

Citizenship Verification and Identity Requirements for Medi-Cal¹

To be eligible for the full scope of Medi-Cal benefits, an individual must be a citizen or national of the United States or be an immigrant meeting certain qualifications.² Prior to July 2006, evidence to establish U.S. citizenship or U.S. national status was not generally required. However, the Deficit Reduction Act of 2005 (DRA) requires all states to collect documentation verifying citizenship of Medi-Cal applicants and recipients who are U.S. citizens in order to receive payment from the federal government for services to these people.³ In addition, Medi-Cal applicants and recipients were required in the past, and are still required to prove their identity.

Does this change affect non-citizen immigrants?

No. This law made no changes to non-citizen immigrants' eligibility for Medi-Cal. These individuals are not required to submit new or additional documentation other than that already required nor are there any changes in their eligibility for Medi-Cal coverage. The identification requirements for non-citizen immigrants have not changed either.⁴

Do all citizens have to meet the new citizenship documentation requirements?

No. Some U.S. citizens and nationals are exempt from the requirement to provide written documents verifying their citizenship.⁵ Applicants and beneficiaries in the following groups do not have to provide documentation to prove their citizenship:

- Current and Former Supplemental Security Income (SSI) beneficiaries (unless the termination was related to the individual's citizenship status).
- Social Security Disability Insurance (SSDI) beneficiaries, which include Pickles, Disabled Widow/Widowers, and Disabled Adult Children (DACs)
- Social Security Retirement and Survivors Insurance (RSI- Title II) beneficiaries who receive those benefits based on their own disability
- Medicare beneficiaries (including people in the 24-month waiting period)
- Persons deemed eligible for Medi-Cal because their mothers were on Medi-Cal at the time of their birth (even if they are no longer infants in the Deemed Eligibility program)
- Children applying for or receiving services through the Minor Consent Medi-Cal program
- Children receiving adoption assistance or foster care assistance
- Kin-Gap recipients (i.e. children in foster care living with relatives)
- Infants born in the U.S. and eligible under the Abandoned Baby Program
- CalWORKS beneficiaries⁶ (both children and parents receiving cash aid payments and/or supportive services).

In addition, individuals do not have to meet the new citizenship documentation requirements at the time that they establish presumptive eligibility or accelerated enrollment. This means that a child or pregnant woman can get temporary Medi-Cal quickly by applying using faster methods and will not have to provide proof of citizenship while the county is processing a full application. This includes Presumptive Eligibility for Pregnant Woman, Breast and Cervical Cancer Treatment Program, CHDP

Gateway, Single Point of Entry, the School Lunch Program and the Joint Application.⁷ However, this form of Medi-Cal is only temporary and evidence of citizenship and identity will be required for the county to determine ongoing full scope Medi-Cal eligibility unless the person is otherwise exempt from the documentation requirements.

What counts as acceptable documentation for non-exempt individuals?

Applicants and recipients who claim that they are citizens or nationals and who are not exempt must provide proof of citizenship and proof of identity. All documents must be either originals or certified copies.⁸ However, expired documents may be used in most cases.⁹

Federal law sets out a five-tier hierarchy for documentation. Tier one is documents such as passports which prove both citizenship and identity. Tiers two, three and four include successively less reliable groups of documentation to prove citizenship only. Tier five includes acceptable documentation of identity only.¹⁰ A chart with this information from the state Department of Health Care Services (DHCS) is attached to this issue brief. Consumers should start at tier one and go in order down the tiers to find information to prove citizenship and identity. If a consumer produces a document from a lower-level tier, counties are to assume that this is the best available evidence of citizenship and accept it.¹¹

The state has already matched automated birth records for many beneficiaries born in California through vital statistics databases and entered this information into the state's Medi-Cal Eligibility Data System (MEDS). Before asking for proof of citizenship, counties are required to determine if the information already exists in MEDS. Individuals with matching records have met the citizenship documentation portion of the requirement and do not have to provide any documents to prove citizenship, but they will need to provide documents to prove identity unless they are under 16 years of age. Those who were born in California who were not matched can give the county a non-certified copy of their birth certificate or complete a "request for California Birth Record" and then the county can request a birth record match. For those individuals not born in California, counties can request a vital statistics match from the individual's home state as is already done in the CalWORKS program.¹²

Sworn statements (affidavits) may be used to establish citizenship when no other acceptable documentation is available.¹³ The affidavit must be signed by two persons who have personal knowledge of the event establishing the claim of citizenship and at least one of those persons must not be related to the applicant or beneficiary. These persons must also be able to prove their own U.S. citizenship and identity.¹⁴

When must individuals provide documentation?

The timing of this requirement is different for new applicants than for people already receiving Medi-Cal. Non-exempt applicants will not be covered by full-scope Medical until they provide documentation of citizenship and identity. For current beneficiaries, documentation is requested at the date of their next redetermination if they are not exempt and if acceptable documentation is not already in their file. Both applicants and beneficiaries must be given a reasonable opportunity to provide the required documentation.¹⁵

Providing this documentation is a **one-time requirement** for applicants and beneficiaries.¹⁶ Counties are required to maintain records of the receipt of these documents for future use and for inter-county transfers. This one-time requirement applies even if a beneficiary moves from another county or state or has a break in aid.¹⁷

What are the documentation procedures for applicants?

Persons filing a new application for Medi-Cal who are not exempt from these documentation requirements need to provide proof of citizenship and identity within 45 days, or 90 days if they are alleging a disability, after they submit a Medi-Cal application.¹⁸ However, if the applicant is making a good faith effort to obtain these documents, counties must allow the applicant a reasonable opportunity of time to do so.¹⁹ Therefore, applicants should not delay filing a Medi-Cal application because they do not have the necessary documentation. They will be given a reasonable opportunity to do so and will be able to preserve their application date so they can have Medi-Cal for the month of application and potentially three months prior if they are found eligible.

Applicants will not begin receiving benefits until acceptable documentation is provided unless they are in an accelerated enrollment or presumptive eligibility program. Once documentation is provided, applicants will receive full scope Medi-Cal back to the date of application (for up to one year) plus any applicable retroactive coverage period.²⁰ The applicant is entitled to reimbursement for medical and dental expenses during this time period.²¹ If the documentation is provided after one year from the application date, full scope Medi-Cal will begin the first of the month in which the documentation was provided.²² Restricted Medi-Cal for emergency services or pregnancy-related care is available to otherwise eligible citizens who cannot present the required documents or who stop making a good faith effort to do so.

What are the documentation procedures for beneficiaries?

People already receiving Medi-Cal (beneficiaries) who are not exempt from the citizenship documentation requirement must be given a reasonable opportunity to provide the required documentation.²³ They will be asked for citizenship documentation, if they are not exempt and no vital records match is made, at their first annual redetermination after this requirement is implemented. Until then, they are not subject to the new requirement. Once their next scheduled annual redetermination begins, beneficiaries remain eligible for full scope Medi-Cal as long as they are making a good faith effort to provide the documentation even if the time period for redetermination has passed.²⁴

If a person is being added to a Medi-Cal Family Budget Unit that is already eligible for Medi-Cal the new person is considered a beneficiary and receives ongoing Medi-Cal during the reasonable opportunity period.²⁵ Beneficiaries who meet all of the other Medi-Cal requirements can be discontinued from full scope Medi-Cal and moved to restricted Medi-Cal only if they stop making a good faith effort and only after they are given adequate and timely notice with the opportunity to appeal.

If these otherwise eligible beneficiaries are then later able to provide documentation within one year, they will be moved back to full-scope services and will be reimbursed for services not covered by restricted-scope Medi-Cal within the past year.²⁶ If documentation is provided after one year, they will be given full scope Medi-Cal on the first of the month in which the documents are produced.

Who may accept an applicant or beneficiary’s citizenship documentation?

In addition to county eligibility staff, Federally Qualified Health Centers and Disproportionate Share Hospitals may arrange to collect documentation.²⁷ Otherwise, applicants and beneficiaries will likely have to work with their eligibility workers to satisfy this requirement. Some counties will be setting up special worker stations and hours so that applicants and beneficiaries can present their documents in a more convenient manner. While permissible, applicants and beneficiaries should be discouraged from mailing original copies of their documents to county social services offices. They should be encouraged to request a receipt establishing that they submitted the documents.

What counts as a “good faith effort”?

An applicant or beneficiary is considered to be making a good faith effort if he or she demonstrates efforts to obtain and present satisfactory documents. “Good faith effort” is determined on a case-by-case basis depending on how much time the person needs to obtain the required information.²⁸ Counties are required to follow up with the individual if information is not provided in the allotted time. Examples of a proof of a good faith effort include: a copy of a request for a document, a copy of a check for a document, verbal or written updates on efforts and progress obtaining a document, or verbal or written explanations of attempts to locate to people who can provide affidavits. Counties must accept and retain in the file all reasonable information provided to show individuals are trying to obtain the necessary documentation. Advocates must ensure that applicants and beneficiaries do not have their Medi-Cal services unnecessarily terminated or reduced to restricted Medi-Cal just because they are having difficulty locating the appropriate documents.

What counts as “reasonable opportunity”?

DHCS has defined a reasonable opportunity as the time needed for the applicant or beneficiary to obtain valid documentation of citizenship and identity based on the person’s individual circumstances and ability to obtain the documentation and their good faith efforts.²⁹ Practically, for applicants, the reasonable opportunity period lasts only one year or the applicants may be forced to pay for the services received during this time period. For beneficiaries, the reasonable opportunity period and their Medi-Cal benefits should continue as long as they are making a good faith effort to obtain the necessary documents.

What assistance are counties required to provide?

Counties are required to provide reasonable assistance to applicants and beneficiaries in obtaining documentation of citizenship and identity.³⁰ This includes advising individuals on what documentation is needed, explaining what counts as a good faith effort, determining possible acceptable documentations based on individual circumstances, and directing individuals to the appropriate agency to obtain the documentation. Counties must provide heightened assistance to applicants and beneficiaries incapable of acting on their own behalf to provide the required information. These individuals include persons who are homeless, mentally impaired, or physically incapacitated. Examples of heightened assistance include contacting family members, current or past health care providers, or social services agencies that may have provided assistance to these individuals.³¹

What are the specific requirements for counties in providing reasonable assistance?³²

For both applicants and beneficiaries who are not exempt, counties must first conduct *ex parte* reviews of databases and county files. This means they must search all files available, including Food Stamps, CalWORKS, SSI, and other databases and files, before contacting the applicant or beneficiary. This includes checking to ensure that the required information has not already been provided. If documentation has not already been provided, then the counties are to proceed with the following steps:

- If the individual was born in California, the county workers must submit a request for a State birth records match and if they cannot obtain a match, then they must contact the applicant by phone to obtain additional information. The county must continue processing the application even if the person does not respond to this call.
- Review county eligibility files and records to identify any evidence of citizenship or identity that has already been provided to programs such as CalWORKs, Foster Care, IHSS or Food Stamp files.
- If the individual received public assistance in another county, workers in the new county must contact the prior county to see if acceptable documentation exists.
- County workers must attempt to reach the person by phone to advise her/him on the need for the documentation.
- If there is no response to this phone call, the county must then send a form highlighting the needed information.
- If the applicant or beneficiary does not respond to the written notice within 10 days the county is to make a second attempt to reach the person by telephone.
- All steps should be documented in the person's file.

After all of these steps have been completed, if the necessary documentation has not been found or received and the applicant or beneficiary is not making a good faith effort, then the county can send a Notice of Action to deny or terminate full scope eligibility and indicate that the person is only eligible for restricted Medi-Cal.

When do children move from Medi-Cal to Healthy Families?

Children should not be moved from Medi-Cal to Healthy Families just because they cannot provide sufficient evidence of citizenship or documentation to satisfy the Medi-Cal requirements.³³ If, however, any child moves from no share-of-cost Medi-Cal to Medi-Cal with a share of cost at redetermination, then the county must provide Medi-Cal “bridge coverage,” or “presumptive eligibility” into Healthy Families if the family has consented.³⁴ Remember, beneficiaries should continue to receive full scope Medi-Cal as long as they are making a good faith effort to provide the documentation.

What are the special considerations for pregnant women?

Pregnant women who get Medi-Cal quickly through their providers or the counties under the presumptive eligibility program are not subject to the evidence of citizenship and identity requirements until the county processes their eligibility for ongoing Medi-Cal.³⁵ To avoid any lapse or delay in care, pregnant women visiting the county welfare office should be advised immediately about the presumptive eligibility program and how to apply. Presumptive eligibility will cover pregnancy-related services but not labor, delivery, and hospitalization. An otherwise eligible woman may be reimbursed for the costs of labor, delivery, and hospitalization once she provides acceptable documentation, or she may opt to receive restricted scope services instead. Advocates must ensure that pregnant women are advised that they have the right to say they will not provide the citizenship documentation which still leaves them eligible for restricted scope Medi-Cal.³⁶ A good cause exception may be applicable if a pregnant woman states that she will not provide the documentation so that she can receive restricted Medi-Cal but is later able to secure the required documentation for full-scope benefits.³⁷ This would enable her to get coverage back to the date of application and possibly retroactive coverage as well.

Is citizenship documentation required when a family submits the joint Medi-Cal/ Healthy Families applications to the Single Point of Entry?

When a child or pregnant woman submits a joint application to the Single Point of Entry in Sacramento, the child may be enrolled presumptively into Medi-Cal. When counties receive notification of enrollment of such a child in MEDS using the joint application, the child has presumptive eligibility and is not yet subject to the citizenship documentation requirements. To meet the citizenship and identity documentation requirements, counties must first check to see if this information has already been verified. If there is a birth record match and if the child is under the age of 16, no further documentation is required because the application, signed under penalty of perjury constitutes attestation of the child’s identity.³⁸

What happens to otherwise eligible applicants and beneficiaries who cannot provide documentation?

Some persons, through no fault of their own, simply do not have the required documentation or are incapable of communicating the necessary information to locate such documentation. If the

person has evidence of their citizenship, but the evidence is not on one of the tiers of acceptable documents, this information should be forwarded both to the county eligibility worker and the state Department of Health Care Services. If the person has unacceptable evidence or no evidence of citizenship, please contact the National Health Law Program or Western Center on Law & Poverty for further assistance.

Advocacy Tips:

A. Getting documents/ Keeping beneficiaries on Medi-Cal

1. Is the person a citizen? Be sure that your client is a U.S. citizen or national. Remember, the DRA does not require anything new from non-citizen immigrants.

If your client is uncertain of his/her immigration or citizenship status, help your client by asking about place of birth, parents' citizenship, and various places that s/he spent childhood years. Not all clients know that they are U.S. citizens by virtue of their birth in the U.S. or that s/he may be able to claim derivative citizenship through a citizen parent.

2. Is the person exempt? Be sure that your client is not in one of the exempt categories.
3. Was the person born in California? If so, the eligibility worker may already have an electronic copy of their birth certificate or may be able to get one.
4. Has the person traveled outside the country? S/he may have a forgotten, expired passport that could be used.
5. Was the person on CalWORKS or other program previously? Since the documentation requirements should be a one-time activity, be sure to ask your client about previous receipt of benefits such as CalWORKs, when these benefits were received, and in what county the client lived at the time. Uncovering this information could save your client a good deal of time and money and give the county worker a better idea of where to look for previous compliance with this documentation requirement. Keep in mind that some family members may have complied in the past and others did not. Also, some family members may be exempt but not yet identified as exempt from the requirements.
6. Maintaining Medi-Cal for beneficiaries. If your client must obtain proof of citizenship or identity, encourage your client to maintain her good faith efforts. If she is a current beneficiary and maintains her good faith efforts, she will remain in full-scope Medi-Cal. Encourage clients to keep copies of correspondence or write down names, dates, and other information showing that they are attempting to comply with this requirement. Clients should be prepared to present this proof of efforts to county workers.

7. For pregnant women or emergency needs. If your client is pregnant or experiences an emergency medical need that would be covered under restricted scope Medi-Cal, advise your client of her right to tell her worker that she is unable to continue her good faith effort to locate the necessary documents. This will allow your client to receive restricted scope benefits to cover emergencies, labor & delivery. Then assist your client in submitting the required documentation within one year of the date of her application to Medi-Cal. Once she submits the documents, be sure that her Medi-Cal is retroactively changed to full scope. If there are outstanding bills that were not covered under restricted scope Medi-Cal, you can advise or assist the client in submitting her new full scope Medi-Cal information to the providers. If your client paid for services that would have been covered under full scope Medi-Cal advise or assist her in how to obtain reimbursement. If you or your client needs additional help in handling reimbursement issues, call your local Health Consumer office.

B. How to submit documents

Discourage clients from sending original documents to the county welfare office. Find out what locations and procedures your county has for accepting these documents. If the client is unable to take time off from work or does not have transportation to take the documents, the client should send a trusted friend or neighbor with the documents.³⁹ Encourage them to get a receipt. Check if the county has implemented the process for submission of documents at Federally Qualified Health Centers and advise accordingly.

C. How to work with your county.

Encourage your county and agencies in your county to assist beneficiaries with the costs of obtaining these documents.

FOOTNOTES

- 1 ACWDL 07-12, available at <http://www.dhs.ca.gov/mcs/mcpd/MEB/ACLs/PDFs/ACWDLs/2007ACLs/10thru19/c07-12.pdf>.
- 2 The DRA did not change documentation requirements for immigrants seeking Medi-Cal coverage, and this issue brief will not discuss the documentation requirements for people applying as immigrants.
- 3 42 U.S.C. §§ 1396(b)(i)22 and 1396b(x); Calif. Welf. & Inst. Code § 14011.2(e).
- 4 The requirements for verification of identity for non-citizen immigrants can be found at 22 C.C.R. § 50167 and ACWDL 97-20.
- 5 ACWDL 07-12 at 8.
- 6 CalWORKS beneficiaries are not statutorily exempt; however, documentation used for CalWORKS eligibility is sufficient to prove citizenship and identity making these beneficiaries effectively exempted from these requirements. ACWDL 07-12 p. 36.
- 7 ACWDL 07-12 p. 9.
- 8 Id. p. 33.
- 9 Id. p. 16.
- 10 See Id. pgs. 11 – 13.
- 11 Id. p. 16.

- 12 Some counties already have plans to use and pay for this procedure, although it is not explicitly required of them by the state.
- 13 ACWDL 07-12 p. 35.
- 14 Id.
- 15 Id. at 16.
- 16 Id. at 6, 7 and 34.
- 17 Id. at 34.
- 18 Id. at 17.
- 19 Id.
- 20 Id. at 16.
- 21 Id. at 7.
- 22 Id.
- 23 Id. p. 17.
- 24 Id. pgs. 17 and 18.
- 25 Id. p. 11.
- 26 Id. p. 32.
- 27 Id. p. 31.
- 28 Id. p. 18.
- 29 Id. pgs. 16 - 17.
- 30 Id. p. 19.
- 31 Id. p. 28.
- 32 See ACWDL 07-12 pgs. 22 – 25.
- 33 The Medi-Cal and Healthy Families documentation requirements are slightly different.
- 34 ACWDL 07-12 p. 10.
- 35 Id. p. 29.
- 36 This must be done on a case-by-case basis and the woman must be well informed to make the decision that makes the most sense for her. Restricted Medi-Cal will cover labor, delivery, and hospitalization for childbirth. Restricted Medi-Cal will not cover services that are not deemed an emergency or unrelated to the pregnancy and childbirth. On the other hand, if a woman provides proper documentation and receives full-scope Medi-Cal, she may be immediately enrolled into a managed care program. If this is near the time she is to give birth, she may not want to interrupt the continuity of care. A woman who has no time to obtain her documentation as her delivery date is near, but is sure that such documentation exists, may want either restricted scope services to ensure that the hospital bill is timely paid and not sent to a collection agency, or may simply wait to provide documentation, as long as it is within the one-year reasonable opportunity period.
- 37 ACDWL 07-12 p. 32.
- 38 Some counties and most application assisters and community enrollment entity also use the joint application. If the family submits the joint application to the county, there is currently no mechanism to enroll the child into presumptive eligibility, although the state and counties are developing procedures to do so. This means that the joint application itself does not guarantee the child presumptive eligibility.
- 39 The ACWDL clearly states that “counties must permit applicants and beneficiaries to submit original documents without appearing in person at a county office. Documents may also be submitted by a guardian or authorized representative of the individual.” ACWDL 07-12, p. 33. Since the ACWDL gives no guidance as to who constitutes an authorized representatives, selection of that individual should be at the beneficiary’s discretion and no proof of authorization should be needed.