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Non-Financial Eligibility - Introduction

Both SSI recipients and non-SSI individuals must meet the non-financial eligibility criteria at initial application, redetermination, and throughout their eligibility period. Criteria that are subject to change must be reevaluated at each redetermination and when changes in the individual's situation occur. Failure to meet a non-financial requirement will result in ineligibility for AG and/or Medicaid. See Chapter D-1 for the definition of SSI recipient.

Each non-financial eligibility factor listed in this chapter must be evaluated and documented on the Evaluation of Eligibility. The documentation must state that the applicant meets or does not meet the nonfinancial eligibility requirements.

1. Identity

Because of the growing problem of identity theft and false identity situations, each applicant is required to present documentary evidence of his/her identity. The worker must be certain the individual is who he/she claims to be (i.e., that the person existed and continues to exist). Identity evidence must:

- Have been issued at a later time and for a different purpose than the birth record; and
- Be of recent issuance to establish the individual's continued existence.
 - Generally, "recent" means a current, unexpired document.

Note: A birth record establishes a fact of birth (i.e., that the person was born) and the legal name at birth. It is not sufficient evidence to establish identity for AG purposes because it does not establish the person's continued existence. Therefore, AG does not accept a birth record as an identity document because it is not adequate evidence to show that the person is still alive. AG needs evidence that shows the individual continues to exist beyond the date of birth up to the present time.

1.1. Verification

An individual's identity must be verified at initial application and reapplication. Identity does not have to be reverified at redetermination, if it was previously verified.

SSI and SSA recipients' identity has been verified by SSA and does not have to be reverified.

Documents that are acceptable as verification of identity for non-SSI and non-SSA recipients are listed in two groups based on their relative probative value: primary verification and secondary verification.

- Primary verification documents have the highest probative value. They provide reliable evidence of an individual's identity.
- Secondary verification documents have lower probative value. They are less reliable sources of identity verification.

1.1.1. Primary Verification Documents

The individual must submit the document with the highest probative value when it is available. If the individual states the document with the highest probative value is expired or lost but can be replaced within 10 business days, the individual must obtain a current copy of the document.

Note: An alien's identity and alien status cannot both be verified by one document. Two documents are required, one for identity and one for alien status.

U.S. CITIZEN	ALIEN
<p>Primary Evidence</p> <ul style="list-style-type: none"> • U.S. driver's license (not expired) • U.S. State issued non-driver identity card (issued by the same State agency which issues driver's licenses and not expired) • U.S. Passport (not expired)* <p>*For evidence of identity purposes, the passport must be currently valid (i.e., not expired).</p>	<p>Primary Evidence</p> <p>A current U.S. immigration document AND an unexpired foreign passport.</p> <ul style="list-style-type: none"> • Form I-551, Permanent Resident Card (includes temporary I-551 stamp/machine readable immigrant visa (MRIV) in combination with an unexpired foreign passport when the I-551 Permanent Resident Card has not yet been issued) • Form I-94, Arrival/departure Record in combination with an unexpired foreign passport • Form I-766, Employment Authorization card • Form I-688B, Employment Authorization card • Form I-872, American Indian Card (see RM 00203.430A.3.; this card is issued only to members of the Texas Band of Kickapoos) <p>Note: In some cases, the alien may have a current immigration document</p>

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U.S. CITIZEN	ALIEN
	but not have foreign passport (e.g., a refugee or when the applicant entered the U.S. without inspection or has an American Indian Card). In these situations accept the immigration document alone.

1.1.2. Secondary Evidence Documents

If primary evidence is not available (available means the document exists and the applicant can access or obtain it within 10 business days), request a secondary evidence document.

U.S. CITIZEN	ALIEN
<p>Secondary Verification</p> <ul style="list-style-type: none"> • U.S. military identification card (DOD Common Access Card) (active duty, retiree, national guard, or dependent) • Certificate of Naturalization • Certificate of U.S. Citizenship • U.S. Indian Tribal card approved by your AG consultant as an acceptable identity document • U.S. government employee identification card (Form OF-55, U.S. Government Identification, or other document issued by the employing agency) 	<p>Secondary Verification</p> <p>When the applicant was not issued a U.S. immigration document, but meets the requirements for an SSN for non-work reasons, then any one of the following documents may be accepted as verification of identity:</p> <ul style="list-style-type: none"> • U.S. driver's license (not expired) • U.S. State issued identity card (issued by same State agency which issues driver's licenses and not expired) • Canadian Band card (Certificate of Indian status) issued to Indian members of Canadian tribes • Marriage document

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U.S. CITIZEN	ALIEN
<ul style="list-style-type: none"> • Non-government employee identity card/badge card showing the applicant's name and either a photograph or the applicant's DOB • Marriage document showing in addition to the applicant's name either the applicant's DOB or age • Medical record (clinic, doctor, or hospital) showing, in addition to the applicant's name, the applicant's DOB or age <p>NOTE: a receipt or a record of treatment recorded and maintained by the applicant or the applicant's family is not acceptable</p> <ul style="list-style-type: none"> • Health insurance (other than a Medicare or Medicaid card) showing in addition to the applicant's name either a photograph of the person or the person's DOB (card must be current) • Life insurance policy for the person showing his/her age or DOB 	<ul style="list-style-type: none"> • Medical record (clinic, doctor, or hospital) <p>NOTE: A receipt or a record of treatment recorded and maintained by the applicant or the applicant's family is not acceptable.</p> <ul style="list-style-type: none"> • Health insurance (other than a Medicare or Medicaid card) showing, in addition to the person's name, either a photograph of the person or his/her DOB • Life insurance policy for the person showing his/her age or DOB

1.1.3. No Available Primary Or Secondary Verification Document

When no primary or secondary verification document is available, (available means the document exists and the applicant can access or obtain it within 10 business days), handle on a case-by-case basis. Consult with the supervisor to see if the other verification of identity the individual has might be acceptable. The supervisor must consult with the AG consultant to determine if it is acceptable. The AG consultant will use the SSI guidelines located at <http://policy.ssa.gov/> to determine if the verification is acceptable.

1.1.4. List of Unacceptable Documents

The documents on the following list are not acceptable as verification of identity and cannot be used. These documents are generally issued based on the individual's statement.

- Library card
- Vehicle registration
- Voter's registration
- Rental or lease agreement or receipt
- Credit card (with or without a photo)
- Shopping card (e.g., grocery store, warehouse store)
- Check cashing card
- Organization membership cards
- Bank deposit slip
- Telephone/Utility bill
- Fishing/hunting license
- Identification cards issued by local sports teams
- Form W-2
- Any document issued by World Service Authority
- Any identity card/document issued by a commercial firm (e.g., United States Identification card produced by the commercial firm United States Identification Card Systems, Inc.) because it is based on the purchaser's allegation alone

- Any identity card/document issued by a fictitious governmental organization or a private organization that purport to be governmental organizations (e.g., Moorish Consulate, Moorish

National Bureau of Vital Statistics) because it is based on allegation alone

- Any document that is completed by the applicant (such as a blank immunization form where the parent or applicant completes the information identifying the individual).

1.1.5. Questionable Documents

If an identity document does not appear to be authentic, attempt to verify its authenticity with the issuing source. Photocopy both sides of the document. Make sure all information on the document can be read on the photocopies. If any information is not legible, write the information on the photocopy. Return the original document to the applicant and send the photocopy of the document to the issuing source to request verification.

1.1.6. Responsibility for Verification

The responsibility for providing acceptable verification of identity remains with the individual. If the issuing authority does not respond within appropriate processing time frames or confirms that the document is false, give the individual an opportunity to provide additional verification.

1.1.7. Document Does Not Establish Identity

If, after all attempts to verify identity, it appears that an applicant is not who he or she purports to be and cannot satisfactorily explain the discrepancy or the document submitted cannot be verified by the issuing agency, the AG application must be denied.

Tell the applicant that if he or she later obtains sufficient documentation to establish his or her true identity, he or she must reapply.

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2. Covered Groups

An individual must meet an AG covered group in order to be eligible for AG. The AG covered groups are aged, blind and disabled. An individual's relationship to a covered group must be verified as directed below.

2.1. Aged

"Aged," means age 65 years or older. An individual must be age 65 or older to meet the aged covered group.

Note: An aged individual's Medicaid Aid Category is "012".

2.1.1. SSI/SSA/Railroad Retirement/Medicaid Recipient

An individual who receives SSI, SSA, Railroad Retirement or Medicaid as aged meets the aged definition for AG. Verify the individual's SSI/SSA eligibility via SVES (State Verification Exchange System). Verify the individual's Railroad Retirement based on age 65 or older through documentation provided to him by the Railroad Retirement Board (RRB) or by contacting the RRB at (877) 772-5772. Verify Medicaid eligibility as aged through documents in the case record.

Note: An individual whose SSI payment has been suspended is **not** considered an "SSI recipient" throughout the suspension period. An individual who has been classified as "presumptively" eligible for SSI is **not** considered an SSI recipient for AG or Medicaid purposes.

2.1.2. Mandatory SSI Applicant

An individual whose income is less than the Federal Benefit Rate (FBR) is required to apply for SSI. The individuals' age can be verified through the SSA program.

2.1.2.1. Initial Application

His application will be held pending until an SSI decision is made or the 45th day of the application period, whichever occurs first. If a disability decision has not been made by the SSA program within the 45 day processing period, the applicant will be evaluated as a Non-SSI individual using Non-SSI AG policy.

2.1.2.2.Redetermination/Change

His grant will be suspended until an SSI decision is made *or* by the 30th day from the date of receipt of a renewal or change, whichever occurs first.

If an individual was receiving AG assistance under the disabled covered group and later turns age 65, change the covered group from disabled 052 to age 012.

2.1.3. Non-SSI/Non-SSA Individual

For an individual who is not an SSI or SSA recipient, establish individual's age by his birth certificate. If the individual's birth certificate is not available, at least two other documents with information on age must be provided. Other documents may include a family bible, an insurance policy, a baptismal record, a census record, a marriage record, or a child's birth certificate.

2.2. Blind

Blindness is defined as having central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. Blindness can be determined by an ophthalmologist, optometrist, or any physician who can evaluate visual acuity as well as visual fields.

Note: A blind individual's Medicaid Aid Category is "032".

2.2.1. SSI/SSA/Medicaid Recipient

An individual who receives SSI, SSA, or Medicaid as blind meets the blindness definition for AG. Verify individual's SSI/SSA eligibility via SVES (State Verification Exchange System). Verify Medicaid eligibility as blind through documents in the case record.

Note: An individual whose SSI payment has been suspended is **not** considered an "SSI recipient" throughout the suspension period. An individual who has been classified as "presumptively" eligible for SSI is **not** considered an SSI recipient for AG or Medicaid purposes.

2.2.2. Railroad Retirement (RR)

An individual who receives Railroad Retirement as blind meets the blindness definition for AG. Verify his blindness through documentation provided to him by the Railroad Retirement Board (RRB) or by contacting the RRB at (877)772-5772.

2.2.3. Mandatory SSI Applicant

An individual who is required to apply for SSI will have his blindness determined by the SSA program.

2.2.3.1. Initial Application

His application will be held pending until an SSI decision is made or the 45th day of the application period, whichever occurs first. If a disability decision has not been made by the SSA program within the 45 days processing period, the applicant will be evaluated as a Non-SSI individual using Non-SSI AG policy.

2.2.3.2. Redetermination/Change

His grant will be suspended until an SSI decision is made or by the 30th day from the receipt of the renewal or change, whichever occurs first.

2.2.4. Former SSA/SSI/RR Disability Recipient

An individual who received SSA/SSI disability benefits or RR total disability benefits due to blindness in one or more of the 12 months preceding the AG application and whose benefits were terminated for a reason other than no longer meeting the blindness requirement continues to meet the disability or blindness definition.

Verify his SSI/SSA blindness through SVES. Verify his RR status by contacting the RRB (877)882-5772.

2.2.5. Non-SSI/Non-SSA Individual

For an individual whose blindness has not been established, certification is required to meet the blindness covered group. Virginia no longer maintains a central registry of individuals who have been certified as blind or visually impaired. For an individual who alleges blindness or a visual impairment but does not receive SSI or Social Security Disability

Income benefits, refer the individual to the Disability Determination Services (DDS) to request a determination of blindness.

2.3. Disabled

For an individual who is age 18 or older, disability is defined as the inability to do any substantial gainful activity (work) because of a severe, medically determinable physical or mental impairment which has lasted or is expected to last for a continuous period of not less than 12 continuous months, or which is expected to result in death.

Note: A disabled individual's Medicaid Aid Category is "052".

2.3.1. SSI/SSA Recipient

An SSI or SSA recipient who receives SSI or SSA as disabled meets the disabled definition for AG. Verify the individual's SSI/SSA eligibility via SVES (State Verification Exchange System).

Note: An individual whose SSI payment has been suspended is **not** considered an "SSI recipient" throughout the suspension period. An individual who has been classified as "presumptively" eligible for SSI is not considered an SSI recipient for AG or Medicaid purposes.

2.3.2. Mandatory SSI Applicant

An individual who is required to apply for SSI will have his disability determined by the SSA program.

2.3.2.1. Initial Application

His application will be held pending until an SSI decision is made or until the 45th day from the receipt of the application, whichever occurs first. If a decision is not made by DDS by the 45th day, the applicant will be evaluated as "not disabled". If the individual does not meet any other covered group, the application will be denied. The worker shall encourage the applicant to re-apply once a favorable disability decision is made. Retroactive coverage is not available in AG.

2.3.2.2. Redetermination/Change

His grant will be suspended until an SSI decision is made *or* by the 30th day from the date of receipt of the renewal or change.

2.3.3. Non-SSI/Non-SSA Individual - Disability Determined By Other Source

For an individual who is not an SSI or SSA recipient, the disability definition is met if he/she:

2.3.3.1.Receives Railroad Retirement Full Disability Benefits

The Railroad Retirement Board (RRB) makes disability determinations for railroad employees. “Total” disability determinations mean the individual is disabled for all regular work. “Occupational” disability means the individual is disabled for regular railroad occupation, but is not “totally” disabled. Only “total” disability meets the AG disability covered group.

Verify his disability by contacting the RRB at (877) 772-5772, or through documentation provided to the individual by the RRB.

2.3.3.2.Receives Medicaid Assistance As A Disabled Individual

Verify his disability status by documents in the case record.

2.3.3.3.Previously Received SSI, SSA or Railroad Retirement

If the individual received SSI, SSA or Railroad Retirement full disability benefits in one or more of the 12 months preceding the AG application, and whose benefits were terminated for a reason **other than** no longer meeting the disability requirement, the individual meets the disability requirements.

Verify his SSI/SSA disability status through SVES. Verify his RR status by contacting the RRB at (877)-772-5772.

2.3.3.4.Has Been Found To Be Disabled By The Disability Determination Services (DDS)

Verify his disability status by documents in the case record. If the individual alleges that he has been found to be disabled by the DDS but there is no disability determination on file, verify his status by contacting the DDS at 804-662-9222.

2.3.4. Non-SSI Individual - Disability Not Determined

An individual whose disability has not been established for a period covered by the AG application must be referred to Disability

Determination Services (DDS) for a disability determination. This includes

- Individuals who are not required to apply for SSI due to excess income, and
- Individuals whose established disability period did not include the AG application month.

2.3.4.1. Referral to Disability Determination Services (DDS)

The Disability Determination Services (DDS) is a division of the Virginia Department of Aging and Rehabilitative Services (DARS). DDS makes determinations of medical eligibility for disability or blindness benefits under Social Security (SS), Supplemental Security Income (SSI), Medicaid, and AG programs. DDS makes its determinations of “disabled” or “not disabled” based upon federal regulations. The same definitions of disability and blindness and the same evaluation criteria are used for all four programs.

The following three forms are required to make a referral to DDS to request a disability determination:

- Disability Report Adult SSA-3368-BK to be completed by the individual.

It is available at

<http://www.socialsecurity.gov/online/ssa-3368.pdf>

- Authorization to Disclose Information to the Social Security Administration to be completed by the individual.

It is available at

<http://www.socialsecurity.gov/online/ssa-827.pdf>

- DDS Referral Form to be completed by the worker.

It is available at FUSION website

2.3.4.1.1. Worker Responsibilities

The worker will send the “SSA Disability Report – Adult” and the “Authorization to Disclose Information to the Social Security Administration” forms to the individual within

five working days of receipt of the AG application, giving the individual a minimum of 10 days to return the completed forms.

2.3.4.1.1.1.Forms Not Returned

If the completed forms are not returned within 45 days from the date of application, the individual does not meet the disabled covered group.

2.3.4.1.1.2.Incomplete Forms Returned

Return the incomplete forms to the individual with a cover letter explaining what information is missing, the date by which they must be returned, and that the forms are required to determine his/her eligibility. Require the return of the forms within the original 45 day processing period.

2.3.4.1.1.3.Completed Forms Returned

When the completed forms are returned, review them to assure they contain the needed information. If incomplete, follow the procedure above.

Send the completed “SSA Disability Report – Adult,” the “Authorization to Disclose Information to the Social Security Administration,” and the “DDS Referral” forms to:

Disability Determination Services Regional Office assigned to the local DSS agency. See Appendix I.

2.3.4.1.1.4.DDS Processing Period

The DDS disability determination process is usually 90 days. The eligibility worker must report all changes in address, medical condition and earnings that occur during the pending application period to DDS. When an AG application is denied for a nonfinancial reason not related to the disability determination, DDS must be notified immediately.

If a disability determination cannot be completed within the allotted time, DDS will notify the individual directly and send a copy of the correspondence to the worker.

2.3.4.1.1.5.Individual Is Deceased

When an individual who applies for a disability determination dies or is deceased at the time of the AG application, the eligibility worker must immediately notify DDS of the individual's death and provide a copy of the death certificate, if available. DDS will determine if the disability requirement for AG eligibility was met.

2.3.4.1.1.6.Disability Determination Received

DDS will send the worker the individual's disability determination. The worker must complete the AG eligibility determination upon receiving notification of the individual's disability status.

The worker must send the individual DDS's Notification of Disability Determination along with the - Notice of Action (for AG). A copy of the disability notice must be retained in the case record.

2.3.4.1.2. DDS Responsibilities

The DDS must make a disability determination within a period within 90 days, provided all medical information has been submitted.

If a disability determination cannot be completed within the allotted time, the DDS will notify the individual directly of the delay and, if appropriate, the need for additional information. A copy of the DDS's correspondence to the individual will be sent to the local agency eligibility worker.

The DDS will advise the local agency of the individual's disability status as soon as it is determined. The DDS will send the eligibility worker a notice that is to be sent to the individual advising him of the outcome of his disability determination. The worker shall place a copy of the letter in the closed file if the application has been denied.

3. Virginia Residence

Individuals applying for AG and have not lived in Virginia for the minimum of 90 days must submit a written statement of intent to remain in Virginia form unless they meet an exception listed in Chapter C.3.2.

An individual's residence is the city or county within the state where the individual last resided outside of an institution. Institutions for purposes of this requirement are the following:

- Both public and private pay ALFs
- Nursing Homes

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- Intermediate Care Facilities
- Correctional Facilities
- Rehabilitation Centers
- Psychiatric Facilities
- Hospitals or other Medical Facilities

If the individual does not have residence in a Virginia locality or it cannot be determined where the individual last resided, the locality where the assisted living facility or adult foster care home is located is the individual's place of residence.

Individuals placed in an assisted living facility in another state do not retain Virginia residency.

An individual visiting in an area or who is there for another temporary purpose, such as hospitalization in a general hospital, is not considered to be living in the locality.

3.1. Verification

Residency is verified by using one of the following documents:

- Postmarked letters
- Public utility records or credit accounts
- Voter registration records
- Home or apartment lease
- Real property records
- Medical bills; or
- State or federal tax records.

NOTE: If an individual does not meet the 90-day residency requirements, a separate evaluation for Medicaid eligibility will need to be made at initial application for AG.

3.2. Exceptions to the 90-day residency requirement

Individuals who have moved to Virginia to join a close relative who has lived in Virginia for at least 90-days do not have to meet the 90-day residency requirement. A close relative is limited to the individual's parent, grandparent, grandchild, brother, sister, spouse, or child. The close relative shall furnish proof of residency as specified 3.1 of this section.

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The close relative shall furnish verification of kinship at the time of application using one of the following documents:

- Birth certificate;
- Proof of marriage; or
- Notarized affidavit,

The individual must be a resident of Virginia. An individual's residence is the city or county within the state where the person last lived outside an institution or an adult foster care home.

Note: Both public and private pay ALFs are considered institutions for AG purposes.

If the individual does not have residence in a Virginia locality or it cannot be determined where the individual last resided, the locality where the assisted living facility or adult foster care home is located is the individual's place of residence.

4. Fugitive Felons & Parole Violators Status

An individual cannot be eligible for AG if he/she is a fugitive felon or a parole violator.

He is ineligible for AG if he/she is

- **Fleeing to avoid prosecution or custody for a felony under the laws of the place from which the individual flees.**

To be considered "fleeing" an individual must have knowledge of an outstanding warrant. An individual must have an opportunity to document that he/she has fulfilled the requirements of the warrant,

- **Fleeing to avoid confinement after conviction for a felony under the laws of the place from which the individual flees, or**
- **In violation of a condition of probation or parole imposed under federal or state law.**

4.1. SSI Recipients

An SSI recipient's fugitive status was verified by the SSA program. No further verification is needed.

4.2. Non-SSI Individuals

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The individual's statement on the application that he/she is not a fugitive felon or parole violator will be accepted if it is not questionable.

If his statement is questionable or if he/she states he/she is a fugitive felon or parole violator or if a third party reports that he/she is, verify his status through the appropriate law enforcement agency.

4.2.1. Individual is a Fugitive Felon

4.2.1.1. Initial Application

Send a "Notice of Action" to deny the AG application and determine Medicaid eligibility based on the Medicaid Manual.

4.2.1.2. Redetermination/Change

Send a "Notice of Proposed Action (for AG)" and close the AG case. Determine Medicaid eligibility based on the Medicaid Manual.

5. Social Security Number

The individual must provide a valid Social Security number (SSN) or must provide proof of application for a Social Security number.

5.1. Verification

- The individual's Social Security number will be verified through the SVES system. Retain a copy of the SVES report in the case record.
- Proof of application for a Social Security number will be verified by contact with SSA or by receipt of SSA Form SSA-2853.

Note: Some information can be verified using SOLQ. Verify with SVES if information is not in SOLQ.

6. Level Of Care Assessment (Screening)

6.1. Adult Foster Care Home (AFCH) Assessment

- The family service specialist in the local department of social services shall assess the adult to determine the need for adult foster care home (AFCH) placement. A DMAS-96 is required for AG.

- Residents of an AFCH must be assessed at least once every 12 months. The twelve-month reassessment is based upon the date of the last assessment (e.g., original assessment, twelve-month reassessment, or assessment for change in level of care) and does not need to be performed in the same month as the financial eligibility redetermination.

6.2. Assisted Living Facility (ALF) Assessment

- All residents of and applicants to an ALF who apply for AG must be assessed, regardless of payment source or length of stay.
- Residents of an ALF must be assessed at least once every 12 months. The twelve-month reassessment is based upon the date of the last assessment (e.g., original assessment, twelve-month reassessment, or assessment for change in level of care) and does not need to be performed in the same month as the financial eligibility redetermination.

6.2.1 Assessors for Public Pay Individuals in an ALF Include The Following:

- Local Departments of Social Services;
- Area Agencies on Aging (AAA);
- Centers for Independent Living;
- Community Services Boards (CSB);
- Local Departments of Health;
- State facilities operated by the Department of Behavioral Health and Developmental Services (DBHDS)
- Acute care hospitals; or
- An independent physician contracting with DMAS to complete the UAI for ALF applicants and residents.
- Department of Corrections, Community Release Units

The above assessors may conduct initial assessments as well as annual reassessments with the exception of:

- State facilities operated by the DBHDS
- Acute care hospitals
- Department of Corrections, Community Release Units

6.2.2 An Assessment Of ALF Applicants And Residents Is A Process To:

- Evaluate the medical, nursing, developmental, psychological, and social need of each individual seeking ALF admission and continued placement;
- Analyze what specific services the individual needs; and
- Determine the level of care required by the individual by applying the criteria for ALF care. Two levels of care qualify an individual to receive services in an ALF, Residential Living and Assisted Living.
 - α Individuals meet the criteria for residential living when at least one of the following describes their functional capacity:
 - Rated dependent in only one of seven activities of daily living (ADLs) (i.e., bathing, dressing, toileting, transferring, bowel function, bladder function, and eating or feeding, or both);
 - Rated dependent in one or more of four selected instrumental activities of daily living (IADLs) (i.e., meal preparation, housekeeping, laundry, and money management); or
 - Rated dependent in medication administration.
 - α Individuals meet the criteria for assisted living when at least one of the following describes their capacity:
 - Rated dependent in two or more of seven ADLs; or
 - Rated dependent in behavior pattern (i.e., abusive, aggressive, or disruptive)

6.2.3 Uniform Assessment Instrument

Assessors use the “Uniform Assessment Instrument” (UAI) to record the outcomes of their assessments.

Assessors use the “Medicaid Funded Long-term Care Service Authorization (DMAS-96)” to notify the eligibility worker of the results of the initial assessments and the “Eligibility Communication Document” to notify them of the results of the annual redeterminations.

<https://www.viriniamedicaid.dmas.virginia.gov>

<https://fusion.dss.virginia.gov>

6.2.4 Procedures

6.2.4.1 Intake

The eligibility worker must have a copy of a “Medicaid Funded Long-term Care Service Authorization (DMAS-96)” in the case record to substantiate that the individual’s screening is in a current status. The worker does not need a copy of the UAI.

6.2.4.1.1 The DMAS 96 Must:

- Be signed by the assessor.
- For new residents, have been completed within 90 days prior to admission to the ALF.
- State that the “Medicaid Authorization Level of Care” is “11 = ALF Residential Living”, “12 = ALF Regular Assisted Living”.

6.2.4.2 Ongoing

The eligibility worker must have a copy of the “Eligibility Communication Document” in the case record to substantiate that the individual’s screening is in a current status.

6.2.4.2.1 “Eligibility Communication Document” Must:

- Be signed by the person that conducted the assessment.
- Have been completed within 12 months prior to the redetermination month.

6.2.5 Current Assessment Not On File

Eligibility cannot be determined without a DMAS 96 or an “Eligibility Communication Document” documenting an assessment has been done within the appropriate time frame.

- If the assessment has been completed, request a copy of the DMAS 96 from the agency that completed it.
- If the assessment has not been completed or the situation is unknown, send a written request for an assessment to the Adult Services Unit of the appropriate LDSS.
 - If one is received within the appropriate processing time frame, process the application.
 - If one is not received within the appropriate processing time frame, AG eligibility cannot be determined.

See Chapter B - 7 for application procedures and Chapter B - 8 for redetermination procedures.

7. Residence In An Assisted Living Facility Or An Adult Foster Care Home

The individual must be residing in an assisted living facility (ALF) that has been authorized to operate and is licensed by the Virginia Department of Social Services, or residing in an adult foster care home (AFCH) that has been approved by a local DSS.

Note: A group home licensed by the Department of Behavioral Health and Developmental Services is not eligible to be an auxiliary grant provider.

***Exception:** When an applicant meets all eligibility criteria except residence in an ALF or AFCH, the worker shall send the Notice of Action for AG informing the individual he is approved for AG pending placement in an approved setting. The individual will have 30 days from the date of the notice to move into an appropriate placement. The worker must verify residence as stated below in Chapter C Section 7 before AG payments may be disbursed. If placement is not confirmed within the 30-day time period, send Notice of Action for AG to deny the application.*

7.1. Residing In An ALF Or AFCH

An individual is residing in an ALF or AFCH if

- He is living in the ALF or AFCH at the time of approval of the application or

- He lived in the ALF or AFCH sometime during the period following the AG application but is not living there when action is taken on the application.

7.1.1. Verification Of Residing In An ALF

Verify an individual's residence in an ALF by:

- Telephone contact with the individual at the facility,
- A visit to the individual at the facility by a social services department employee during the month of application or renewal
- A statement from a department of social services worker that placement was made at the address on the ALF license for new applications, or
- A written statement from an individual unconnected to the ALF that the individual resides in the facility/home.

7.1.2. Verification Of Residing In An AFCH

Verify an individual's residence in an AFCH by

- A statement from the placing Department of Social Services' *family service(s) specialist* that the individual is in the foster care home.

7.2. Assisted Living Facility - Authorized To Operate

An ALF is permitted to operate when it is licensed by the Virginia Department of Social Services and authorized to accept AG residents by the Department for Aging and Rehabilitative Services with a signed provider agreement. The local agency shall continue to provide payments to an eligible resident as long as the ALF in which he/she is living is licensed and authorized.

7.2.1. Licensing Continues

A facility continues to be licensed when

- It is in the license renewal process.
- It is operating while appealing an adverse licensing decision.

The appeal process allows the appellant to pursue his appeal through VDSS and through a court hearing. The ALF continues to be licensed as long as it continues to appeal or until a final decision is made by the court.

- **It is operating during a change of ownership.**

An existing facility is permitted to operate during the first six months following a change in ownership as long as the new owner is fulfilling the licensure application requirements.

- **It is operating on a conditional license.**

7.2.2. Verification

Verify that the ALF is licensed to operate and is approved to accept AG recipients by the viewing the **AG Facilities Rates File** on the FUSION website. If the facility is not listed, the facility is either not approved to accept AG recipients or is no longer licensed.

If questions arise regarding a facility's licensing status, contact the Licensing Unit located in the field office serving the local DSS.

If questions arise about a facility's authorization to accept AG recipients, contact the AG consultant.

7.3. Adult Foster Care - Approved Home

An AFCH is "approved" when the staff of the local social services agency has determined that the home meets the required standards.

Note: Adult foster care is not offered in every locality. An individual who is residing in AFC in one locality must have AG eligibility determined and payment issued by the locality in which he or she lived prior to entering AFC (or another institution) even if the individual's locality of origin does not offer an AFC program.

7.3.1. Verification

Verify the home's status by contacting the social services unit that approved the home. Obtain a copy of the Agency Approved Provider Certificate.

7.3.2. Expiration of Approval Period

The expiration date for the approval period should be set for the last day of the month in which approval is granted and be two years hence unless the approval is emergency, provisional or suspended.

7.4. Residence Ends

An individual's residence in an ALF or AFCH and his eligibility for AG ends when

- He has been absent from the facility/home for 14 consecutive days. The 14 days begin the day following the day he/she left the facility,

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- He has been discharged,
- He has left the home without planning to return, or
- Medical evidence indicates he/she will not be returning.

7.4.1. Procedures

7.4.1.1. Initial Application

Determine eligibility for the period the individual was in the ALF or AFCH. Determine Medicaid eligibility for the period after he/she left the home based on the Medicaid Manual. Send the “Notice of Action (for AG)”.

See Chapter B - 7 for application procedures.

7.4.1.2. Redetermination/Change

Send a “Notice of Action (for AG)” to close AG case. Determine Medicaid eligibility based on the Medicaid Manual.

If an AG individual returns to the facility/home prior to the effective date of closure, the absence will not affect his eligibility or his grant amount.

See Chapter B - 8 for redetermination procedures and Chapter B - 9 for change procedures.

8. Relationship to SSI

AG is limited to individuals who are SSI recipients and those who meet all of the SSI eligibility requirements except for income. This requires that an individual’s SSI eligibility be evaluated. If an individual is ineligible for SSI for any reason other than income, the individual is ineligible for AG under SSI recipient policy guidelines.

The eligibility worker must determine if an individual has applied for SSI within the last 12 months and if so, the results of that application. Approval or denial of the application affects AG eligibility. If the individual has not applied for SSI within the last 12 months, the worker must determine if the individual must file an SSI application.

8.1. SSI Denial or Closure

If an AG individual has been denied SSI or the SSI case has been closed within the last 12 months due to any reason other than excess income, he/she is not eligible for AG. The SSI denial stands until a subsequent SSI decision is made.

8.1.1. Initial Application

Deny the AG application and determine Medicaid eligibility based on the Medicaid Manual. See Chapter B - 7 for application procedures.

If the individual's situation has changed and he/she appears eligible for SSI, recommend he/she reapply for SSI. Because the SSI denial stands until a subsequent decision is made, the AG application cannot be held pending beyond the 45 day processing period awaiting a new SSI decision.

8.1.2. Redetermination/Change

A Notice of Action (for AG) will be sent and the AG case will be closed. Determine Medicaid eligibility based on the Medicaid Manual. See Chapter B - 8 for redetermination procedures and Chapter B - 9 for change procedures.

8.1.3. SSI Granted Based On An Appeal

If AG is denied or closed because of an SSI denial/closure and SSI is later granted as the result of an appeal, the AG application must be reinstated and eligibility determined back to the original month of application or closure.

8.2. Mandatory Application for SSI

If the individual is not receiving SSI and has not applied for it within the last 12 months and he/she:

8.2.1. Does Not Appear To Meet SSI Income Standards

Individual is not required to apply for SSI. Eligibility for AG will be determined using the non-SSI individual eligibility rules.

8.2.2. Appears To Meet SSI Income Standards

The individual must apply for SSI. The worker must give the individual a dated written notice that he/she must apply for SSI and the date by which he/she must provide verification that he/she has applied. The individual will be given 15 calendar days to file the application and return verification of it to the agency. The 15 day period will begin the day following the day the written notice is hand delivered to the individual or two days after the notice is mailed to the individual.

Example:

The written notice to the individual is

- Hand delivered on the 2nd of the month, the application must be filed and verification provided to the agency by the 17th.
- Mailed on the 2nd of the month, the application must be filed and verification provided to the agency by the 19th.

8.2.2.1. Verification Of SSI Application

The individual must provide verification that he/she applied for SSI.

Acceptable verification:

- A “Receipt for Your Claim for Supplemental Security Income” issued to the individual by SSI.
- Other documents from SSI that verifies the applicant and application date.
- If the individual cannot provide verification of his application but states he/she has applied, the worker can verify the application by telephoning the Social Security Administration.

8.2.2.2. An SSI Application Was Not Filed Within 15 Days:**8.2.2.2.1. Initial Application**

Deny the AG application and determine Medicaid eligibility based on the Medicaid Manual.

See Chapter B - 7 for application processing procedures.

If the application is denied prior to the 45th day and proof of SSI application is received by the 45th day, the application must be reopened and eligibility determined. Use the procedure in Chapter C – 8.2.2.3.1.

8.2.2.2.2. Redetermination/Change

An Advance Notice of Proposed Action will be sent and the AG case will be closed.

Determine Medicaid eligibility based on the Medicaid Manual.

See Chapter B - 8 for redetermination processing procedures and Chapter B - 9 for change processing procedures.

If proof of SSI application is received before the effective date of closure, the case must be reopened and eligibility determined. Use the procedure in Chapter C – 8.2.2.3.1.

8.2.2.3. Application For SSI Was Filed Within 15 Days:

8.2.2.3.1. Initial Application

This requirement is met in the month the SSI application is filed. .

If the 15 days for making the SSI application ends during the month following the month of AG application, the worker will determine the individual's AG eligibility as a non-SSI individual for the month the AG application was filed.

Example: The AG application is filed on February 27. The SSI application is filed March 7. If the individual is found eligible for SSI beginning with March, the agency will determine whether the individual meets non-SSI AG eligibility requirements for February.

See Chapter B - 7 for application procedures.

8.2.2.3.2. Redetermination/Change

Process the redetermination/change. See Chapter B - 8 for redetermination procedures.

9. Citizenship and Alienage

An individual must be a United States citizen or a lawfully admitted alien to be eligible for AG. The individual must verify his status, sign the Affidavit of United States

Citizenship or Legal Presence in the United States and sign the Declaration of Citizenship/Alien Status form attesting to that status to meet this requirement. All citizens may be eligible but eligibility for aliens is limited to those that are determined "qualified aliens" as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

9.1. Declaration of Citizenship/Alien Status

The Immigration Reform and Control Act (IRCA) requires as a condition of eligibility that the adult applicant declare in writing under penalty of perjury whether or not he/she is a citizen of the United States, and if not a citizen, that the individual is a lawfully admitted alien. Individuals who fail or refuse to sign the "Declaration of Citizenship/Alien Status" are not eligible.

The declaration is part of the Application for Benefits and is completed by signing the application. The applicant or his authorized representative may sign the application/"Declaration of Citizenship or Alien Status" for the applicant.

9.2. Affidavit of United States Citizenship or Legal Presence in the United States

If an individual is unable to verify his/her citizenship/alien status **and** has not provided a valid Social Security number (SSN) but has provided proof of application for an SSN, he/she may sign an "Affidavit of United States Citizenship or Legal Presence in the United States" form and be considered to have met the citizenship/alien status requirements for a temporary period.

9.2.1. Temporary Eligibility Period

If all other eligibility factors are met, the individual may be eligible for either:

- Ninety days or until such time that it is determined that he/she is not legally present in the United States, whichever is earlier, or
- Indefinitely if the individual provides a copy of a completed application for a United States birth certificate that has been filed and is pending and is actively being pursued in any state, the District of Columbia, or U.S. territory, or commonwealth.
 - The temporary period will end upon the applicant's receipt of a birth certificate or a determination that a birth certificate does not exist or that the applicant is not a U.S. citizen.
- In most situations, the issuance of a birth certificate or a finding that none exists will occur within 60 days. Extensions beyond that period must be supported by verification from the issuing office of the reason for delay.

9.2.2. Overpayments

If it is found the individual is not a citizen or a legally present alien, the payments issued during the temporary period are overpayments due to the individual's error. See Overpayment, Chapter L, 5.2.

9.3. Citizenship And Naturalization

A citizen or naturalized citizen of the U.S. meets the citizenship requirement for AG eligibility. Verification of citizenship varies based on whether the individual was born inside or outside the United States.

9.3.1. SSI Recipient

SSI requires verification of citizenship prior to an individual's approval for an SSI payment. Verification that an individual is an SSI recipient verifies the individual's citizenship for AG. Verify the SSI recipient's SSI eligibility via SVES (State Verification Exchange System).

9.3.2. Non-SSI Individual

Citizenship must be verified by one of the documents listed in the chart below.

VERIFICATION OF CITIZENSHIP	
Document	Explanation
<p>A U.S. public birth record showing birth in:</p> <ul style="list-style-type: none"> • one of the 50 U.S. States; • District of Columbia; • Puerto Rico; • Guam (on or after April 10, 1899); 	<p>The birth record document may be issued by the State, Commonwealth, territory or local jurisdiction. It must have been issued before the person was 5 years of age.</p> <p>An amended birth record document that is amended after 5 years of age is not acceptable.</p> <p>NOTE: If the document shows the individual was born in Puerto Rico, Guam, the Virgin Islands of the U.S., or the Northern Mariana</p>

VERIFICATION OF CITIZENSHIP	
Document	Explanation
<ul style="list-style-type: none"> • Virgin Islands of the U.S. (on or after January 17, 1917); • American Samoa; • Swain's Island; or • Northern Mariana Islands (after November 4, 1986 NMI local time) 	<p>Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen.</p>
U.S. Passport	<p>Issued by Department of State. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, but must show a validity period of five or more years.</p> <p>NOTE: Young children were sometimes included on a parent's passport through 1980. U.S. passports issued after 1980 show only one person.</p> <p>EXCEPTION: Do not accept any passport as evidence of U.S. citizenship when it was issued with a validity period of less than 5 years. These are called "limited" passports.</p>
Certification of Report of Birth (DS-1350)	<p>The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S. citizenship at birth, based on the information shown on</p>

VERIFICATION OF CITIZENSHIP	
Document	Explanation
	the FS-240. When the birth was recorded as a Consular Report of Birth (FS-240), certified copies of the Certification of Report of Birth Abroad (DS-1350) can be issued by the Department of State in Washington, D.C. The DS-1350 contains the same information as the current version of the Consular Report of Birth FS-240. The DS-1350 is not issued outside the U.S.
Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)	Issued by the Department of State Consular Office. A Consular Report of Birth can be prepared only at an American Consular Office overseas while the child is under the age of 18. Often issued to children born outside the U.S. to U.S. military personnel.
Certification of Birth Abroad (FS-545)	Before November 1, 1990, Department of State consulates also issued Form FS-545 along with the prior version of the FS-240. In 1990, U.S. consulates ceased to issue Form FS-545. Treat an FS-545 the same as the DS-1350.
United States Citizen Identification Card (I-197) or the prior version I-179	INS issued the I-179 from 1960 until 1973. It revised the form and renumbered it as Form I-197 and issued it from 1973 until April 7, 1983. The I-179 and I-197 were issued to naturalized U.S. citizens

VERIFICATION OF CITIZENSHIP	
Document	Explanation
	living near the Canadian or Mexican border who needed it for frequent border crossings. Although neither form is currently issued, either form previously issued is still valid.
American Indian Card (I-872)	DHS issues this card to identify a member of the Texas Band of Kickapoos living near the U.S./Mexican border. A code "KIC" and a statement on the back denote U.S. citizenship.
Northern Mariana Card (I-873)	INS issued the I-873 to a collectively naturalized citizen of the U.S. who was born in the NMI before November 4, 1986. The card is no longer issued, but those previously issued are still valid.
Certificate of Naturalization (N-550)	DHS issued Certificates of Naturalization through Federal and State courts until December 1990 and through administrative naturalization after December 1990. DHS issues Certificates of Naturalization to people who are individually naturalized.
Certificate of Citizenship (N-560)	DHS issues Form N-560, generally upon request, to individuals who derive U.S. citizenship through a parent.

VERIFICATION OF CITIZENSHIP	
Document	Explanation
Certificate of Citizenship (N-561)	DHS issues Form N-561 as a replacement Certificate of Citizenship when the original N-560 has been lost, mutilated, or the person's name has changed.
Certificate of Naturalization (N-570)	DHS issues Form N-570 as a replacement Certificate of Citizenship when the original N-550 has been lost, mutilated, or the person's name has changed.

9.3.2.1. Citizenship Documents Not Available

If such documents are not available, citizenship must be verified through the nearest United States Citizenship and Immigration Services (DHS). Locations and telephone numbers are:

Norfolk Field Office
5678 E. Virginia Beach Blvd.
Norfolk, Virginia 23502
Telephone – 800-375-5283

2675 Prosperity Ave.
Fairfax, Virginia 22031-4906
Telephone – 800-375-5283

9.4. Alien Immigration Status

Eligibility for aliens is limited to those that are determined qualified aliens as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. That definition includes specific statuses that may qualify and identifies the additional requirements they must meet for eligibility. A chart identifying the requirements for an individual to be designated a qualified alien is in Chapter C - 9.4.3.1.

If an individual is not a qualified alien, he/she is ineligible for an Auxiliary Grant.

9.4.1. SSI Recipient:

SSI requires verification of an alien's immigration status prior to the individual's approval for an SSI payment. Verification that an individual is an SSI recipient verifies the individual's alien status for AG. Verify the SSI recipient's SSI eligibility via SVES (State Verification Exchange System).

9.4.2. Non-SSI Individual:

Verification of an alien's immigration status must be completed before eligibility can be established. Failure to provide the needed verifications will result in ineligibility for AG.

Verification is a multi-step process. The individual must provide information sufficient to establish his alien status and the eligibility worker must confirm that status through the DHS Systematic Alien Verification for Entitlements (SAVE) process.

Note: An alien's identity and alien status cannot both be verified by one document. Two documents are required, one for identity and one for alien status.

9.4.2.1. Verification

Step 1 - An alien must verify his immigration status by presenting the **original** version of an official document issued by the Department of Homeland Security (DHS). Photocopies of documents are not sufficient verification.

Review the documents provided and determine the action to take based on the following information.

If the alien has:

- A. Documents contain an A-Number in the "A60 000 000" or "A80 000 000" series, go to Step 3.
- B. Current DHS documents that verify his status go to step 2.
- C. An alien registration number but no DHS document verify his identity and go to Step 2.
 - If the alien does not provide verification of his/her identity, his immigration status cannot be

determined, and he/she must be considered an unqualified alien.

- D. No alien number and no DHS document, refer the individual to the DHS district office to obtain evidence of status. Give the individual a minimum of 10 days to provide verification of his status.
- Verification is provided, go to Step 2.
 - Verification is not provided, individual is not eligible for AG.
- E. An expired Resident Alien Card, I-551, go to Step 2.
- F. Any expired document other than an expired Resident Alien Card, I-551, go to Step 3.
- G. Only a letter from The DHS and the Office of Refugee Resettlement (ORR), it is necessary to obtain additional verification. These agencies issue letters that are used in lieu of or in conjunction with DHS forms to identify alien status. If the letter is the only document provided,
- For DHS letters, contact the local DHS office for assistance in identifying the alien's status. Go to Step 2.
 - For ORR letters, contact the toll-free ORR Trafficking Verification Line at 866-401-5510. Do not verify ORR letters via the SAVE system.
- H. DHS documents that do not have an Alien Registration Number (A Number) go to Step 3.
- I. A DHS Fee Receipt, go to Step 3.
- J. A Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is more than one year old, go to Step 3.
- K. A DHS application for or a change in status form, go to Step 3.
- L. A document that raises a question of whether DHS contemplates enforcing departure, go to Step 3.

Step 2 – The worker must obtain verification of the alien’s status through the DHS Systematic Alien Verification for Entitlements (SAVE) online system and compare it to the original DHS documents. This is the primary step in the SAVE process.

Once information has been obtained through SAVE, aliens with a permanent status are no longer subject to the SAVE process. Aliens with a temporary or conditional status are subject to SAVE at the time of application and at the time the temporary or conditional status is to expire.

- A. Complete a SAVE online inquiry. You will need the individual’s
 - Alien registration number. It begins with an “A” and should be displayed on the alien’s DHS document.
 - Name
 - Country of Origin
- B. Compare the results with the original DHS document.
 - If discrepancies are noted, go to Step 3. No negative action may be taken based on the automated verification only.
 - If the primary verification coincides with the DHS documents, go to Step 4.
- C. If the primary verification generates the message “Institute Secondary Verification” or “No File Found,” go to Step 3.
- D. The primary verification document must be filed in the case record.

Step 3 - The worker must obtain written verification of the alien’s status from DHS. This is the secondary step in the SAVE process. SAVE regulations, require, unless otherwise noted in Step 1, that the primary step, automated access, be attempted prior to initiating secondary verification.

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- A. Once the requirement to obtain secondary verification is determined, the agency must initiate the request within ten workdays.
- B. The agency will complete the top portion of a Document Verification Request Form (Form G845S) <http://www.uscis.gov> and attach
- Legible copies of the front and back of the alien DHS documents
 - Copies of other documents used to make the initial alien status determination such as marriage records or court documents.

The attachments must be stapled to the upper left corner of the G-845S form.

Form G-845S should be completed as fully as possible by the submitting agency. It is essential that the form contain enough information to identify the alien.

The G-845S Supplement may be used to request the period of continuous presence in the U.S.A.

- C. A photocopy of the completed G-845S form and the attached documents must be retained in the case record as evidence that the form has been forwarded to DHS.
- D. Mail the form to the nearest U.S. Immigration and Naturalization Service (DHS). Locations and telephone numbers are:
- Norfolk Field Office
5678 E. VA Beach Blvd
Norfolk, Virginia 23502
Telephone – 800-375-5283
-
- 2675 Prosperity Ave.
Fairfax, Virginia 22031-4906
Telephone – 800-375-5283
- E. Agency Action

When it is necessary to initiate a secondary verification, there may be a considerable period before the results of the secondary verification are available. Federal regulation 42 USC 1320b-7 specifies, "Pending such verification, the state may not delay, deny, reduce, or terminate the individual's eligibility for benefits under the program on the basis of the individual's immigration status." If the applicant meets all other AG & Medicaid eligibility requirements, go to Step 4.

Step 4 – Aliens must meet 2 requirements to be eligible for AG

- The non-citizen must be in a "qualified alien" group and
- Meet the additional requirements defined for his specific qualified alien group.

The **Qualified Alien Groups & Eligibility Requirements** chart in Chapter C - 9.4.3.1 identifies the alien groups that are considered to be "qualified aliens" and spells out the additional requirements each qualified alien group must meet. The worker will use that chart to determine the alien's eligibility status.

A. Member of Qualified Alien Group

- If individual meets the additional requirements, he meets the non-financial alienage requirements.
- If individual does **not** meet the additional requirements, the individual does not meet alien requirements and is ineligible for AG. Determine the individual's eligibility for Medicaid Emergency Services based on the Medicaid Manual, Volume XIII

B. Not a Member of Qualified Alien Group

- The individual does not meet alien requirements and is ineligible for AG. Determine the individual's eligibility for Medicaid Emergency Services based on the Medicaid Manual, Volume XIII.

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9.4.3. Loss of Qualified Alien Status

DHS can rescind an alien's status, not renew a status that was granted for a finite period of time, or adjust the alien's status to a different status. A previously eligible qualified alien who ceases to meet the alien eligibility criteria loses AG eligibility effective with the month following the month in which the change in alien eligibility occurs.

Note: If questions arise regarding an alien status that is not addressed in this section, contact the DARS AG Program Consultant. The consultant will use SSI alien policy in the POMS manual to resolve the issue. The policy is located at <http://policy.ssa.gov> open document

9.4.3.1. Qualified Alien Groups & Eligibility Requirements

If the individual is:	Verified by:	Then he/she is:
An SSI Recipient	SVES	Always potentially eligible.
<p>American Indian born in Canada who is at least 50% Indian blood or a non-citizen member of federally recognized Indian tribe.</p>	<p>DHS Form I-551 with the code S13, or</p> <p>An unexpired temporary I-551 stamp (with the code S13) in a Canadian passport or on Form I-94.</p> <p>Does not have an DHS document:</p> <p>Satisfactory evidence of birth in Canada, and</p> <p>A document that indicates the percentage of American Indian blood in the form of a birth certificate issued by the Canadian reservation, or a letter, card or other record issued by the tribe.</p>	Always potentially eligible.
<p>Lawfully Admitted for Permanent Residence (LAPR), including Amerasian Immigrants as defined in section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988</p>	<p><u>Amerasian Immigrants</u></p> <p>Obtain the immigrant's Form I-551 with the code AM1, AM2, or AM3 or passport stamped with an unexpired temporary I-551 showing a code AM6, AM7, or AM8.</p> <p>NOTE: Amerasians who enter the U.S. as non-immigrants, (e.g., foreign students pursuing studies in the U.S.) are not qualified aliens.</p>	<p>Potentially eligible only if the individual:</p> <p>Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or</p> <p>Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or</p> <p>Can be credited with 40 qualifying quarters (QQ) of work. **</p>

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	<p><u>Parolee Under Section 212(d)(5) of the INA for 1 Year or More</u></p> <p>Obtain a currently valid Form I-94 that indicates the bearer has been paroled pursuant to section 212(d)(5) of the INA, with an expiration date of at least 1 year from the date issued or indefinite.</p> <p><u>In LAPR Status, Alleges Entry as a Refugee</u></p> <p>A classification code of RE6, RE7, RE8, or RE9 on Form I-551 indicates admission as a refugee.</p> <p><u>In LAPR Status, Alleges Previous Asylum Status</u></p> <p>If the alien alleges having been granted asylum within the previous 7 years, contact DHS using Form G-845S and G-845S supplement with a copy of Form I-551 attached</p>	<p>(IMPORTANT: An LAPR alien who enters the U.S. on or after 8/22/96 cannot be eligible based on having 40 QQs for a 5-year period beginning on the LAPR alien’s date of entry into the U.S. as a qualified alien; (See below.***) or</p> <p>Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or</p> <p>If none of the above conditions is met, the LAPR may be eligible for a maximum of 7 years beginning with the date one of the following occurred:</p> <p>Entered the U.S. as refugee within the last 7 years; or</p> <p>Was granted asylee status within last 7 years; or</p> <p>Had deportation withheld under section 243(h) of the INA, or removal withheld under section 241(b)(3) of the INA, within the last 7 years; or</p> <p>Became a Cuban/Haitian entrant within the last 7 years; or</p> <p>Entered the U.S. as Amerasian immigrant within the last 7 years.</p> <p>***Establishing and Verifying 40 Qualifying Quarters (QQ) of Work</p> <p>Qualifying Quarters include those earned by the individual, earned by the individual’s spouse during their marriage, and those that were earned by the individual’s parents through the month the individual turned 18.</p> <p>Obtain the DHS documents of and a “Social Security Administration Consent for Release of Information” form from each individual whose quarters are being claimed. File the Releases in the case record. Complete a SVES 40 Quarters of Coverage inquiry on each. The</p>
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response will identify the QQ earned since 1978 but may not include the current year or two.

If the quarters from the missing period are needed to qualify, the individual must provide verification of the earnings. Compare the earnings received to the standards listed below. If the quarterly income equals or exceeds the quarterly standards, the quarter counts. If the yearly income exceeds the yearly standard, four quarters are counted.

Standards	Quarterly	Yearly
2018	\$1,320	\$5,280
2017	\$1,300	\$5,200
2016	\$1,260	\$5,040
2015	\$1,220	\$4,880
2014	\$1,200	\$4,800
2013	\$1,160	\$4,640
2012	\$1,130	\$4,520
2010-2011	\$1,120	\$4,480
2009	\$1,090	\$4,360
2008	\$1,050	\$4,200

If you need to compute quarters beyond what is shown in table, obtain the appropriate figures by going to <http://policy.ssa.gov/poms.nsf/lnx/0300301250>.

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		<p>Total the QQ. If any of the individuals whose quarters are being counted received Food Stamps, TANF, Medicaid, or SSI during any claimed quarter beginning with 1-1-1997, that quarter cannot be counted and must be deducted from the total. If the remaining total meets or exceeds 40 QQ, the applicant is potentially eligible.</p>
<p>Refugee (sec. 207 of the INA)</p>	<p>Form I-94 annotated with stamp showing admission under section 207 of the INA. Derive the date of admission from the date of inspection on the Form I-94 refugee stamp. If the date is missing, verify with DHS.</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96 (SI 00502.142); or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <ul style="list-style-type: none"> • Entered the U.S. as a refugee within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.
<p>Asylee (sec. 208 of the INA)</p>	<p>Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA, a grant letter from the Asylum Office, or an order of an immigration judge</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p>

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		Was granted asylum within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.
<p>Deportation withheld (sec. 243(h) of the INA as in effect prior to 4/1/97), or removal withheld (sec. 241(b)(3))</p>	<ul style="list-style-type: none"> • Form I-688B annotated “274a.12(a)(10)”, or • Form I-766 annotated “A10,” or • The alien’s copy of the order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to 4/1/97, or removal withheld under section 241(b)(3) of the INA. <p>Letter from asylum officer granting withholding of deportation under section 243(h) of the INA as in effect prior to 4/1/97 or withholding of removal under section 241(b)(3) of the INA</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <p>Was granted “withholding of deportation” or “withholding of removal” within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.</p>
<p>Conditional entrant (sec. 203(a)(7) of the INA as in effect prior to 4/1/80)</p>	<p>Form I-94 identifying the bearer as “REFUGEE-CONDITIONAL ENTRY” and a citation of section 203(a)(7) of the INA.</p> <p>NOTE: The alien may also have a refugee employment authorization document, Form I-688B annotated “274a.12 (a) (3)” or Form I-766 annotated “A3.”</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member.
<p>Parolee (sec. 212(d)(5) of the INA) for a period of at least 1 year</p>	<p>Form I-94 with an expiration date of at least 1 year from the date issued or is indefinite.</p>	<p>Potentially eligible only if the individual:</p>

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		<ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96 (SI 00502.142); or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <ul style="list-style-type: none"> • Became a Cuban/Haitian entrant within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.
<p>Battered alien, or alien whose child or parent is battered</p>	<p>DHS Form I-797 indicating:</p> <p>Case Type: I-130 or I-136</p> <p>Notice Type: Approval Notice</p> <p>Section:</p> <p>Sec. 204(a)(1)(A)(i) or</p> <p>Sec. 204(a)(1)(B)(i) or</p> <p>Sec. 204(a)(1)(A)(ii) or</p> <p>Sec. 204(a)(1)(A)(iii) or</p> <p>Sec. 204(a)(1)(B)(ii) or</p> <p>Sec. 204(a)(1)(A)(iv) or</p> <p>Sec. 204(a)(1)(B)(iii)</p> <p style="text-align: center;">OR</p> <p>Final Order of Immigration Judge or Board of Immigration Appeals granting suspension of deportation under sec. 244(a)(3) as in effect prior</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member. <p>Is not living with the abuser. This must be verified.</p>

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	to 4/1/97 or cancellation of removal under sec. 240A(b)(2)	
Cuban/Haitian entrant under Section 501(e) of the Refugee Education Assistance Act of 1980	<p>CATEGORY 1</p> <ul style="list-style-type: none"> DHS Form I-94 with stamp showing parole at any time as “Cuban/Haitian Entrant (Status Pending)”, or DHS Form I-94 with stamp showing parole (other than for law enforcement purposes) into the U.S. on or after 4/21/80. <p>In addition, a national of Cuba or Haiti who has one of the following documents may be a Category 1B Cuban/Haitian entrant if the parole was for other than law enforcement purposes:</p> <ul style="list-style-type: none"> DHS Form I-688A annotated with codes “274a.12(a)(4)” or “274a.12(c)(11),” or DHS Form I-688B annotated with codes “274a.12(a)(4)” or “274a.12(c)(11),” or DHS Form I-766 annotated with code “A4” or “C11.” <p>CAUTION: An individual who has one of the following immigration documents <u>may or may not</u> be a Category 1 Cuban/Haitian entrant:</p> <ul style="list-style-type: none"> DHS Form I-551 (Alien Registration Card/Permanent Resident Card) with code CU6, CU7, or CH6; or Cuban or Haitian passport unexpired temporary I-551 stamp with code CU6, CU7, or CH6 <p>DHS Form I-94 with unexpired temporary I-551 stamp with code CU6, CU7, or CH6.</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <p>Became a Cuban/Haitian entrant within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.</p>
Cuban/Haitian entrant under Section 501(e) of the Refugee Education Assistance Act of 1980	<p>CATEGORY 2(B)</p> <ul style="list-style-type: none"> DHS Form I-221 (Order to Show Cause and Notice of Hearing); or 	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or

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	<ul style="list-style-type: none"> • DHS Form I-862 (Notice to Appear), or • DHS Form I-122 (Notice to Applicant Detained for a Hearing Before an Immigration Judge) <p>CAUTION: Do not accept copies of DHS forms, such as Form I-589 (Application for Asylum and Withholding of Removal), or I-485 (Application to Register Permanent Residence or to Adjust Status) or other application for immigration relief date stamped by EOIR. According to DHS, copies of documents have no probative value.</p>	<ul style="list-style-type: none"> • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <p>Became a Cuban/Haitian entrant within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.</p>
<p>Cuban/Haitian entrant under Section 501(e) of the Refugee Education Assistance Act of 1980</p>	<p>CATEGORY 2(C)</p> <ul style="list-style-type: none"> • DHS receipt for filing Form I-589 (Application for Asylum and Withholding of Removal); or • Unexpired DHS employment authorization document (DHS Forms I-688A, I-688B or I-766) with code “274a.12(c) (8)” or “C8.” <p>CAUTION: Do not accept copies of DHS forms, such as Form I-589 (Application for Asylum and Withholding of Removal) or I-485 (Application to Register Permanent Residence or to Adjust Status). According to DHS, copies of documents have no probative value.</p> <p>NOTE: Submit an SSA-8510 signed by the claimant to DHS with request for verification if an application for asylum is involved</p>	<p>Potentially eligible only if the individual:</p> <ul style="list-style-type: none"> • Is blind or disabled and was lawfully residing in the U.S. on 8/22/96; or • Is lawfully residing in the U.S. and was receiving AG or SSI benefits on 8/22/96; or • Is a veteran or active duty member of the Armed Forces; or is the spouse or dependent child of a veteran or active duty member; or <p>If none of the above conditions apply:</p> <p>Became a Cuban/Haitian entrant within the last 7 years, then eligibility limited to a maximum of 7 years from the date of status.</p>

10. Application For Other Benefits

A **non-SSI** individual must take all necessary steps to apply for and obtain any other financial benefits to which he/she is entitled based on his own activities or through his family circumstances if:

- Applying for the other benefit would result in additional income which could affect the individual's eligibility or payment amount and
- The benefits or assistance is not based on the individual's need.

Note: Payments such as child support, alimony, accelerated life insurance, etc., are not program benefits for which an individual must file.

Note: SSI recipients have met this requirement in the SSI application process.

10.1. Types Of Benefits For Which An Individual Must Apply

Programs to which an individual may be entitled and for which he/she must apply, if he/she appears to be entitled, include both public and private funds. Annuities, pensions, retirement, insurance benefits, and disability benefits are examples of these.

10.1.1. Major Benefit Programs

Major benefit programs to which an individual may be entitled and for which he/she must apply, if he/she appears to be entitled, include but are not limited to:

- Veterans' Compensation and Pensions, including apportionment of augmented dependents' benefits;
 - An individual is required to file for apportionment (direct payment) of an augmented VA benefit if he/she:
 - is the spouse of a living veteran and the veteran or surviving spouse receives VA compensation, pension, or educational benefits; and
 - does not reside with the designated beneficiary, the veteran; and
 - has not been denied apportionment since living apart from the designated beneficiary
- Social Security Title II Benefits (RSDI – Retirement, Survivors, and Disability Insurance)
- Railroad Retirement Benefits
- Unemployment Compensation
- Worker's Compensation
- Black Lung Benefits
- Civil Service and Federal Employee Retirement System Benefits

- Military Pensions

10.1.2. Other Benefits

Other benefits to which an individual may be entitled and for which he/she may have to apply, if he/she appears to be entitled, include but are not limited to the following.

- Private insurance company disability and income protection benefits when the individual has such a policy
- Private pension plan benefits
 - If an individual is eligible for periodic retirement benefits, he/she must apply for those benefits to be eligible for AG. If he/she has a choice between periodic benefits and a lump sum, he/she must choose the periodic benefits.
- Union benefits

10.1.3. Identify Potential Eligibility For Other Benefits from:

- Information obtained from the interview, including responses to leading questions.
- The individual's responses on an application.
- Inquiries received from another agency.
- Agency knowledge of pension plans and benefits.
- Third party reports.
- Computer system inquiries.

10.2. Steps to Meet Requirement

The necessary steps include

- Applying for the other benefit,
- Providing the source of the other benefit with the necessary information to determine the individual's eligibility for the benefit, and
- If found eligible, accepting payment.

10.3. Procedure

The worker must give the individual a dated written notice that he/she must apply for other benefits for which he/she is potentially eligible. The written notice must list the specific benefits for which the individual must apply and the date by which the application must be filed.

The individual will be given 30 days from the date of his receipt of the written notice to apply for the specified benefits. If the notice is mailed, the date of receipt will be assumed to be 5 days after the date shown on the notice.

Note: If the individual is otherwise eligible, do not delay processing the case pending evidence of the individual's compliance.

10.4. Application Is Verified

Check with the other benefit source or the individual, at the end of the 30 day period for filing to:

- Determine if there has been a final decision to approve or deny the claim, and
- Confirm that the claimant is cooperating in pursuit of the claim, and
- Document the file with the response. See Chapter B - 9 for change processing procedures.

If there has been no decision in the initial 30 days and the individual is not at fault, continue to follow up with the benefit source or the individual at 30-day intervals. Document the case regarding follow-ups and the final decision. Reevaluate eligibility when the final decision is received.

10.5. Good Cause

An individual meets this requirement, despite failure to apply for other benefits or take other steps necessary to obtain them, if the individual has good cause for not doing so. For example, good cause exists if any one or more of the following situations apply. If good cause exists, document the case record.

- The individual is unable to apply for other benefits because of illness.

Accept the individual's signed statement regarding the illness and schedule a follow-up for when the individual is expected to improve.

- It would be useless to apply because the individual had previously applied and the other benefit source turned him down for a reason that has not changed.

Accept the individual's signed statement regarding the denial unless there is evidence to the contrary.

- The other benefit is no longer available. The reasons for unavailability may include a limited period for filing that has expired or contributed funds were withdrawn prior to the AG eligibility determination period.

The individual must provide verification from the other benefit provider that the filing period has expired.

Accept the individual's signed statement regarding the withdrawal unless there is evidence to the contrary.

10.6. Failure To Comply Without Good Cause

If the individual refuses to apply for a benefit or refuses to accept a benefit to which the individual is entitled, the individual will be ineligible for AG and Medicaid.

10.6.1. Initial Application

Deny the AG and Medicaid application and send a Notice of Action (for AG) to the applicant and his representative.

If proof of SSI application is received after the denial but within the 45 day processing period, the application must be reopened and eligibility determined. See Chapter B - 7 for application processing procedures.

10.6.2. Redetermination/Change

A Notice of Action (for AG) will be sent and the AG and Medicaid case will be closed.

If proof of SSI application is received after the closure but before the effective date of closure, the case must be reopened and eligibility determined. See Chapter B - 8 for redetermination processing procedures and Chapter B - 9 for change processing procedures.

10.6.3. Payments Excluded From Requirement to Apply

Payments such as child support, alimony, accelerated life insurance, etc., are not benefits for which an individual must apply.

11. Assignment Of Rights And Cooperation

To be eligible for Medicaid, an individual must:

- Assign his rights to medical support and payment for medical care from any third party to the Department of Medical Assistance Services (DMAS),
- Cooperate with the agency in identifying (to the extent he/she is able) potentially liable insurers and other third parties, and
- Provide information to assist DMAS in pursuing payments from any third party who may be liable to pay for the individual's care and medical services.

The assignment of rights agreement is included in the “Application for Benefits”.

- By signing the application form the applicant is agreeing to assign his rights and meets the initial requirements.

Note: Assignment of rights is not an eligibility factor for AG.

11.1. Good Cause

A waiver of the requirement to cooperate in identifying and providing liable third party information is allowed if the individual claims good cause for not cooperating and the agency finds that good cause does exist. Good cause will exist when cooperation will result in reprisal against or cause physical or emotional harm to the individual.

The case record must be documented to reflect the reason the individual believes harm will occur and information to support the agency findings.

11.2. Unable To Assign Rights

If the individual is unable to assign his/her rights, a spouse, legally appointed guardian or conservator, attorney-in-fact (person who has the individual's power-of-attorney), or the representative can make the assignment. The failure of this person to assign the individual's rights will not affect the individual's eligibility for Medicaid.

11.3. Refusal To Assign Rights Or Cooperate

If an individual does not comply with the assignment of rights and cooperation requirements, he/she will remain AG eligible but will not be Medicaid eligible.

11.3.1. Initial Application

If otherwise eligible, approve AG and deny Medicaid. Send a Notice of Action that reflects the AG and Medicaid actions.

See Chapter B - 7 for application procedures.

11.3.2. Redetermination/Change

Send an Advance Notice of Proposed Action to close the Medicaid case.

See Chapter B - 8 for redetermination procedures and Chapter B - 9 for change procedures.

11.4. Medicaid Manual Reference

Refer to Medicaid assignment of rights in - M0250.-100 for additional clarification.