartum period or until their pregnancy ends due to a miscarriage or abortion. For applications received as of July 1, 2005 or later, eligibility may not be determined in coverage group X01.

Illegal or Ineligible Aliens (XO2)

Persons who are illegal aliens or who are legal but are not federally eligible aliens may receive federally matched Medical Assistance coverage for emergency medical services only. Labor and delivery are considered emergency services, but not routine prenatal or postpartum care.

To be eligible in the X02 coverage group, a person must meet all technical and financial criteria for the appropriate Medical Assistance or MCHP community-based coverage group, except the requirements related to citizenship/alien status and Social Security number. This group includes illegal aliens and ineligible legal aliens.

- An ineligible alien is lawfully in the U.S. The person may be admitted only for a temporary or specified time period, such as foreign students and visitors. An ineligible alien may also be a "qualified alien" who entered the U.S. on or after 8/22/96 and has not yet lived in the U.S. for the required 5 years as a qualified alien.
- An illegal alien is any person not lawfully admitted to the U.S. Also included are persons whose visas have expired.

An ineligible or illegal alien may be covered for emergency medical services (as defined in COMAR 10.09.24.02), if the person has an emergency medical condition (as defined in COMAR 10.09.11.02B) and meets all requirements (except citizenship and Social Security number) to be eligible in a federal coverage category (Medical Assistance or MCHP) but for the alien status.

NOTE: It is important that the case manager evaluate the applicant's status as of the date the emergency medical services were rendered.

DOCUMENTATION OF EMERGENCY MEDICAL SERVICES: LABOR AND DELIVERY

The applicant must provide the local department with a copy of her discharge summary, or other written documentation from the hospital (but not nurses' notes or a bill), which includes her name, admission and discharge date, and a description of her hospital stay.