

**DSS ADMINISTRATIVE LETTER  
DMA ADMINISTRATIVE LETTER NO: 01-07  
FAMILY SUPPORT AND CHILD WELFARE SERVICES FSCWS-03-07 WORK FIRST**

**TO:** County Directors of Social Services

**ATTENTION:** Medicaid Staff  
Work First Staff

**DATE:** March 23, 2007

**SUBJECT:** TITLE IV-B, TITLE IV-E, AND SOCIAL SECURITY  
DISABILITY INSURANCE (SSDI) CITIZENSHIP/IDENTITY  
REQUIREMENTS

**I. BACKGROUND**

Family and Children's Medicaid Change Notice 05-07 and Aged, Blind, and Disabled Medicaid Change Notice 07-07 stated that the Deficit Reduction Act of 2005 citizenship changes for HSF (Title IV-B), IAS (Title IV-E), and SSDI recipients are required to be retroactive to the initial implementation date of September 1, 2006. Medicaid/Work First applications and cases for these applicants or recipients must be evaluated to determine if the application or case should be re-opened retroactively to the month of application, termination or redetermination/review. Applicants or recipients denied or terminated for lack of citizenship/identity verification must be reopened retroactively. This letter provides information on how to handle these cases.

**II. REQUIREMENTS**

- A. You must evaluate all application denials and case terminations/deletions processed from September 1, 2006, through March 5, 2007, to determine if HSF, IAS, and SSDI applicants/recipients were denied, terminated, or deleted from a case for lack of citizenship/identity documentation.

In addition, you must evaluate all application denials and case terminations/deletions on the reports to determine if correct policy procedures in MA-2504/MA-3330, Citizen/Alien Requirements and MA-2303/MA-3210, Verification Requirements for Applications, were followed. When documenting citizenship and identity for applications and redeterminations, the DSS is responsible for obtaining the verification when:

1. There is a fee involved in obtaining the information, or
2. The information is available within the agency, either in other DSS records or via automated queries with agencies outside of DSS, or
3. The individual requests assistance, or
4. The individual is mentally, physically or otherwise incapable of obtaining the information and a representative has not accepted responsibility nor asked for assistance. Examples may include, but are not limited to, an individual who does not speak English, who cannot read or write, who is homebound or institutionalized, or who is clearly unable to obtain the information without assistance.

## **B. Application Report and Termination/Deletion Report**

1. Application denials, identified on the "Application Report" and case terminations/deletions, identified on the "Termination-Deletion Report" must be evaluated. One copy of each report has been mailed to each county department of social services. Counties have 60 days from the date of receipt to evaluate and reinstate as required.
2. The Application Report and Termination/Deletion Report includes Medicaid and Work First applications and cases:
  - Denied using code "H9", "You have not provided necessary information to document citizenship and/or identity";
  - Terminated using codes "2Q" or "6Q", "You have not provided necessary information to document citizenship and/or identity"; and
  - Changes/Deletions using codes "3Z" or "6Z", "You have not provided necessary information to document citizenship and/or identity".
3. The reports are sorted by county and include the following:
  - EIS Case Number
  - Individual ID Number
  - Program/Category
  - County Number
  - Disposition Reason Code - Ongoing
  - Disposition Date – Ongoing
  - Disposition Reason Code – Retroactive (Application Report only)
  - Disposition Date – Retroactive (Application Report only)

### **C. Evaluation Report**

For each individual listed on the county reports, document the action taken, reason/explanation, and effective date of the action on the Citizenship/Identity Evaluation Documentation Report (Attachment 1). The evaluation report must be given to your assigned Medicaid Program Representative and Work First Representative no later than 60 days after receipt of the county report.

## **III. INSTRUCTIONS**

### **A. Applications**

1. Pull the application record listed on the report. (In EIS, key the individual identification number and "AD" to find application number.)
2. Review the case record to determine:
  - a. Is the individual receiving Social Security benefits based on disability and was not yet receiving Medicare, or
  - b. Is the individual applying for or receiving HSF or IAS.
3. If not, document "None" under Action Taken and "Not a HSF, IAS, or SSDI Recipient – Action Correct" under Reason/Explanation on the Citizenship/Identity Evaluation Documentation Report (Attachment 1). No further action is needed.
4. If so, review the information to ensure the individual met all other eligibility requirements except for Citizenship/Identity. If the individual was ineligible for any other reason, document "None" under Action Taken and document the reason for ineligibility under the Reason/Explanation on the Citizenship/Identity Evaluation Documentation Report (Attachment 1). No further action is needed.
5. If the individual was ineligible solely due to lack of Citizenship/identity documentation, contact the casehead to verify there have not been any changes. Reopen the application following instructions in IV. below.

## **B. Terminations and Deletions**

1. Pull the case record listed on the report.
2. Review the case record to determine:
  - a. Is the individual receiving Social Security benefits based on disability and was not yet receiving Medicare, or
  - b. Is the individual applying for or receiving HSF or IAS.
3. If not, document "None" under Action Taken and "Not a HSF, IAS, or SSDI Recipient – Action Correct" under Reason/Explanation on the Citizenship/Identity Evaluation Documentation Report (Attachment 1). No further action is needed.
4. If so, review the case information to ensure the individual met all other eligibility requirements except for Citizenship/Identity. If the individual was ineligible for any other reason, document "None" under Action Taken and document the reason for ineligibility under the Reason/Explanation on the Citizenship/Identity Evaluation Documentation Report (Attachment 1). No further action is needed.
5. If the individual was ineligible solely due to the lack of Citizenship/Identity documentation, contact the casehead to verify there have not been any changes. Reopen the case in EIS following instructions in V. below.

## **IV. APPLICATIONS**

### **A. Denials – Inactive or No Case in EIS**

Verify and document Title IV-B, Title IV-E, or SSDI status when applicable, following instructions in MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

1. Enter as a new administrative application for the appropriate month(s) using the original date of application.
2. Enter hierarchy code "50" for SSDI applicants and Title IV-B individuals receiving under MIC/Work First.

No hierarchy code is needed for Title IV-B and Title IV-E applicants for IAS or HSF program/category cases. Refer to MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

3. Enter the appropriate program/category certification date according to instructions in MA-2350/MA-3425, Certification and Authorizations or Work First Section 130, Application Processing.
4. Send a manual DSS-8108, Notice of Benefits. Notice text should state "There was a change in Citizenship and Identity law." Indicate that the State rules supporting this action are found in Section MA-2504/MA-3330, Citizen/Alien Requirements For Work First, indicate the State rules supporting this action are found in the Work First Manual.
5. Document "Approved" under Action Taken and "HSF, IAS, or SSDI Recipient" under Reason/Explanation.

## **B. Denials – Active Case in EIS**

Verify and document Title IV-B, Title IV-E, or SSDI status when applicable, following instructions in MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

1. Enter a new administrative application for the appropriate month(s) using the original date of application.
2. Enter hierarchy code "50" for SSDI applicants and Title IV-B individuals receiving under MIC/Work First.

No hierarchy code is needed for Title IV-B and Title IV-E applicants for IAS or HSF program/category cases. Refer to MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

3. Process the approval as an open/shut for the appropriate months. The beginning certification date is the effective date of the application and ending certification date will be the last day of the month prior to the current beginning month of the active case in EIS.
4. Send a manual DSS-8108, Notice of Benefit. Notice text should state "There was a change in Citizenship and Identity law." Indicate that the State rules supporting this action are found in Section MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.
5. Document "Approved" under Action Taken and "HSF, IAS, or SSDI Recipient" under Reason/Explanation.

## **V. TERMINATION/INDIVIDUAL DELETIONS**

### **A. Terminations/Deletions – Inactive Case/Individual in EIS**

Verify and document Title IV-B, Title IV-E, or SSDI status when applicable, following instructions in MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

1. Enter an administrative re-application/add on for the appropriate month(s) according to instructions in MA-2350/MA-3425, Certification and Authorization or Work First Section 130, Application Processing, and
  - a. If the case was terminated, approve from the date of termination forward,
  - b. If the individual was deleted, approve from date of deletion forward, and
  - c. The date of application is the first day of the month for which benefits are approved.
2. Enter hierarchy code “50” for SSDI applicants and Title IV-B individuals receiving under MIC/Work First.

No hierarchy code is needed for Title IV-B and Title IV-E applicants for IAS or HSF program/category cases. Refer to MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

3. Enter the appropriate program/category certification period according to instructions in MA-2350/MA-3425, Certification and Authorization or Work First Section 130, Application Processing.
4. Send a manual DSS-8108, Notice of Benefits. Notice text should state “There was a change in Citizenship and Identity law.” Indicate that the State rules supporting this action are found in Section MA-2504/MA-3330, Citizen/Alien Requirements. For Work First, indicate the State rules supporting this action are found in the Work First Manual.
5. Document “Approved” under Action Taken and “HSF, IAS, or SSDI Recipient” under Reason/Explanation.

### **B. Terminations/Deletions – Active Case Now in EIS**

Verify and document Title IV-B, Title IV-E, or SSDI status when applicable, following instructions in MA-2504/MA-3330, Citizen/Alien Requirements or Work First Section 111, Citizenship/Immigrant Rules.

1. Enter an administrative or new application using the first day of the month for the first month the case/individual did not receive Medicaid. Process an open/shut for the period it was closed.
2. Enter hierarchy code "50" for SSDI applicants and Title IV-B individuals receiving under MIC/Work First.

No hierarchy code is needed for Title IV-B and Title IV-E applicants for IAS or HSF program/category cases. Refer to MA-2504/MA-3330, Citizen/Alien Requirements.

3. Enter the appropriate program/category certification date according to instructions in MA-2350/3425, Certification and Authorizations or Work First Section 111, Citizenship/Immigrant Rules.
4. Send a manual DSS-8108, Notice of Benefits. Notice text should state "There was a change in Citizenship and Identity law." Indicate that the State rules supporting this action are found in Section MA-2504/MA-3330, Citizen/Alien Requirements. For Work First, indicate the State rules supporting this action are found in the Work First Manual.

## **VI. FAILURE TO PEND/FLAG CASES UP TO 6 MONTHS**

Individuals/Cases that did not qualify for HSF, IAS, or SSDI retroactive re-opening must also be reviewed to determine if procedures to document citizenship and identity were followed correctly.

### **A. Application Requirements**

1. Pend an application when:
  - a. Citizenship/Identity evidence is not on file or cannot be obtained by an applicant and the applicant has made a good faith effort,
  - b. The county has not received verification from an inquiry, and all other requirements are met except for those items listed in MA-2304, Processing the Application or Work First Section 130, Application Processing.
2. Pend the application up to 6 months. Refer to MA-2504/MA-3330, Citizenship Requirements and MA-2303/MA-3215, Processing the Application or Work First Section 111, Citizenship/Immigrant Rules.

### **B. Instructions**

1. Pull the application listed on the report. (In EIS, key the individual identification number and "AD" to find application number.)
2. Review the record to determine if the individual's application was pended 6 months according to MA-2504/MA-3330, Citizenship Requirements and

MA-2304/MA-3215, Processing the Application or Work First Section 111, Citizenship/Immigrant Rules .

3. If so, document “None” under Action Taken and “Meets Denial/Termination Criteria” under Reason/Explanation. No further action is needed.
4. If an application was denied and the 6 month pending status criteria was not applied correctly, contact the applicant to verify there have not been any changes. Document “Re-opened” under Action Taken and “C/I Documentation” under Reason/Explanation, and
  - a. Open an administrative new application case according to instructions for improper denial/termination in MA-2304/MA-3215, Processing the Application or Work First Section 130, Application Processing.
  - b. The date of application is the original date of application.
  - c. Pend the application according to MA-2504, Citizen/Alien Requirements/MA-3550, Citizenship Requirements and MA-2304/MA-3215, Processing the Application or Work First Section 111, Citizenship/Immigrant Rules and Work First Section 130, Application Processing.
  - d. Send a DMA-5097/5097s, Request for Information. For Work First, send a DSS-8146A/8146sp.

### **C. Redetermination/Review Requirements**

1. When Citizenship/Identity evidence is not on file, cannot be obtained by a recipient and the recipient has made a good faith effort, or the county has not received documentation or a response from an inquiry made to assist the client,
  - a. Complete the redetermination/review if all other requirements are met except for those items listed in MA-2320, Redetermination of Eligibility/MA-3420, Re-enrollment or Work First Section 201, Reviews for Work First Family Assistance and Work First Section 130, Application Processing.
  - b. Flag the case with Special Review Code “Z”, using the third month of the certification period as the date to follow up.
  - c. If the recipient has not provided documents but continues to make a good faith effort, re-enter Special Review Code “Z” in EIS and extend the period for another 3 months using the sixth month of the certification period as the date to follow up.
2. Terminate the case/delete the individual at the end of the certification period when a response is received indicating that no C/I documentation



is found or the recipient is not continuing a good faith effort to obtain the documents or provide the county with information needed to assist in obtaining documentation. For redeterminations/reviews with a 12 month certification period, repeat steps outlined in VI.C.1. above, flagging cases for the ninth and twelfth month.

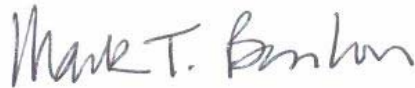
#### **D. Instructions**


1. Pull the case listed on the report.
2. Review the case record to determine if the individual's redetermination was completed and flagged for follow up according to MA-2504/MA-3330, Citizenship Requirements. For Work First cases, refer to Work First Section 210, III., for instructions for handling reviews.
3. For redeterminations/reviews with a 12 month certification period, flag appropriate cases for follow up for the ninth and/or twelfth month.
4. If so, document "None" under Action Taken and "Meets Denial/Termination Criteria" under Reason/Explanation. No further action is needed.
5. If a redetermination/review was terminated, or individual deleted from a case, and the 6 month follow up procedures were not applied correctly, contact the individual to verify there have not been any changes. Document "Re-opened" under Action Taken and "C/I Documentation" under Reason/Explanation, and
  - a. Open an administrative re-application according to instructions for incorrect denial/termination/deletion in MA-2304/MA-3215, Processing the Application or Work First Section 130, Application Processing.
  - b. Flag the redetermination/review according to MA-2504, Citizen/Alien Requirements/MA-3550, Citizenship Requirements, III.B.1.h. or Work First Section 201, Reviews for Work First Family Assistance.
  - c. Send a manual DSS-8108, Notice of Benefits. Notice text should state "There is a change in Citizenship and Identity law." Indicate that the State rules supporting this section are found in Section MA-2504/MA-3330, Citizen/Alien Requirements. For Work First, indicate the State rules supporting this action are found in the Work First Manual.
  - d. Send a DMA-5097/5097s, Request for Information. For Work First, send a DSS-8146A/8146Asp.

## VII. REDETERMINATION OF ELIGIBILITY

All re-opened cases with a 6 month certification period may be due for a review. A complete redetermination/review of eligibility is required. Refer to MA-2320, Redetermination of Eligibility/MA-3420, Re-Enrollment. For Work First, refer to Manual Sections 201, Reviews for Work First Family Assistance, and Manual Section 130, Application Processing.

If you have any questions regarding this policy change, please contact your Medicaid Program Representative or Work First Representative.



 L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance



Sherry S. Bradsher, Director  
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(This material was researched and written by Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit. Final review was completed by Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit and Sharon D. Moore, Policy Consultant, Work First Program, NC Division of Social Services.)