



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

Family Investment Administration  
**ACTION  
TRANSMITTAL**

Control Number: #08-05

Effective Date: September 1, 2006

Issuance Date: August 1, 2007

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF  
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS  
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA  
CHARLES E. LEHMAN, EXECUTIVE DIRECTOR, DHMH/OOEP**

**RE: MEDICAID CITIZENSHIP AND IDENTITY REQUIREMENTS  
AND NEW CITIZENSHIP AND IDENTITY FIELDS ON THE MARYLAND  
MEDICAID INFORMATION SYSTEM (MMIS)**

**PROGRAMS AFFECTED: MEDICAL ASSISTANCE (MA), MARYLAND CHILDREN'S  
HEALTH PROGRAM (MCHP), and TEMPORARY  
DISABILITY ASSISTANCE PROGRAM (TDAP)**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

**SUMMARY:** On July 2, 2007 the federal government issued the final regulations and guidelines pertaining to the citizenship and identity documentation requirements. This Action Transmittal reflects changes and updates to the federal requirement, combines policy and procedures for verifying Medicaid citizenship and identity requirements, changes the verification requirements for SSDI recipients, and revises certain codes used on MMIS. It adds clarifications for pregnant women, newborns, and children in out-of-home placements (E01 and E02), and a new affidavit of identity, (DES/AF4) that will be filed on behalf of an individual with a disability residing in a residential facility. **This action transmittal obsoletes FIA Action Transmittal 07-05 (Revised) and FIA Information Memo 07-14.**

The Deficit Reduction Act (DRA) of 2005 set forth new federal requirements that citizenship and identity must be documented as a condition of eligibility for individuals who apply for or receive Medical Assistance (MA) or Maryland Children's Health Program (MCHP) benefits, **and who declare that they are U.S. citizens by birth or naturalization.** In Maryland, this federal requirement applies to Medical Assistance (MA), Maryland Children's Health Program (MCHP), Maryland Children's Health Program Premium, Long-Term Care, Primary Adult Care (PAC), HealthChoice, Women's Breast and Cervical Cancer Health Program (WBCCHP), and all 1915(c) Home and Community Based Services (HCBS) waiver programs. **Please note that MCHP Premium applicants/recipients are subject to this requirement effective June 1, 2007.**

The new regulations do **not** apply to SSI recipients, certain foster care and subsidized adoption children, individuals who are entitled to or enrolled in Medicare, certain SSDI recipients, and

newborns that are eligible based on their mother's eligibility. At this time, due to implementation and delinking problems, it also does **not** apply to TCA applicants and recipients. DHR and the LHDs will be notified if TCA applicants or recipients are made subject to this regulation. However, customers receiving Medical Assistance in these coverage groups should not be discouraged from providing the documents when available.

The Department of Health and Mental Hygiene (DHMH) has clarified regulations regarding pregnant women applying for MCHP through both the Accelerated Certification of Eligibility (ACE) process and the regular eligibility determination process. **Pregnant women are not exempt, and must provide proof of identity and citizenship.** However, if the documentation is not readily available, pregnant women should be offered the opportunity to complete the Affidavits of Citizenship so as not to delay eligibility and entry into prenatal care.

DHMH established a Central Repository (CR) database that houses the information collected by Local Department of Social Services (LDSS) and Local Health Department (LHD) staff, as well as other stakeholders, on all Medicaid applicants/recipients. This information is captured through various methods including Maryland vital statistic matches, matches with other state and federal databases, and reviews of original documents. **The verification of citizenship and identity is required only once and a copy of the approved documentation must be maintained in the case record.**

As stated above, DHMH now requires individuals to provide documentation of citizenship and identity as a condition of eligibility. This process applies to:

- Applicants: All MA and MCHP applications received on or after September 1, 2006;
- Redeterminations: All MA and MCHP redeterminations with redetermination packets mailed (system-generated or manually) after July 1, 2006 for redeterminations with an end date after September 2006; and
- All MCHP Premium applications received on or after June 1, 2007.

DHMH sends letters to current MA/MCHP recipients at the time of their redetermination, informing them of the new citizenship and identity requirements:

**DRA-1** is sent to customers not required to provide documentation.

**DRA-2** is sent to customers required to provide documentation of identity.

**DRA-3** is sent to customers required to provide documentation of both citizenship and identity.

**DRA-4** is sent to customers applying for MCHP services explaining the new citizenship and identity requirements.

**DRA-5** is sent to customers applying for waiver services explaining the new citizenship and identity requirements.

**DRA-6** is sent to customers applying for or receiving WBCCHP services explaining the new citizenship and identity requirements.

**DRA-7** is sent to customers required to provide proof of citizenship.

**NOTE:** As of July 2007, DHMH no longer sends the DRA letter files to the DSS or the LHD since the information is available on MMIS. The last DRA letters were sent in June 2007 to current recipients who have an August 2007 redetermination date. Some new applicants may still receive DRA-4, DRA-5, and DRA-6 with their applications. English and Spanish versions of the DRA letters are available on the DHMH website:

[http://www.dhmh.state.md.us/html/hotissues\\_notices.htm](http://www.dhmh.state.md.us/html/hotissues_notices.htm)

**Aliens:** The new verification requirement for citizenship and identity *does not* affect the existing process by which aliens verify their qualified legal status, nor does it apply to refugees, others covered in the G-track, and illegal or ineligible aliens requesting emergency medical services only (X02). It also does not apply to qualified aliens in the X01 track who must still provide documentation of their immigration status. It is also possible that some qualified aliens inadvertently received a letter stating they must prove their citizenship; if so, please follow already existing rules pertaining to verification of immigrant status for this group.

**REMINDER:** There is no change in Food Stamp policy regarding verification of citizenship and identity. For Food Stamps, verification of citizenship is not required unless questionable. **Do not** close or deny a Food Stamp AU when denying an associated MA/MCHP AU for failure to verify citizenship and/or identity.

## **ACTION REQUIRED**

### **I. INSTRUCTIONS FOR SUBMISSION OF MEDICAID VERIFICATIONS FOR CITIZENSHIP AND IDENTITY –CENTRAL REPOSITORY**

Effective July 1, 2006, federal law requires verification of citizenship and identity as a condition for Medicaid eligibility. Applicants and recipients who declare that they are U.S. citizens must provide proof of both citizenship and identity.

In order to ensure that this requirement is met, the Maryland Medicaid Program established a database (Central Repository) that houses the information collected on all Medicaid and MCHP applicants/recipients (A/R). This information is captured through various methods, including vital statistic matches, SSI/SSDI award letters, matches with other government databases, and reviews of the citizenship and identity documentation.

The instructions below are for individuals reviewing citizenship and identity documentation and forwarding copies of those documents to Medicaid's Central Office for inclusion in the database.

#### **LDSS/LHD**

Review the citizenship and identity documentation. If it is acceptable, make a copy for the case file and a copy for the Central Repository (CR). Write the **Client IRN** on the CR copy and mail the CR copies **each Friday** to the address below. If an MCHP applicant is denied on CARES based on income, *and referred to MCHP Premium*, please continue to forward the documentation to the Central Repository.

#### **PARTIES ASSISTING RECIPIENTS**

##### **MCOs**

For current recipients, review the citizenship and identity documentation. If it is acceptable, make a copy for the Central Repository (CR). Write the **Medicaid number** on the CR copy and mail the CR copies **each Friday** to the address below. If you receive documentation from a new applicant, this information must be forwarded to the appropriate LDSS/LHD.

##### **OTHER PARTIES ASSISTING A/R**

If you are not the authorized representative, but receive documents verifying citizenship and identity from an A/R, the information must be forwarded to the appropriate LDSS/LHD. If you receive documentation and you **are** the authorized representative, copies of this information can be

forwarded to the CR **each Friday** to the address below, **IF** you have the Medicaid number or Client IRN. Otherwise, it must be forwarded to the appropriate LDSS/LHD.

The copy for the Central Repository **MUST** have the **MEDICAID NUMBER and/or the CARES IRN** of the Medicaid A/R. This is the only way the Central Repository can match documentation with the A/R. If you are not sure whether the documents you received meet the requirements for citizenship and/or identity, or if you have other questions, please call the DHMH Eligibility Policy/MCHP Division at (410) 767-1463 or 1-800-492-5231 option 2 and request extension 1463.

**Copies of ALL Central Repository verifications should be mailed each Friday to:**  
**DHMH Medicaid Verifications**  
**P.O. Box 2075**  
**Baltimore, MD 21203-2075**

**PLEASE NOTE:** If an A/R was born in Maryland, DHMH attempts to match the A/R's name with the Maryland Vital Statistics database. If DHMH is able to verify citizenship through Vital Statistics, this information will be relayed weekly to the LDSS/LHD, and the A/R **DOES NOT** need to get an actual birth certificate. If the name of an A/R born in Maryland has changed since birth or an A/R was not born in Maryland, there may be no Vital Statistics match, so the customer should call the new DHMH hotline at 1-800-492-5231 option 5.

## **II. DOCUMENTATION OF CITIZENSHIP AND IDENTITY**

Documentation of citizenship and identity is a condition of eligibility for:

- All MA/MCHP applications received on or after September 1, 2006  
**and**
- All MA/MCHP redeterminations with an end date after September 30, 2006,  
**and**
- All MCHP Premium applications received on or after June 1, 2007.

### **PROCEDURE FOR APPLICANTS**

Do not approve a MA/MCHP application until you receive the required verifications. If the required documentation of citizenship and identity is not provided by the due date, the application must be denied. However, MA/MCHP policy allows for extension of time standards if the applicant is actively attempting to establish eligibility.

If the denied applicant submits the required documentation within the 6-month period under consideration, reactivate the application and determine eligibility based on the **original** date of application.

**NOTES for TDAP:** Applicants approved for TDAP also receive notification of eligibility for the Primary Adult Care Program (PAC). TDAP customers must provide verification of citizenship in order to qualify for PAC. TDAP customers do not need to verify identity for PAC, since they have already verified identity in order to qualify for TDAP. DHMH will notify TDAP recipients who have not met the citizenship requirement through another process such as Vital Statistics Match, and will request documentation. The eligibility span for PAC will be opened on MMIS once verification is received.

DHMH is in the process of requesting a revision to the CARES text on the TDAP approval notice. Until the text has been modified, add the following free form text to the TDAP approval notice:

*You may be eligible for the Primary Adult Care Program that provides your pharmacy and primary care coverage. DHMH will notify you if you are eligible.*

## **PROCEDURE FOR RECIPIENTS**

All recipients are required to provide the verifications at their first redetermination with an end date on or after September 2006. If the required documentation of citizenship and identity is not provided by the due date, eligibility must be terminated with the required timely notice of at least 10 days. However, MA/MCHP policy allows for extension of time standards if the applicant is actively attempting to establish eligibility. If the terminated recipient submits the required documentation **within 6 months of the month of termination**, eligibility is determined as of the effective date of termination in accordance with Medical Assistance policies and procedures.

## **EXCLUDED APPLICANTS/RECIPIENTS**

- TCA/F01 recipients are not subject to this change until further notice;
- Individuals who are currently entitled to or enrolled in Medicare, (S03, S07, S14), and any other coverage group with Medicare eligibles;
- Newborns (P03/P12 applicants made eligible through the DHMH 1184 process) whose mother was enrolled in, or determined eligible for, MA or MCHP for the date of birth;\*
- Newborns whose mother files an application and is determined eligible for Emergency Medical Assistance for labor and delivery (X02);\*
- Supplemental Security Income (SSI) recipients (L01, S02, S04, S05), and any other coverage group with SSI beneficiaries;
- Children in Foster Care or Subsidized Adoption under Title IV, part E, (E01 and E02);
- Children for whom child welfare services are made available under Title IV-B on the basis of being a child in foster care; and
- Recipients of Social Security Disability Insurance (SSDI) benefits who receive these benefits **based on their own record**.

\* All newborns will need to provide documentation of citizenship and identity at their first redetermination for eligibility.

## **SOCIAL SECURITY NUMBER REPORTING REQUIREMENTS**

Except for emergency medical services for illegal or ineligible aliens, either a valid social security number (SSN) must be reported or an application for an SSN must be filed, and proof of application provided. If any customer was determined eligible based on a SSN application, a valid SSN number must be provided and entered on CARES by the next redetermination, **or MA eligibility must be terminated**.

## **CITIZENSHIP AND IDENTITY DOCUMENTATION REQUIREMENTS**

Federal law requires that all documents provided must be originals or copies certified by the issuing agency. DHMH recognizes the hardship this currently poses for case managers and applicants/recipients. At this time, individuals unable to provide originals may forward copies. Mail-in programs may accept copies, unless they suspect fraud. DHMH is currently developing a system to facilitate the receipt of documentation, particularly for MCHP and other mail-in systems. Until this is effective, applicants and recipients who provide copies, rather than originals or certified copies, may be required to provide originals later.

The CARES narration must explain how and when citizenship and identity were verified, or why eligibility was denied or terminated due to failure to verify citizenship and/or identity. When a

customer provides an original document (birth certificate, passport, or certificate of citizenship or naturalization) as documentation, **do not date-stamp this original document**. Copy the original and date-stamp the copy that will remain in the case record, as well as the copy being sent to the CR. Promptly return the original to the customer.

### III. REDETERMINATION/REAPPLICATION PROCEDURES FOR SPECIAL GROUPS

#### CHILDREN DETERMINED ELIGIBLE AS NEWBORNS THROUGH THE 1184 PROCESS

If an “N” is in the “Source” field on MMIS screen 1, it verifies that a newborn was initially determined eligible for Medical Assistance via the 1184 process. These children are exempt from the new citizenship and identity requirements until their first redetermination.

- **At their first redetermination, proof of citizenship and identity must be verified.** (NOTE: The 1184 document can be used to verify identity for children under 16 at redetermination.) DHMH will perform a data match with Vital Records to confirm citizenship and will enter this confirmation into MMIS, so the worker must check MMIS.

#### NEWBORNS BORN TO ILLEGAL/UNDOCUMENTED OR INELIGIBLE (X02) ALIEN MOTHERS

Verification of citizenship and identity is not required for the newborns of mothers determined eligible in coverage group X02, including retroactively, for coverage of the child's delivery. **These newborns are to be determined eligible in the P03 and P12 coverage groups, as are other newborns whose eligibility is based on the mother's eligibility for the date of birth.**

- **At their first redetermination, proof of citizenship and identity must be verified.**

#### CHILDREN LEAVING FOSTER CARE

Children in Foster Care or Subsidized Adoption under Title IV, part E, (E01 and E02) are exempt from citizenship and identity documentation requirements. When a child is no longer eligible in Foster Care or Subsidized Adoption (E01 and E02) a redetermination must be processed to determine Medicaid eligibility. **The child must then provide the citizenship and identity verifications required of the new coverage group to be eligible for Medicaid.**

### IV. PROCEDURES FOR VERIFICATION OF CITIZENSHIP AND IDENTITY

A. Use one of the following documents to prove **both** citizenship and identity:

1. U.S. passport (current or expired), or
2. Certificate of Naturalization (N-550 or N-570), or
3. Certificate of Citizenship (N-560 or N-561).

**OR**

B. One document from the Proof of Citizenship list **AND** one document from the Proof of Identity list

(See proof of citizenship/proof of identity chart on following page).

Proof of Citizenship	Proof of Identity
<ul style="list-style-type: none"> <li>• U.S. Birth Certificate</li> <li>• Data match by DHMH to document a birth record</li> <li>• SAVE data match - <b>for naturalized citizens only</b></li> <li>• For child under 16: a record created near the date of birth, or 5 years before initial MA/MCHP application, and showing U.S. place of birth on hospital letterhead or other medical record.</li> <li>• Record showing U.S. place of birth, if created at least 5 years before initial MA/MCHP application: record on hospital letterhead or other medical record created near the date of birth, institutional admission papers, signed statement by physician or midwife who attended the birth, Vital Statistics notice of birth registration, insurance record</li> <li>• Final adoption decree for child born in U.S.</li> <li>• Certificate of citizen born abroad (DS-1350, FS-240, FS-545)</li> <li>• Early school record -must show a U.S. place of birth, the date of admission to the school, date of birth (or age at the time the record was made), and the name(s) and place(s) of birth of the applicant's parent(s)</li> <li>• Religious record - recorded in the U.S. within three months of birth showing US birth, and either the date of the birth or the individual's age at the time the record was made. The record must be an official record recorded with the religious organization, not the family bible</li> <li>• U.S. military service record showing U.S. place of birth</li> <li>• Evidence of U.S. civil service employment before 6/1/76</li> <li>• Federal or state census record for 1900-1950 showing U.S. citizenship or U.S. place of birth</li> <li>• ID card for naturalized citizen (I-179 or I-197)</li> <li>• <b><u>Affidavits</u></b> (can also be used for naturalized citizens) Three written and signed affidavits. Two completed by citizens who have personal knowledge of the person's citizenship, one of whom is not a relative. Both signers must be US citizens. Another affidavit completed by the person, representative, or someone else knowledgeable to explain why the proof isn't available.</li> </ul>	<ul style="list-style-type: none"> <li>• Photo driver's license or MVA ID card</li> <li>• Data match to document identity (current or past TCA, Food Stamps, TDAP, SSI eligibility)</li> <li>• Photo school ID card</li> <li>• Photo ID issued by a federal, state, or local government</li> <li>• U.S. military ID card, discharge document, or draft record</li> <li>• Native American Tribal Document</li> <li>• US Coast Guard Merchant Mariner card</li> <li>• For children under 16: Clinic, doctor, hospital, or school record (e.g., DHR/FIA 604 or 604-A form), nursery or day care record including pre-school health forms and Form 1131. School records may include report cards but these records must be verified with the issuing school.</li> <li>• <u>Three or more corroborating documents to prove identity</u> such as marriage licenses, divorce decrees, high school and college diplomas, property deeds/titles, and employer ID cards. This process can be used if they are unable to produce a single, more reliable document such as a driver's license. (These may only be used if the individual did not use affidavits to verify citizenship.)</li> </ul> <p>Note: Recently expired identity documents are usable as long as there is no reason to believe the document does not match the individual.</p> <ul style="list-style-type: none"> <li>• <u>Affidavits can be used for the following</u></li> </ul> <p><u>For Children under 16:</u> written affidavit signed by parent or guardian- but only if an affidavit was not used as proof of citizenship</p> <p><u>Disabled individuals</u> (Adult/Child) in long term care or rehabilitative residential care facilities; signed by Facility Director or Administrator</p>

## C. AFFIDAVITS

There are **two** affidavit forms to verify citizenship and **two** affidavit forms to verify identity. The affidavits must be signed under penalty of perjury. Three affidavits may verify citizenship. One affidavit may verify identity, but only if citizenship was not verified by affidavit.

- ❑ DES/AF1, Affidavit of Citizenship, is to be completed by an applicant/recipient or their authorized representative, explaining why the proof is not available. When an alien parent, guardian or representative completes the DES/AF1, they are not required to attach proof of their own citizenship or identity.
- ❑ DES/AF2, Affidavit of Citizenship, is to be completed by a citizen who has personal knowledge of an applicant or recipient's claim of citizenship. Individuals completing the DES/AF2 must attach proof of their own citizenship and identity.
  - There must be at least **two** written and signed affidavits by citizens claiming knowledge of the applicant/recipient's event (birth, naturalization).
  - Someone who is **not related** to the applicant/recipient must sign one affidavit.
- ❑ DES/AF3, Affidavit of Identity, Child younger than 16 years of age:  
A parent, guardian or representative can sign this affidavit. The person signing the affidavit is not required to attach proof of his or her own citizenship or identity, and does not have to be a US citizen.
- ❑ DES/AF4, Affidavit of Identity, Individual with a Disability –all ages  
At this time, the federal regulations do not allow the affidavit of identity to be used for individuals 16 years of age and older except for disabled individuals who reside in residential facilities. This affidavit can be used for all ages, *but only for individuals residing in long term care or rehabilitative residential facilities*, and must be signed by the facility administrator or director.

D. Verification of identity for children younger than 16 can also be obtained via the use of such documents as:

- ❑ DHR/FIA 604 or 604-A School Attendance Verification
- ❑ DHR/FIA 1131 Primary Prevention Initiative Health Care Form

## E. NOTABLE CHANGES IN THE LAW

The final federal regulations issued July 2007 permit several additional forms of documentation. (CARES and MMIS codes will be edited at a later date to reflect these changes.) The following changes should be noted:

- Naturalized citizens- Evidence of Citizenship  
Case managers may now verify citizenship for naturalized citizens using the Department of Homeland Security's Systematic Alien Verification for Entitlement (SAVE) Program. The affidavit process now permits naturalized citizens to submit an affidavit verifying their citizenship status in rare circumstances, i.e., when other documentation is not available.
- Religious records - Evidence of Citizenship  
The religious record must have been recorded in the U.S. within three months of birth showing the birth occurred in the U.S. and showing either the date of the birth or the



individual's age at the time the record was made. The record must be an *official* record recorded with the religious organization, not the family bible.

- Early school records - Evidence of Citizenship

The record must show a U.S. place of birth, the name of the child, the date of admission to the school, the date of birth (or age at the time the record was made), and the name(s) and place(s) of birth of the applicant's parents.

- Identity

The use of identity affidavits is now acceptable for disabled individuals in residential care facilities, i.e., long-term care or rehabilitative residential facilities.

Case managers may accept three or more corroborating documents to prove identity such as marriage licenses, divorce decrees, high school and college diplomas, property deeds/titles and employer ID cards. This process can be used if they are unable to produce a single, more reliable document such as a driver's license, and if they did not use an affidavit for documenting citizenship.

## V. CARES PROCEDURES

On the **DEM2** screen enter one of the following citizenship verification codes to indicate the type of documentation received.

### Acceptable Verification Codes for Citizenship

**AC** Verified alien card (**Use only for verification of citizenship status**)

**BC** Use if a birth certificate, notice of birth registration, or data match from Vital Records verified citizenship

**NOTE:** If **BC** is already in the verification field, check the case record for a copy of the birth certificate, Vital Records data match, or Notice of Birth Registration. **If the documents are not in the case record, remove the BC code and verify citizenship with another acceptable source.**

**CP** Use if citizenship papers: a U.S. passport, Certificate of Naturalization, or Certificate of Citizenship verifies citizenship and identity

**CS** Use client statement **only** when citizenship is verified by **3** affidavits

**HC** Use hospital documents from hospital, medical, institutional records and/or verification from a physician/midwife who witnessed birth.

**OT** Use this code for all other acceptable verifications of citizenship.

**BR** Baptismal record **Per the CMS final rules, certain religious records may now be used to verify citizenship. Use this code for all acceptable religious records.**

### Unacceptable Verification Codes for Citizenship

**CO** – Conversion

**FB** – Family Bible

## VI. MMIS CITIZENSHIP and IDENTITY CODES - "CITZ-IDEN"

DHMH has created a new field on MMIS to display citizenship and identity codes. This new field is on **Screen 1** (see attachment) and is the "**CITZ-IDEN**" field. This field will contain a total of 4 characters. The first 2 characters will be a 2 digit alpha code to indicate citizenship verification by DHMH through various sources including data matches and the DHMH Central Repository. The

second 2 characters will be a 2 digit numeric code to indicate identity verification by DHMH through the same sources.

Case managers **must** now check Screen 1, on MMIS the “**CITZ-IDEN**” field (see codes listed below) to determine if the necessary proofs for citizenship and/or identity have already been obtained by DHMH. If the code on Screen 1 indicates that the proof for citizenship has been obtained by DHMH “**VS**”, then the worker should not be requesting additional proof. Likewise, if the code on Screen 1 indicates that acceptable proof for identity has been obtained, no further proof of identity is needed.

There **are** codes that indicate “**Not Verified**”. If there is a “**ZZ**” in the citizenship field it indicates that DHMH has no acceptable proof for citizenship. Likewise, if there is a “**00**” in the identity field it indicates that DHMH has no acceptable proof for identity.

In such cases, the caseworker must request the necessary proof from the applicant or recipient. If the caseworker later receives the proof of citizenship and/or identity, he or she must send a copy of the proof to the address listed below so that Screen 1 on MMIS can be coded correctly.

DHMH Medicaid Verifications,  
P.O. Box 2075, Baltimore, MD 21203-2075

## **MMIS DOCUMENTATION CODES**

### **CITIZENSHIP CODES**

#### **Permanently Exempt:**

MC - Medicare  
SI - SSI or SSDI

#### **Tier One:**

PP - Passport  
CN - Certificate of Naturalization  
CC - Certificate of Citizenship

#### **Tier Two:**

VS - Vital Statistic Record Match

#### **Tier Three:**

BC - U.S. Birth Certificate  
MR - Military Record (official military record of birth)  
CS - Civil service employment by U.S. government  
AD - Final Adoption Decree for a child born in the U.S.  
CA - Certificate of citizen born abroad  
CI - U.S. Citizenship identification card  
AI - American Indian Card  
NM - Northern Mariana card

#### **Tier Four:**

HR - Hospital Record  
IR - Insurance Record (must show place of birth)

**Tier Five:**

FC - Federal Census record for 1900 - 1950

DR - Doctor, hospital, clinic or other medical record showing place of birth

OR - Other records showing a U.S. place of birth and created at least 5 years before the initial application date for MA or MCHP:

- \* An amended U.S. birth certificate
- \* A U.S. State Vital Statistics official notification of birth registration
- \* Signed statement by a physician or mid-wife who attended the birth
- \* Institutional admission papers (e.g. nursing facility)
- \* Seneca Indian tribal census record
- \* Bureau of Indian Affairs tribal census records of the Navajo Indians

**Affidavits:**

AF - All affidavits for citizenship

**Temporary Exemption:**

FO - Foster Care or Subsidized Adoption children in E01 or E02

**Not Verified:**

HN - Hospital Newborn, categorically eligible, valid for 15 months from DOB (P03, P12)

ZZ - Nothing on file

**IDENTITY CODES****Valid for ALL ages:**

- 01 - Medicare/SSI/SSDI/or Foster Care/Subsidized Adoption Exemption
- 02 - Government Identification Card with photograph and/or identifying information included on drivers license --- name, age, sex, race height, weight or eye color (includes PP, CN, CC, MVA ID card)
- 03 - Food Stamp data match
- 04 - TCA data match (F01, F02 and F03)
- 05 - Driver's License
- 06 - U.S. military card or draft record or U.S. Coast Guard Merchant Mariner Card
- 07 - U.S. Passport with limitation (can only be used for identity, not citizenship)
- 08 - Certification of Indian blood or other U.S. Tribal document
- 09 - School ID Card/nursery or day care card with photograph
- 10 - Other government data matches (i.e. Child Support, Corrections)
- 11-19 For Future Use

**Valid ONLY for children younger than 16:**

- 20 - School record/nursery or day care record
- 21 - Written affidavits signed by the child's parent or guardian
- 22 - Newborns made eligible through the 1184 process (good until age 16)

**Not Verified**

00 - Identity not verified

**PLEASE NOTE: DHR and DHMH are in the process of modifying both CARES and MMIS to accept all of the codes/valid values used to verify citizenship and identity. Once the modifications have been completed, an updated MMIS/CARES Documentation Code List will be distributed to all LDSS and LHD staff.**

**INQUIRIES:** For policy questions, contact the DHMH Division of Eligibility Policy and MCHP at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). Contact Debbie Simon at 410-238-1363 for CARES questions.

cc: DHR Executive Staff  
DHMH Executive Staff  
FIA Management Staff  
DHMH Management Staff  
Constituent Services  
RESI  
DHR Help Desk

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF CITIZENSHIP**  
**To Be Completed By Applicant/Recipient Only**  
**This Document Is Not Valid Unless Fully Completed.**

Applicant/Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Household (if the individual is younger than 21 years old): \_\_\_\_\_

1. ☐ I am a U.S. citizen.

2. ☐ I am 18 years old or older.

3. I am a U. S. Citizen because:

☐ I was born in the U.S. or a U.S. territory. Date and place: \_\_\_\_\_

☐ I was naturalized as a U.S. citizen. Date and place: \_\_\_\_\_

☐ I was born overseas to a U.S. citizen parent(s).

Date, place, and parent(s) name: \_\_\_\_\_

☐ Other: \_\_\_\_\_

4. I am unable to produce documents to prove citizenship because:

\_\_\_\_\_

\_\_\_\_\_

**I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

DES/AF1 (7/1/06)

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF CITIZENSHIP**  
**This Document Is Not Valid Unless Fully Completed.**

Applicant/Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Household (if the individual is younger than 21 years old): \_\_\_\_\_

1. My name is \_\_\_\_\_, and I live at \_\_\_\_\_

\_\_\_\_\_.

☐ I am a U.S. citizen.

☐ I am 18 years old or older.

2. Are you a relative of the individual named above?

☐ Yes. Relationship? \_\_\_\_\_

☐ No.

3. How long have you known this individual? \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

4. How do you know the facts you present in this Affidavit?

\_\_\_\_\_

5. I have personal knowledge of how the applicant/recipient became a U.S. citizen. The facts known to me are that he/she was:

☐ Born in the U.S. or a U.S. territory. Date and place: \_\_\_\_\_

☐ Naturalized as a U.S. citizen. Date and place: \_\_\_\_\_

☐ Born overseas to a U.S. citizen parent. Date, place, and parent(s) name(s): \_\_\_\_\_

☐ Other: \_\_\_\_\_

6. The individual is unable to produce documents to prove citizenship because:

\_\_\_\_\_

\_\_\_\_\_

**I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

DES/AF2 (7/1/06)

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF IDENTITY**

**For a Child Younger Than 16 years Old**  
**This Document Is Not Valid Unless Fully Completed.**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

Child's Current Address: \_\_\_\_\_

1. My name is \_\_\_\_\_, and I live at \_\_\_\_\_

2. I am the child's:

☐ Mother or Father

☐ Legal guardian

☐ Other

3. I am unable to produce the required documents to prove the child's identity (U.S. passport, Certificate of Naturalization (N-550 or N-570), Certificate of Citizenship (N-560 or N-561), school photo ID card, school record with date and place of birth, nursery or day care record with date and place of birth, driver's license or learner's permit, or military dependent's ID card) because: \_\_\_\_\_

**I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

DES/AF3 (rev 7/2007)

**State of Maryland**  
**Department of Health and Mental Hygiene**  
**AFFIDAVIT OF IDENTITY**

**Filed on Behalf of an Individual with a Disability**  
**Residing in a Residential Facility**  
**This Document Is Not Valid Unless Fully Completed.**

Applicant/Recipient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Household (if the individual is younger than 21 years old): \_\_\_\_\_

1. My name is \_\_\_\_\_
2. I am the facility Administrator and/or Director at the following long term care or rehabilitative residential facility where the applicant/recipient resides:

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

3. How do you know the facts you present in this Affidavit?

\_\_\_\_\_

The Applicant/Recipient is a disabled individual residing in the above facility and is unable to produce the required documents to prove his/her identity (U.S. passport, Certificate of Naturalization (N-550 or N-570), Certificate of Citizenship (N-560 or N-561), employee or government photo ID, school photo ID card, school record with date and place of birth, nursery or day care record with date and place of birth, driver's license, or military dependent's ID card, or 3 corroborating documents) because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

DES/AF4 (7/2007)



**Estado de Maryland**  
**Departamento de Salud e Higiene Mental**  
**JURAMENTO DE CIUDADANIA**

**Para ser llenado sólo por quien aplica o el destinatario**

**Este documento no es válido si no es llenado en su totalidad**

Nombre de quien aplica: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_

Jefe de Hogar (si el individuo es menor de 21 años de edad): \_\_\_\_\_

1. ☐ Yo soy ciudadano.

2. ☐ Tengo 18 años o soy mayor de 18 años de edad

3. Soy ciudadano porque:

☐ Yo nací en Estados Unidos o en territorio de los Estados Unidos.

Fecha y lugar: \_\_\_\_\_

☐ Yo fui naturalizado como ciudadano americano. Fecha y lugar:

\_\_\_\_\_

☐ Yo nací en el extranjero de padres ciudadanos americanos.

Fecha, lugar y nombre de los padres: \_\_\_\_\_

\_\_\_\_\_

☐ Otro: \_\_\_\_\_

4. No estoy en condiciones de probar con documentos mi ciudadanía porque:

\_\_\_\_\_

\_\_\_\_\_

Afirmo y declaro bajo la pena de perjurio los hechos dejados en este juramento y declaro que son verídicos, correctos y completos en lo mejor de mi habilidad, creencia y conocimiento.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Nombre escrito

\_\_\_\_\_  
Fecha

DES/AF1(7/1/06)-Español

**Estado de Maryland**  
**Departamento de Salud e Higiene Mental**  
**JURAMENTO DE CIUDADANIA**

**Este documento no es válido a menos que sea llenado en su totalidad**

Nombre de quien aplica: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_

Jefe de Hogar (Si el individuo es menor de 21 años de edad): \_\_\_\_\_

1. Mi nombre es \_\_\_\_\_, vivo en \_\_\_\_\_.

- ☐ Soy ciudadano americano.  
☐ Tengo 18 años de edad o soy mayor de 18 años de edad.

2. ¿Tiene usted algún parentesco con la persona arriba mencionada?  
☐ Si. ¿Relación? \_\_\_\_\_  
☐ No.

3. ¿Cuánto hace que usted conoce a esta persona? \_\_\_\_\_  
¿Cómo conoció usted a esta persona? \_\_\_\_\_

4. ¿Cómo sabe de los hechos que usted esta presentando en este juramento?  
\_\_\_\_\_

5. Tengo conocimiento personal de como esta persona que aplica llegó a ser ciudadano americano. Los hechos conocidos por mi es que el (ella) :

- ☐ Nació en los Estados Unidos o en territorio de Estados Unidos.  
Fecha y lugar: \_\_\_\_\_  
☐ Es naturalizado como ciudadano americano.  
Fecha y lugar: \_\_\_\_\_  
☐ Nació en el extranjero de padres ciudadanos americanos.  
Fecha, lugar y nombre de los padres: \_\_\_\_\_

☐ Otro: \_\_\_\_\_

6. Esta persona no puede probar con documentos su ciudadanía porque:  
\_\_\_\_\_  
\_\_\_\_\_

**Afirmo y declaro bajo la pena de perjurio los hechos dejados en este juramento y declaro que son veridicos, correctos y completos en lo mejor de mi habilidad, creencia y conocimiento.**

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Nombre escrito

\_\_\_\_\_  
Fecha

**Estado de Maryland**  
**Departamento de Salud e Higiene Mental**  
**JURAMENTO DE IDENTIDAD**  
**Para hijos menores de 16 años de edad**

**Este documento no es válido si no es llenado en su totalidad**

Nombre del hijo(a): \_\_\_\_\_

Fecha de nacimiento del hijo(a): \_\_\_\_\_ Edad del hijo(a): \_\_\_\_\_

Lugar de nacimiento del hijo(a): \_\_\_\_\_

Dirección actual del hijo(a): \_\_\_\_\_

1. Mi nombre es \_\_\_\_\_, y vivo en \_\_\_\_\_

\_\_\_\_\_.

2. Yo soy el:

☐ Padre o Madre

☐ Tutor legal

☐ Otro: \_\_\_\_\_

No estoy en condiciones de probar la identidad del joven mediante alguno de los documentos requeridos (Pasaporte americano, Certificado de Naturalización (N-550 o N-570), Certificado de ciudadanía (N-560 o N-561), Carnet de Identificación Escolar, Registro Escolar con fecha y lugar de nacimiento, Registro de Enfermería o Cuidado Infantil con la fecha de nacimiento, Licencia de Conducción de Aprendiz o Carnet de Identificación Militar), porque:

\_\_\_\_\_  
\_\_\_\_\_

**Afirmo y declaro bajo la pena de perjurio los hechos dejados en este juramento y declaro que son verídicos, correctos y completos en lo mejor de mi habilidad, creencia y conocimiento.**

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Nombre escrito

\_\_\_\_\_  
Fecha

DES/AF3 (7/1/06)- Español

**Estado de Maryland**  
**Departamento de Salud e Higiene Mental**  
**DECLARACIÓN JURADA DE IDENTIDAD**

**Presentada en nombre de un individuo con incapacidad  
que reside en un establecimiento residencial**

**Este documento no es válido a menos que esté totalmente completo.**

Nombre del solicitante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Jefe de familia (si el individuo es menor de 21 años): \_\_\_\_\_

7. Mi nombre es \_\_\_\_\_

8. Soy el Administrador y/o Director del siguiente establecimiento residencial de atención a largo plazo o de rehabilitación donde reside el solicitante:

Nombre del establecimiento: \_\_\_\_\_

Domicilio: \_\_\_\_\_

9. ¿Cómo sabe la información que presenta en esta Declaración Jurada?

\_\_\_\_\_

El solicitante es un individuo incapacitado que reside en el establecimiento indicado anteriormente y no puede someter los documentos necesarios para probar su identidad (Pasaporte de los EE.UU., Certificado de Naturalización (N-550 o N-570), Certificado de ciudadanía (N-560 o N-561), documento de identidad del gobierno o del empleo con foto, tarjeta de identidad de una institución educativa con foto, constancia de institución educativa que contenga la fecha y el lugar de nacimiento, constancia de una guardería infantil con la fecha y el lugar de nacimiento, licencia de conducir o cédula de identificación de una persona a cargo de un militar o 3 documentos que confirmen identidad) porque:

\_\_\_\_\_  
\_\_\_\_\_

Afirmo y declaro bajo pena de falso testimonio que la información presentada en esta declaración jurada es verdadera, correcta y completa según mi leal saber y entender. \_\_\_\_\_

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Aclaración de firma

\_\_\_\_\_  
Fecha

DES/AF4 (7/2007)