



Iowa Department of Human Services

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GENERAL LETTER NO. 8-L-39

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter L, **ALIENS**, pages 9, 11, 18, 32, 35, 43, 46, 48, and 50 through 53, revised.

Summary

This chapter is revised to:

- ◆ Reflect the 2015 Social Security cost-of-living adjustment (COLA) increase of 1.7% effective January 1, 2015.
- ◆ Reflect that limited Medicaid for emergency services exists for the duration of the treatment for the emergency and cannot be limited to only three days of emergency coverage.
- ◆ Update links due to the Department's new website.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter L:

<u>Page</u>	<u>Date</u>
9	May 13, 2011
11, 18	January 13, 2012
32	May 13, 2011
35, 43, 46, 48	January 24, 2014
50	May 13, 2011
51	January 13, 2012
52, 53, 54	May 13, 2011

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

Alien Status and Verification Requirements

Legal reference: Section 121 of the Immigration and Control Act of 1986 (P. L. 99-603), P. L. 104-193, P. L. 105-33; 42 U.S.C. 1396b(v) as amended by P. L. 111-3, Iowa Code 249A.3A, and 441 IAC 75.11(1) and (2)

Policy:

An alien applicant must provide documentation of alien status before Medicaid is approved.

Comment:

The Immigration and Nationality Act (INA) requires all aliens who are 18 or older to carry USCIS documentation on their persons at all times. USCIS requires children aged 14 through 17 to have USCIS documentation, but they are not required to carry it with them.

NOTE: USCIS does not require children under age 14 to have documentation of their alien status. Therefore, if the adult who is applying for benefits has a documented legal alien status and attests to the child's legal status, the adult's attestation is sufficient proof of the child's alien status.

Procedure:

When an alien provides documentation, check the [Alien Documentation Chart](#) to determine if the person is eligible for Medicaid. The chart lists:

- ◆ The types of documentation that can be used to verify alien status.
- ◆ Additional verification that certain aliens must provide to prove they are eligible for Medicaid (such as the date they were admitted to the United States or the date a particular alien status was granted or adjusted).

Contact the USCIS through the Systematic Alien Verification for Entitlement (SAVE) Web site at <https://save.uscis.gov/web/vislogin.aspx?js=yes> if:

- ◆ Documentation does not have necessary coding to show the person's status, entry or admission date is missing, or documentation is questionable.
- ◆ You cannot identify the annotation codes on the document.
- ◆ You are doing an annual review and need to verify that legal permanent resident status continues for a child under age 21 who has been in legal permanent resident status less than five years.

Alien Status	Acceptable Documentation of Alien Status	Medicaid Status
American Indians born outside the United States	<ul style="list-style-type: none"> ◆ Member of a federally recognized Indian tribe as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act; or ◆ Form I-551, <i>Permanent Resident Card</i>*, coded S1-3, born in Canada and at least 50% American Indian, to whom the provisions of section 289 of the Immigration and Nationality Act apply. <p>For the list of federally recognized tribes, refer to http://www.justice.gov/otj/federal-resources.</p>	Eligible regardless of entry date if all other eligibility factors are met
Asylee	<ul style="list-style-type: none"> ◆ Form I-94, <i>Arrival/Departure Record</i>, or passport stamped "asylee" or section 208. ◆ Order granting asylum issued by the USCIS, an immigration judge, the Board of Immigration Appeals, or a federal court. ◆ Forms I-688B or I-766, <i>Employment Authorization Document</i>, coded 274a.12(a)(5) or A5(a)10 or (a)3. ◆ <i>Refugee Travel Document</i> (Form I-571) along with another card identifying status. ◆ Any verification from the USCIS or other authoritative document. <p>NOTE: If adjusted to lawful permanent resident status, Form I-551, <i>Permanent Resident Card</i>, may be coded AS-6, AS-7, or AS-8.</p>	Eligible as of date asylum is granted if all other eligibility factors are met

Alien Status	Acceptable Documentation of Alien Status	Medicaid Status
Other (legal or illegal)	The person is undocumented or presents documents that indicate the person's alien status is one other than those specifically listed under Aliens Subject to Five-Year Bar or under Aliens Exempt from Five-Year Bar .	Ineligible regardless of U.S. entry date

* In December 1998, the USCIS changed the name of Form I-551 from "Alien Registration Receipt Card" to "Permanent Resident Card."

Using SAVE (Systematic Alien Verification for Entitlements)

Legal reference: IRCA, Section 121, as amended by PRWORA and IIRIRA and the Balanced Budget Act of 1997

Policy:

The USCIS shall provide status verification when necessary.

Procedure:

Contact the USCIS through its Systematic Alien Verification for Entitlement (SAVE) system when it is necessary to verify:

- ◆ A person's alien status, as described in [Alien Status and Verification Requirements](#).
- ◆ Sponsorship of a lawful permanent resident (LPR) alien, as described in [Verifying Sponsor's Information](#).
- ◆ Access SAVE's web site and instructions for its use at <http://dhssp/fo/IM/default.aspx>.

NOTE: Do **not** verify an alien's documentation with USCIS when the alien:

- ◆ Claims to be undocumented, or
- ◆ Provides acceptable documentation of an eligible or ineligible alien status. For example, do not contact USCIS if the person is not here legally or is a nonimmigrant here only temporarily.

If the person's documentation clearly shows that the person is not in a "qualified" status (which includes "lawfully residing" alien children):

- ◆ Deny Medicaid for the person (unless the requested assistance is for an emergency medical condition) and
- ◆ Determine eligibility for the remaining family members.

Verifying Sponsor's Information

Legal reference: Section 421 of P. L. 104-193; 42 U.S.C. 1396b(v) as amended by P. L. 111-3

Policy:

Verify sponsorship of any Medicaid applicant or member age 21 and over (including a "considered person") who became a lawful permanent resident (LPR) on or after December 19, 1997, unless the person is exempt from sponsor deeming. See [Exceptions to Deeming](#) later in this chapter for additional information on who is exempt from sponsor deeming.

When sponsor deeming applies, verify the sponsor's income and resources at the time of application and recertification.

Procedure:

When the person provides *Affidavit of Support*, Form I-864, accept this as proof of sponsorship.

If the person does not have the *Affidavit of Support*, verify sponsorship through SAVE by selecting REQUEST ADDITIONAL VERIFICATION on the CASE DETAILS page. Complete the *Additional Verification Data Request* form and enter "sponsorship information request" in the SPECIAL COMMENTS field.

For complete instructions on using the SAVE system, see <https://save.uscis.gov/web/media/resourcescontents/SAVEUserGuide.pdf>.

If the response from SAVE indicates the person was not sponsored on Form I-864, sponsor deeming does not apply. If the response verifies that the person has a sponsor who signed *Affidavit of Support*, Form I-864, the name, address, and social security number of the sponsor will be provided in the response from SAVE.

If it appears that deeming applies, ask the alien if their sponsor is providing support. See [Indigent Aliens](#) to determine if they are exempt from sponsor deeming based on the actual amount of income the sponsor is providing.

When sponsor deeming applies, request verification of the income and resources of the sponsor or sponsor's spouse from the sponsored alien. Do not approve Medicaid eligibility for the lawful permanent resident or members of the eligible group until you receive the sponsor's verification.

Amount Needed to Earn a Qualifying Quarter			
Year	Earnings Needed to Get One Credit	Year	Earnings Needed to Get One Credit
1978	\$250	1997	\$670
1979	\$260	1998	\$700
1980	\$290	1999	\$740
1981	\$310	2000	\$780
1982	\$340	2001	\$830
1983	\$370	2002	\$870
1984	\$390	2003	\$890
1985	\$410	2004	\$900
1986	\$440	2005	\$920
1987	\$460	2006	\$970
1988	\$470	2007	\$1,000
1989	\$500	2008	\$1,050
1990	\$520	2009	\$1,090
1991	\$540	2010	\$1,120
1992	\$570	2011	\$1,120
1993	\$590	2012	\$1,130
1994	\$620	2013	\$1,160
1995	\$630	2014	\$1,200
1996	\$640	2015	\$1,220

Each person can get up to a total of four qualifying quarters of credit each calendar year based on the person’s own earnings. (The person may be credited with additional quarters in a calendar year based on earnings of a parent or spouse, as described later in this section.)

Mr. G earned \$5,000 gross income in 1995. ($\$5,000 \div \$630 = 7.936$) Although the result equals over seven quarters, he is credited with four qualifying quarters in 1995.

NOTE: Starting with January 1, 1997, do not count the income from any quarters in which an alien received any type of federal means-tested public assistance during the quarter. “Means-tested public assistance” includes FIP, SSI, Medicaid, and Food Assistance.

1. Mr. B is an LPR sponsored by an individual under Form I-864, *Affidavit of Support*. Mr. B does not live with his sponsor and does not have the 40 qualifying quarters needed to exempt him from sponsor deeming. Mr. B and his wife are qualified aliens who have met the five-year bar. Their children are U.S. citizens.

Mr. B applies for Medicaid for himself, his wife (not pregnant), and their two children, ages 2 and 3. The household's only income is Mr. B's gross monthly earnings of \$400, plus \$200 provided by his sponsor.

The \$600 total income of Mr. B's household is less than 100% of the federal poverty level for his household size of four persons. Mr. B is determined to be indigent, and sponsor deeming will not apply. However, the income actually provided by the sponsor is countable unearned income to Mr. B.

2. Same as Example 1 except that Mr. B is disabled. He receives \$900 Social Security Disability (SSD) income each month, and each of his two children receives \$100 social security because of his disability. Mr. B's sponsor also provides \$200 to him each month.

The total household income of \$1,300 is less than 100% of the federal poverty level for Mr. B's household size of four persons. Mr. B is determined to be indigent, therefore sponsor deeming will not apply. However, the income actually provided by the sponsor is countable unearned income to Mr. B.

3. Same as Example 2 except Mr. B has no earnings history, so neither he nor his children receive any social security income. Mr. B's only income is \$553 SSI and \$200 actually provided by his sponsor. A determination of indigence is not needed for Mr. B since he receives SSI.

The IM worker uses income as reported on Mr. B's State Data Exchange (SDX) to determine Mr. B's Medicaid eligibility.

If the worker is aware of income Mr. B is receiving from his sponsor that is not reported on the SDX, the worker reports this income to the Social Security Administration using form 470-0641, *Report of Change in Circumstances – SSI-Related Programs*.

Since Mr. B is on SSI, eligibility for Mrs. B and the two children is determined as an FMAP-related household of three without considering Mr. B's income.

2. Mr. N is an LPR who is subject to sponsor deeming. His sponsor is married with no children. The sponsor's income is \$1,000 social security and a \$300 monthly pension. The sponsor's wife has no income.

Mr. N applies for Medicaid for himself and his wife. Mr. and Mrs. N are both elderly and have no children living with them. Mr. N is a qualified alien who has met the five-year bar. His wife is a U.S. citizen. Mr. N receives \$200 social security per month. Mrs. N receives \$900 social security. Mr. N also receives \$100 per month from his sponsor.

The amount of income to deem from the sponsor is calculated as follows:

\$ 1,300	Sponsor's gross income
- 733	Diversion for sponsor
- <u>367</u>	Diversion for sponsor's wife
\$ 200	Countable as unearned income to the sponsored person

Next, SSI-related Medicaid income eligibility for Mr. N's household is determined as follows:

\$ 900	Mrs. N's social security
+ 200	Mr. N's social security
+ <u>200</u>	Deemed from Mr. N's sponsor
\$ 1,300	Countable income for Mr. N's household
- <u>20</u>	Deduction
\$ 1,280	> \$1,100 SSI limit for 2

Since \$1,280 exceeds the SSI income limit for 2 of \$1,100, eligibility would be determined under the Medically Needy coverage group.

Calculate the amount of **resources** to deem as follows:

1. Determine the amount of nonexempt resources of the sponsor and sponsor's spouse in accordance with either FMAP-related or SSI-related policies.
2. Allow deductions according to coverage group as follows:

If **FMAP-related** coverage group:

- ◆ Subtract \$1,500.
- ◆ Divide by the number of aliens sponsored by this sponsor, if known; if not known, the entire amount counts.

Limited Eligibility for Certain Aliens

Legal reference: 42 CFR 440.255(b)-(c), 441 IAC 75.11(4)

Medicaid benefits are available to pay for the cost of emergency services for an alien who does not meet Medicaid citizenship or alien requirements or social security number requirements. However, the person must meet the financial and categorical eligibility requirements and state residency requirements of an FMAP-related or SSI-related coverage group.

Emergency medical coverage is also available to otherwise eligible people whose alien status cannot immediately be determined with documentation from USCIS or who do not claim to have a qualified alien status.

Categories of aliens who are potentially eligible for emergency medical coverage include:

- ◆ Qualified aliens not eligible for full Medicaid coverage due to the five-year bar.
- ◆ Nonqualified alien adults age 21 or over “lawfully residing” in the United States. This may include adults in a “nonimmigrant” alien status.
- ◆ Undocumented or illegal aliens.

NOTE: A person eligible only for limited Medicaid for emergency services must cure any prior noncooperation issues if cooperation is a requirement of the applicable coverage group. Inform the applicant in writing of any cooperation issue and allow the applicant ten calendar days to cooperate.

Sponsor deeming does not apply when determining eligibility for this coverage.

As a condition of eligibility, the applicant must have had or currently have an emergency medical condition (including labor and delivery). See [Existence of an Emergency Medical Condition](#). Limits of coverage are described under [Payment for Emergency Services](#).

A person must meet **Iowa residency requirements** to qualify for limited Medicaid for emergency services. The USCIS may require persons in some alien statuses (e.g., nonimmigrants) to show they intend to maintain and return to their residence abroad. Therefore, such an alien status is an indicator that a person might not meet Iowa residency requirements.

Existence of an Emergency Medical Condition

Legal reference: 42 CFR 440.255(b)-(c), 441 IAC 75.11(1)

“Emergency medical condition” means a medical condition of sudden onset (including labor and delivery) manifesting itself by acute symptoms of such severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:

- ◆ Placing the patient’s health in serious jeopardy, or
- ◆ Serious impairment of bodily function, or
- ◆ Serious dysfunction of any bodily part or organ.

The following medical conditions are not considered emergency medical conditions:

- ◆ Organ transplant procedure
- ◆ Routine prenatal care
- ◆ Routine postpartum care

Before granting eligibility, verify the existence of the emergency medical condition and that medical expenses were incurred. Send the *Verification of Emergency Health Care Services*, form 470-4299, to the medical provider who treated the applicant for the emergency medical condition. Either the provider or the provider’s designee may sign the form.

You may also use a signed statement from the medical provider containing the same information as requested by form 470-4299.

Mr. A, 17 years old, is unlawfully living in the United States. He has no income or resources and has filed an application for Medicaid. Mr. A has not been treated for an emergency medical condition. His application is denied, because unlawful aliens are eligible only for payment of medical expenses for treatment of any past or current emergency medical condition.

Keep form 470-4299 or the statement verifying the medical care was an emergency in the electronic case file and available for Iowa Medicaid Enterprise (IME) to identify payable claims to avoid overpayments.

Payment for Emergency Services

Legal reference: 42 CFR 440.255(a), 441 IAC 75.11(1)

Payment for emergency services is limited to services necessary to treat an emergency medical condition for the dates of service of the emergency.

“Emergency services” means services provided in a hospital, clinic, office or other facility that is equipped to furnish the required care after the sudden onset of an emergency medical condition. Labor and delivery services are covered, including normal deliveries.

Payment may be made for covered services for an alien who requires emergency medical care more than once in a calendar month or in different months. NOTE: A new application is not required for any subsequent emergencies within the same month.

Send form 470-4299, *Verification of Emergency Health Care Services*, to the medical provider for each separate medical emergency, including multiple emergencies within the same month.

The IME Provider Services Unit will identify payable claims based on dates of service and services billed by the providers as indicated by the entry of the “C” code on either the Automated Benefit Calculation (ABC) system or the *Request for Special Update*, form 470-0397.

Do not approve emergency services for anyone who has received care related to an organ transplant procedure furnished on or after August 10, 1993.

When an application is approved for an alien who is eligible for emergency services only, it is approved for the months the emergency occurred. This may mean that a person is eligible for one month; if eligible under the Medically Needy coverage group, use a one-month certification period for ongoing eligibility. (Refer to [8-J, Retroactive Eligibility](#), for policy on retroactive eligibility certification periods).

If the dates of service of the emergency span more than one month, the person must be determined categorically and financially eligible for each month. This may mean that a person is eligible for one month and not the others, or the person may be eligible for all months. If eligible under the Medically Needy coverage group, this may mean a larger spenddown due to using income for more than a one-month certification period.

Manually issue a notice of decision for applications for cases process in ABC. For applications received and approved in the same month before timely notice day, make entries on ABC for Medicaid coverage of the emergency services. See [14-B\(7\), Emergency Medical Services for Aliens](#). Close the individual or the case effective the first of the month following the last date of service for the emergency. Suggested wording for the manual notice of decision:

Your application for Medicaid is approved for limited benefits only, because you do not meet Medicaid citizen/alien requirements. Payment for emergency services is limited to services necessary to treat an emergency medical condition for the dates of services of the emergency.

Su solicitud para recibir los servicios de Medicaid está aprobada solo para determinados beneficios debido a que usted no cumple con los requisitos respecto de la condición de ciudadano/extranjero de Medicaid. El pago de servicios de emergencia se limita a aquellos servicios que sean necesarios para el tratamiento de una emergencia médica en las fechas de prestación de dichos servicios.

EM 8-L, Existence of an Emergency Medical Condition; 441 Iowa Administrative Code 75.11(249A) and 76.13(3); EM 8-J, Who is Eligible for Medically Needy; 441 Iowa Administrative Code 75.1(35), 75.11(249A), and 76.13(3); EM 8-C, Citizenship; EM 6-B, Eligibility for Aliens; Iowa Administrative Code 50.2(1); 42 CFR 435.406; 42 CFR 440.255.

For applications approved after timely notice day, complete and submit form 470-0397, *Request for Special Update*, to update eligibility rather than make entries on the ABC system. EXCEPTION: For Medically Needy cases with spenddown, open all cases on the ABC system so that the Medically Needy subsystem can track spenddown.

For denials, make ABC system entries and send a system notice of decision.

1. Ms. Q, an LPR still in her five-year bar, delivers a baby on April 30. She applies for Medicaid on May 10. Form 470-4299, *Verification of Emergency Health Care Services*, shows the dates of service for treating her emergency medical condition are April 30 through May 5. She is categorically and financially eligible for both months.

The application is approved for emergency services for April and May. The baby, who is a U.S. citizen, is eligible under deemed newborn status through the month of the child's first birthday.

2. Mr. C, a 65-year-old nonqualified alien, has an emergency March 25. He files an application on March 27. Form 470-4299, *Verification of Emergency Health Care Services*, shows March 25 is the only date of service for treating his emergency medical condition. The application is approved for the month of March only.
3. Ms. W, an undocumented alien, applies for Medicaid on August 3. Form 470-4299, *Verification of Emergency Health Care Services*, shows she was treated for an emergency medical condition for the dates of service of July 25 through August 2. Ms. W is categorically eligible for Medicaid but exceeds the income limits except for Medically Needy.

Because the emergency spanned two months, the Medically Needy certification period will be August with a one-month retroactive certification for July.