



REVIEW OF ELIGIBILITY SERVICES: DWS

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
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ISSUE BRIEF

SUMMARY

The State of Utah administers a number of poverty-related programs based on specific needs of an individual. The Eligibility Services Division at the Department of Workforce Services determines eligibility for these programs according to different sets of eligibility requirements. There are 6 main poverty-related programs administered through DWS detailed in this issue brief: Supplemental Nutrition Assistance Program (SNAP), Medicaid, Children’s Health Insurance Program (CHIP), the Family Employment Program (FEP), the General Assistance (GA) Program, and the Child Care and Development Fund (CCDF). These fall under the categories of Nutrition Assistance, Medical Assistance, Financial Assistance, and Child Care Assistance. For FY 2017, the total expenditures on these programs incurred by DWS were \$493,257,499. Of those total expenditures, approximately 90% are federal funds.

PROGRAM DESCRIPTIONS AND ELIGIBILITY DETAILS

A basic description of each program, its sub programs, and its eligibility requirements are below. Rules and eligibility details are summarized here, but can vary by sub-category or specific exception in some cases. Full rules and eligibility requirements are in Appendix A (benefit amounts by household size), Appendix B (program comparison with complete rules and income/assets requirements), and Appendix C (Eligible Alien Status rules for each program).

Nutrition Assistance

Supplemental Nutrition Assistance Program (SNAP): With a focus on nutrition for individuals in financial need, SNAP provides monthly benefits for low-income households to supplement their food purchases. The amount received per household is determined by household size (detailed in Appendix A).

	Eligibility	Eligible Alien Status/Citizenship Requirements
SNAP	<ul style="list-style-type: none"> Household size determines amount received monthly Total Household Asset Limit: \$2,250** Employment and Training activities participation necessary 	<ul style="list-style-type: none"> U.S. Citizen Refugee* Approved Asylee Victim of Human Trafficking

*Refugee includes Cuban or Haitian entrants admitted under the Refugee Education Assistance Act of 1980 and Special Immigrant Visas (SIV) from Iraq or Afghanistan.

**Asset limit is \$3,250 if one or more household member is disabled of age 60 or older

Medical Assistance

Medicaid: Provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by the state while following federal requirements and is jointly funded by the state and the federal government. Income requirements are unique to each subcategory of Medicaid

as detailed below after each category described. Medicaid includes the following sub-categories (not an exhaustive list).

- *Parent/Caretaker Relative (PCR)*—The program of choice provides Medicaid coverage for parents or legal guardians and their dependent children. (*Income Limit: 55% FPL*)
 - *12 month transitional*—Up to 12 months of assistance for households that lose eligibility for PCR for parents income exceeding income limits for PCR (*Income Limit: 185% FPL*)
 - *4 month transitional*—Up to 4 months assistance for households that lose eligibility for PCR due to increased spousal support (*Income Limit: No limit*)
- *Pregnant Woman & Pregnant Woman Medically Needy*—Provides Medicaid to pregnant women when she is not otherwise eligible for PCR (*Income Limit: 139% FPL*)
- *Children under 1*—provides Medicaid coverage to children through the month their 1st birthday
- *Child under 19*—provides Medicaid coverage to children through age 19 (*Income Limit: 133% FPL*)
- *Child medically needy*—Provides Medicaid coverage to children through age 18 (*Income Limit: BMS Level*)
- *Refugee*—Program of last resort, for refugees not eligible for other Medicaid or CHIP. Provides up to 8 months of medical assistance from entry into country. (*Income Limit: BMS Level*)
- *Targeted Adult Medicaid*—Medical coverage for chronically homeless, justice involved, or individuals needing treatment. (*Income Limit: Parents with dependent children 60% FPL/Adults without dependent children 5% FPL AND chronically homeless, involved in the justice system, or needing substance abuse/mental health treatment.*)

Children’s Health Insurance Program (CHIP)

CHIP is a federally funded medical program to provide health insurance to children. It is not a Medicaid program, and is designed for children who are not eligible for a Medicaid program and does not have access to other health insurance options.

	Eligibility	Eligible Alien Status/Citizenship Requirements
Medicaid (Parent/Caretaker Relative—PCR is the “Program of Choice”)	<ul style="list-style-type: none"> • Eligible households are determined by size and % of federal poverty level. Levels differ subcategory. Details in Appendix B. • Total Household Asset Limit: Most categories have no asset limit. Medically Needy/Refugee Medicaid categories have an asset limit of \$2,000 for one, \$3,000 for 2 + \$25 for each additional person • Income Limit: Household’s countable income cannot exceed 200%. • Retroactive coverage allowed for almost all categories—up to 	<ul style="list-style-type: none"> • U.S. Citizen • Refugee* • Approved Asylee • Victim of Human Trafficking • Emergency services ARE available for ineligible aliens

	<p>three months prior to the date of application</p> <ul style="list-style-type: none"> • Employment and training activities participation not necessary 	
CHIP	<ul style="list-style-type: none"> • Eligible households are determined by size and % of federal poverty level. • Total Household Asset Limit: There is no asset limit. • Retroactive coverage is not allowed. • Most households are required to pay quarterly premiums and co-payments 	<ul style="list-style-type: none"> • U.S. Citizen • Refugee* • Approved Asylee • Victim of Human Trafficking • Battered Alien • Emergency services NOT available for ineligible aliens

*Refugee includes Cuban or Haitian entrants admitted under the Refugee Education Assistance Act of 1980 and Special Immigrant Visas (SIV) from Iraq or Afghanistan.

Financial Assistance

Family Employment Program (FEP)—is designed to provide financial assistance and employment services temporarily while individuals are participating in activities to increase the household’s income through employment, child support payments, or social security disability payments. FEP is a TANF-Funded program. TANF is a federal block grant with a goal to provide funds to states and territories to provide families with financial assistance and related support services. The Family Employment Program (FEP) includes the following sub-categories:

- FEP—Provides assistance for single parent households or two-parent households where one or both parents are unable to work.
- FEP-TP—Provides assistance with employment and child support services to two parent households with dependent children where both parents ARE able to work. The goal is to increase household income.
- FEP Child Care—Pays for child care for FEP recipients to participate in employment plan activities.
- Specified Relative-Provides assistance to children living with specified relatives when the children’s parents are absent from the home
- Adoption Assistance (AA)—Provides assistance for Utah parent who voluntarily relinquishes a child for adoption for up to 12 months from date of relinquishment.
- Refugee Cash Assistance (RCA)—Provides assistance for refugees
- Emergency Assistance (Homeless Prevention Program)—Provides immediate short term financial help to destitute families to remedy or prevent homelessness (has no participation requirements).

General Assistance (GA)—Provides financial assistance and employment services to singles and couples without dependent children or a woman who is pregnant, which have medical and/or mental health limitations that keep them from working in any occupation for more than 60 days.

	Eligibility	Eligible Alien Status/Citizenship Requirements
Family Employment Program	<ul style="list-style-type: none"> Household size determines amount received monthly Total Household Asset Limit: \$2,000 Must have at least one eligible child Must develop an employment plan with an Employment counselor, must meet participation hours per week (if applicable), 	<ul style="list-style-type: none"> U.S. Citizen Refugee* Approved Asylee Battered Aliens Victims of Human Trafficking
General Assistance	<ul style="list-style-type: none"> Receives \$287 for a single person, \$398 for 2 Total Household Asset Limit: \$2,000 If disability will last 12+ months, must apply for SSI or SSDI benefits Assistance provided for a maximum of 6 out 12 months for a short term disability and 12 months out of 60 for a long term disability 	<ul style="list-style-type: none"> U.S. Citizen Refugee* Approved Asylee Battered Aliens Victims of Human Trafficking

*Refugee includes Cuban or Haitian entrants admitted under the Refugee Education Assistance Act of 1980 and Special Immigrant Visas (SIV) from Iraq or Afghanistan.

Child Care Assistance

The Child Care and Development Fund (CCDF) is an umbrella funding source for a number of child care programs, detailed below.

- Employment Support Child Care (ESCC)—A program that helps pay for child care for single parent households or 2 parent households where the parents are employed/participating in the employment prep activities. Participants in ESCC must not be receiving FEP.
- Job Search Child Care (JSCC)—A program available for up to 2 months for single parents who are no longer eligible for ESCC due to loss of employment. Participants must request job search assistance from DWS staff.

- Upfront Child Care—A program that helps pay for child care upfront at the time an application is screened for one or two parent households. It may be issued for 1 or 2 months depending on the date of the application and approvals for other child care programs (especially ESCC).

	Eligibility	Eligible Alien Status/Citizenship Requirements
Employment Support Child Care (ESCC)	<ul style="list-style-type: none"> • Household must have a child under the age of 13 needing child care services. • Total Household Asset Limit: \$1,000,000 • <i>One parent household:</i> Parent must be employed 15+ hours per week • <i>Two-parent household:</i> One parent must be employed an average of 30+, and the other 15+ • No time limit for those meeting the employment requirements • Time Limit: Limited to 24 months in a lifetime qualifying for assistance with employment improvement and training activities as an exception to employment requirements 	<ul style="list-style-type: none"> • U.S. Citizen • Refugee* • Eligible Alien
Job Search Child Care (JSCC)	<ul style="list-style-type: none"> • Must be a single parent family • Household must have a child under the age of 13 needing child care services • Time Limit: Only available once in a 12-month period 	<ul style="list-style-type: none"> • U.S. Citizen • Refugee* • Eligible Alien
Upfront Child Care	<ul style="list-style-type: none"> • Household must have a child under the age of 13 needing child care services • Parents must be employed (self employed parents are not eligible) • <i>One parent household:</i> Parent must be employed 15+ hours per week • <i>Two-parent household:</i> One parent must be employed an average of 30+, and the other 15+ • If issued and verification of employment is not provided within application timeframe, the customer is not eligible for 12 months from month of issue. 	<ul style="list-style-type: none"> • U.S. Citizen • Refugee* • Eligible Alien

*Refugee includes Cuban or Haitian entrants admitted under the Refugee Education Assistance Act of 1980 and Special Immigrant Visas (SIV) from Iraq or Afghanistan.

PROGRAM EXPENDITURES

Program expenditures from DWS for the 6 programs detailed above are below. Federal funds make up approximately 90% of the total.

Program	Expenditures					
	<i>Total Expenditures</i>	<i>Federal</i>	<i>General Fund</i>	<i>Dedicated Credits</i>	<i>Transfers</i>	<i>Restricted Funds</i>
<i>Supplemental Nutrition Assistance Program (SNAP)</i>	\$323,856,200	\$307,380,946	\$16,411,743	\$34,616		\$28,895
<i>Medicaid</i>	\$50,140,200		\$12,410,300	\$899,000	\$36,830,900*	
<i>Children's Health Insurance Program (CHIP)</i>	\$2,699,314				\$2,699,314*	
<i>Family Employment Program (FEP)</i>	\$26,656,523	\$19,271,219	\$7,385,304			
<i>General Assistance (GA) Program</i>	\$3,989,761		\$3,739,761	\$250,000		
<i>Child Care and Development Fund (CCDF)</i>	\$85,915,501	\$82,549,302	\$2,641,587		\$724,612	
<i>Totals</i>	\$493,257,499	\$409,201,467	\$42,588,695	\$1,183,616	\$40,254,826	\$28,895

*These are funds transferred from UDOH. They are federal funds.

Effective: October 2017 Revised: September 2017 ELIGIBILITY QUICK REFERENCE SHEET

FINANCIAL					SNAP			CHILD CARE		
ASSET LIMIT: Countable real & personal property cannot exceed \$2000. For vehicle policy, see section 565-1 for specific program requirements.					ASSET LIMIT: Total value of household assets cannot be more than \$2250, or \$3250 (if one or more household members are disabled or age 60 or older). For Vehicle policy, see section 565-3 in the SNAP policy manual.			Effective October 1, 2016, there is a one-million dollar asset test for Child Care.		
HH SIZE	INCOME TEST I	INCOME TEST II	FEP - RCA INCOME TEST III	GA INCOME TEST III	TEST I	TEST II	MAXIMUM ALLOTMENT	NON-SPECIAL NEEDS: INITIAL	NON-SPECIAL NEEDS: Review	SPECIAL NEEDS: and ONGOING
	GROSS INCOME (CANNOT EXCEED)	STANDARD NEEDS BUDGET (MUST BE LESS)	STANDARD GRANT (Benefit must be at least \$1)	STANDARD GRANT (Benefit must be at least \$1)	GROSS INCOME (130% of Poverty) (CANNOT EXCEED) Elderly/disabled not subject to this test	NET INCOME (100% of Poverty) (CANNOT EXCEED)		TEST (NET)	TEST (NET)	TEST (NET)
1	608	329	288	287	1307	1005	192	N/A	N/A	N/A
2	843	456	399	398	1760	1354	352	2310	2888	3507
3	1050	568	498		2213	1702	504	2854	3567	4332
4	1230	665	583		2665	2050	640	3398	4247	5157
5	1400	757	663		3118	2399	760	3941	4926	5982
6	1542	834	731		3571	2747	913	4485	5606	6807
7	1615	873	765		4024	3095	1009	4587	5733	6962
8	1690	914	801		4477	3444	1153	4689	5861	7117
9	1770	957	839		4930	3793	1297	4791	5988	7271
10	1844	997	874		5383	4142	1441	4892	6116	7426

FINANCIAL	SNAP	CHILD CARE*
Work Allowance: \$100 for each employed person Disregard: 50% of the remaining earnings Child Care: FT: \$200 under age 2 \$175 2 and older PT: \$160 under age 2 \$140 2 and older Child Support legally owed & paid to a non-HH member EA – Emergency Assistance The gross income cannot exceed Income Test I for the Household size.	Earned Income Deduction: 20% Standard Deduction For HH Size 1 – 3 \$160.00 HH Size 4 \$170.00 HH Size 5 \$199.00 HH Size 6 + \$ 228.00 Medical Expense Deduction Allowed for Qualified Elderly or Disabled Child Care Max. Child Care Deduction: All qualified child-care expenses can be deducted from income. Child Support legally owed & paid to someone outside the HH Max. Shelter Deduction \$535.00 Standard Utility Allowance \$365.00 Non-Heat/Cooling Utility Allow. \$285.00 Homeless Standard Shelter \$143.00 Telephone Only Allowance \$65.00 Minimum Allotment \$15.00 See policy 230-1 for elderly/disabled customers over age 21 purchasing/preparing food with others in their HH.	Work Allowance: \$100 for each working parent Standard Deduction: \$100 per household Child Support Deduction: \$50 from Child Support received Child Support legally owed & paid to someone outside of the HH * *If the household is receiving FEP the household does not need to meet separate child care eligibility rules (i.e. separate income criteria)

TABLE VII - Income Limits for Medical Assistance & Medicare Cost Sharing Programs

ASSET LIMITS – MAGI Programs/PCN/Transitional PCR: No Asset Limit. *Medically Needy-Refugee, Medically Needy-Family Related:* \$2,000 for One Person, \$3,000 for Two, Add \$25 for each Additional Person
ABD: Single Person \$2,000 Married Couple \$3,000. *Medicare Cost Sharing Programs:* Single Individual \$7,390 Married Couple \$11,090 *Medicaid Work Incentive:* \$15,000 for all HH sizes.

HH SIZE	MAGI No Asset Limit			NON-MAGI Assets Applicable	NON-MAGI No Asset Limit	MAGI-CHIP/UPP/PCN No Asset Limit			NON-MAGI Assets Applicable		MEDICARE COST-SHARING Assets Applicable		
	PCR (Parent Caretaker Relative)	PREGNANT WOMAN, CHILD 0-5	CHILD 6-18	Medically Needy Family-related; REFUGEE	PCR - 12 Month Transitional	CHIP PLAN B	CHIP PLAN C UPP	PCN	Poverty Aged and Disabled & Medically Needy ABD	MWI Medicaid Work Incentive	OMB	SLMB	QI-1
	55% FPL	139% FPL	133% FPL	BMS Level	185% FPL	150% FPL	200% FPL	95% FPL	100% FPL	250% FPL	100% FPL	120% FPL	135% FPL
1	553	1397	1337	382	1860	1508	2010	955	1005	2513	1005	1206	1357
2	745	1882	1800	468	2504	2030	2707	1286	1354	3384	1354	1624	1827
3	936	2366	2264	583	3149	2553	3404	1617	1702	4255	PMV (Presumed Maximum Value):		
4	1128	2850	2727	682	3793	3075	4100	1948	2050	5125	Single Individual: \$265.00 Married Couple: \$387.66		
5	1320	3334	3190	777	4437	3598	4797	2279	2399	5996	NH Personal Needs Allowance: \$45.00		
6	1511	3818	3654	857	5082	4120	5494	2610	2747	6867	Medicare Part B: \$109.00/\$134.00 per month 1619B Income Limit: \$2851 mo.		
7	1703	4303	4117	897	5726	4643	6190	2941	3095	7738	Aged, Disabled, Blind, Medicare Cost Sharing Deductions: \$20 General Disregard from Unearned Income		
8	1894	4787	4580	938	6371	5165	6887	3272	3444	8609	Impairment-Related Work Expense (Only for Aged, Blind, Disabled)		
9	2086	5271	5043	982	7015	5688	7584	3603	3792	9480	\$65 & ½ Earned Income Disregard		
10	2277	5755	5507	1023	7659	6210	8280	3933	4140	10350	Additional Deduction for Aged, Blind, Disabled, & Spenddown Programs: Health Ins. Premiums, Allowable Medical Bills		

SOCIAL SECURITY/SUPPLEMENTAL SECURITY INCOME (SSI) Information

Full SSI for Single Living Alone: \$735.00 (No State Supplement)

SSI for Single receiving In-Kind Support: \$490.00 (+\$3.13 State Supplement)

Full SSI for Couple Living Alone: \$1103.00 (+\$4.60 State Supplement)

SSI for Couple receiving In-kind Support: \$735.34 (+\$9.73 State Supplement)

Program Comparison Chart

Updated: 1/2/2018

Financial

Please Note: Policy References are all from the Financial/SNAP/Child Care Eligibility Manual

Program	Definition	Basic Rules	Income and Assets
FEP (Family Employment Program)	<ul style="list-style-type: none"> Section 205-1 Provides financial assistance and employment services for single-parent households or two-parent households where one or both parents are incapacitated and unable to work. Purpose is to provide temporary financial support while participating in activities to increase the HHs income through: <ul style="list-style-type: none"> Employment Child support payments Social Security Disability payments 	<p>Household (HH) Requirements:</p> <ul style="list-style-type: none"> Section 221 Must have at least one eligible child or woman must be in her 3rd trimester of pregnancy. Eligible child is under age 18 or in school and expects to graduate before reaching age 19 With few exceptions, all parents and siblings of an eligible child must be included in the HH. <p>Duty of Support Requirements:</p> <ul style="list-style-type: none"> Section 305 Parents must cooperate with ORS to establish and collect child support except in certain circumstances. <p>Citizenship Requirements:</p> <ul style="list-style-type: none"> Section 215 Must be a U.S. citizen or eligible alien <p>Participation Requirements:</p> <ul style="list-style-type: none"> Section 321 Must develop an employment plan with an Employment Counselor and participate in the prescribed activities. <p>Time Limits:</p> <ul style="list-style-type: none"> Section 281 Parents can only receive for 36 months over their lifetime. Additional months may be approved if parent meets specific criteria for an extension. 	<p>Income Limits</p> <ul style="list-style-type: none"> Section 410 and Table 1 Must meet gross & net income limits based on HH size. If household has unearned income, must meet a third income test where unearned income must be less than the grant amount based on the HH size. <p>Income Deductions</p> <ul style="list-style-type: none"> Section 441 Work Expense Allowance (441-1): deduct \$100 from earnings of each employed HH member 50% Earned Income Disregard (441-2): deduct 50% of the remaining earnings if household has received FEP benefits in the last four months or the net income is lower than Standard Needs Budget based on HH size. Dependent Care Deduction (441-3) for employment and training activities. Child Support Payments (441-1): owed and paid to a non-HH member. <p>Assets</p> <ul style="list-style-type: none"> Section 500 \$2000 limit per HH
FEP-TP (Family Employment Program- Two Parents)	<ul style="list-style-type: none"> Section 205-2 Provides financial assistance and employment services to two-parent HHs with dependent children where both parents are able to 	<p>Household (HH) Requirements:</p> <ul style="list-style-type: none"> Section 222 Must have at least one eligible child or woman must be in her 3rd trimester of pregnancy. Eligible child is under age 18 or in school and expects to graduate before reaching age 19 With few exceptions, all parents and siblings of an eligible child 	<p>Income Limits (same as FEP)</p> <ul style="list-style-type: none"> Section 410 and Table 1 Must meet gross & net income limits based on HH size. If household has unearned income, must meet a third income test where unearned income must be

Program	Definition	Basic Rules	Income and Assets
	<p>work.</p> <ul style="list-style-type: none"> • Purpose is to provide temporary financial support while participating in activities to increase the HHs income through: <ul style="list-style-type: none"> ○ Employment ○ Child support payments 	<p>must be included in the HH.</p> <p>Citizenship Requirements:</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien <p>Participation Requirements:</p> <ul style="list-style-type: none"> • Section 321 • All adults in the family must participate in activities that lead to employment. • There must be at least 60 hours of participation per week between the two parents. • FEP-TP payment is paid semi-monthly rather than monthly, AND, after the parents have worked for actual hours performed. <p>Time Limits:</p> <ul style="list-style-type: none"> • Section 282 • HHs can only receive FEP-TP for 7 out of every 13 months. • Parents can only receive for 36 total months over their lifetime. 	<p>less than the grant amount based on the HH size.</p> <p>Income Deductions (same as FEP)</p> <ul style="list-style-type: none"> • Section 441 • Work Expense Allowance (441-1): deduct \$100 from earnings of each employed HH member • 50% Earned Income Disregard (441-2): deduct 50% of the remaining earnings if household has received FEP –TP benefits in the last four months or the net income is lower than Standard Needs Budget based on HH size. • Dependent Care Deduction (441-3) for employment and training activities. • Child Support Payments (441-1): owed and paid to a non-HH member. <p>Assets (same as FEP)</p> <ul style="list-style-type: none"> • Section 500 • \$2000 limit per HH
<p>Specified Relative</p>	<ul style="list-style-type: none"> • Section 205-3 • Provides financial assistance to children living with specified relatives and the child's parents are absent from the home. • The specified relative may also be included on the case if they choose to, AND meet eligibility requirements. 	<p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 223 • HH must contain an eligible child, and the child's parents must be absent from the home. • If the specified relative will not be on the case, eligibility will be based on the eligible children. • If the specified relative will be on the case, eligibility will be based on FEP or FEP-TP rules. • Only one specified relative can be included with the children on the case with the child even if the relative has a spouse in the home. <p>Duty of Support Requirements</p> <ul style="list-style-type: none"> • Section 305 • Specified relative must cooperate with the ORS to establish and collect child support. <p>Citizenship Requirements:</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien. 	<p>Income Limits (same as FEP)</p> <ul style="list-style-type: none"> • Section 410 and Table 1 • Must meet gross & net income limits based on HH size. • If household has unearned income, must meet a third income test where unearned income must be less than the grant amount based on the HH size. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 441 - Same as FEP or FEP-TP if relative is included. <p>Assets (same as FEP)</p> <ul style="list-style-type: none"> • Section 500 • \$2000 limit per HH

Program	Definition	Basic Rules	Income and Assets
		<p>Participation Requirements:</p> <ul style="list-style-type: none"> • Section 321- Same as FEP or FEP-TP if the specified relative is included. <p>Time Limits:</p> <ul style="list-style-type: none"> • Section 281 or 282- If specified relative is included. • No time limits if only the children are on the case. 	
<p>AA (Adoption Assistance)</p>	<ul style="list-style-type: none"> • Section 205-4 • Provides financial assistance for a Utah resident parent who voluntarily relinquishes a child for adoption for up to 12 months from the date of relinquishment. • The parent must be otherwise eligible for FEP if custody of the child had been maintained. 	<p>All regular FEP rules apply to AA.</p> <p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 224 • Same as FEP, except two-parent HHs receive financial assistance equal to a HH size of one. <p>Duty of Support Requirements</p> <ul style="list-style-type: none"> • A parent is not required to cooperate with ORS for the child who is relinquished for adoption. <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien. <p>Participation Requirements:</p> <ul style="list-style-type: none"> • Section 321- Same as FEP or FEP-TP <p>Time Limits</p> <ul style="list-style-type: none"> • Section 283 • Assistance is provided for a maximum of 12 consecutive months from the date of relinquishment. Month 1 begins in the month of relinquishment. 	<p>Income Limits (same as FEP)</p> <ul style="list-style-type: none"> • Section 410 and Table 1 • Must meet gross & net income limits based on HH size. • If household has unearned income, must meet a third income test where unearned income must be less than the grant amount based pm the HH size. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 441 • Same as FEP or FEP-TP. <p>Assets (same as FEP)</p> <ul style="list-style-type: none"> • Section 500 • \$2000 limit per HH
<p>GA (General Assistance)</p>	<ul style="list-style-type: none"> • Section 205-6 • Provides financial assistance and employment services to singles and couples without dependent children or a woman who is pregnant and not in the 3rd trimester, which have medical and/or mental health limitations that keep them from working in any occupation at all for more than 60 days. • Initial benefits from the GA program are paid 	<p>Household (HH) Requirements:</p> <ul style="list-style-type: none"> • Section 226 • Must be at least 18 years of age or emancipated • A recipient of SSI or BIA General Assistance is not eligible for GA benefits. <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien. <p>Participation Requirements</p> <ul style="list-style-type: none"> • Section 323 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 1 • Must meet gross and net income limits based on HH size. • If household has unearned income, must meet a third income test where unearned income must be less than the grant amount based on the HH size. • If married, the income and assets of the spouse must be included even though the spouse may not be eligible to be included in the GA benefit.

Program	Definition	Basic Rules	Income and Assets
	<p>effective the first day of the month following the month of application. Partial benefits are not paid based on the date of application.</p>	<ul style="list-style-type: none"> ○ If disability will last 12 months or longer, must sign GA program agreement. ○ If disability will last 12 months or longer, must also participate in an employment plan to apply for SSI or SSDI benefits. ○ If married, only the eligible spouse is required to sign the GA agreement. <p>Time Limits</p> <ul style="list-style-type: none"> • Section 286 • Assistance is provided for a maximum of 6 months out of 12 months for a short-term disability and a maximum of 12 months out of any 60-month period for a long term disability. 	<p>Income Deductions</p> <ul style="list-style-type: none"> • Section 441 • Work Expense Allowance- Deduct \$100 from earnings of each employed HH member who is not disabled. • 50% Earned Income Disregard- Deduct 50% of the remaining earnings if household has received GA benefits in the last four months or the net income is lower than Standard Needs Budget based on HH size. • The benefits of an SSI spouse are counted toward a GA spouse. <p>Assets</p> <ul style="list-style-type: none"> • Section 500 • \$2000 per HH
<p>RCA</p> <p>(Refugee Cash Assistance)</p>	<ul style="list-style-type: none"> • Section 205-6 • Provides financial assistance and employment services for refugees. • Eligibility for FEP will be considered before RCA. 	<p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 225 • Refugee households with dependent children must meet FEP eligibility criteria. <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be an alien status that qualifies for refugee. <p>Participation Requirements</p> <ul style="list-style-type: none"> • Section 322 • Must develop an employment plan with an Employment Counselor and participate in the prescribed activities. • The employment counselor connects refugees to appropriate activities such as job search, job training, adult education, ESL, and other activities. <p>Time Limits</p> <ul style="list-style-type: none"> • Section 284 • RCA assistance is provided for a maximum of 8 months from the month of entry. 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 1 • Must meet gross & net income limits based on HH size. • If household has unearned income, must meet a third income test where unearned income must be less than the grant amount based on the HH size. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 441 • Work Expense Allowance- Deduct \$100 from earnings of each employed HH member • 50% Earned Income Disregard- Deduct 50% of the remaining earnings if household has received RCA benefits in the last four months or the net income is lower than Standard Needs Budget based on HH size. • Dependent Care Deduction (441-3) for employment and training activities. • Child support owed and paid to a

Program	Definition	Basic Rules	Income and Assets
			non-HH member. Assets <ul style="list-style-type: none"> • Section 500 • \$2000 limit per HH
Emergency Assistance Homeless Prevention Program	<ul style="list-style-type: none"> • Section 205-8 • Provides immediate short term financial help to destitute families to remedy or prevent homelessness. 	Household (HH) Requirements <ul style="list-style-type: none"> • Section 228 • Must have at least one dependent child who is a U.S. citizen or eligible alien. Emergency Criteria <ul style="list-style-type: none"> • Section 205-8 • Must meet all criteria for emergency crisis and verify ability to resolve shelter crisis for future. Citizenship Requirements <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien. Participation Requirements <ul style="list-style-type: none"> • No participation requirements Time Limits <ul style="list-style-type: none"> • Section 285 • A household may receive Emergency Assistance for a 30 consecutive day period in a year. • A year is defined as 365 days following the date the assistance was issued (not app date). 	Income Limits <ul style="list-style-type: none"> • Section 205-8 and Table 1 • Must meet gross income limits based on HH size. Income Deductions <ul style="list-style-type: none"> • Section 205-8 • None Assets <ul style="list-style-type: none"> • Section 500 • \$2000 limit per HH

SNAP

Please Note: Policy References are all from the Financial/SNAP/Child Care Eligibility Manual

Program	Definition	Basic Rules	Income and Assets
SNAP	<ul style="list-style-type: none"> • Section 207 • The focus of the SNAP program is nutrition. • It provides monthly benefits for low-income HH's to supplement their food purchases. • Benefits are issued on the Horizon Card which can be used to buy approved food items from approved vendors. • SNAP may only be used to buy food or approved food producing items. 	<p>Household (HH) Requirements:</p> <ul style="list-style-type: none"> • Section 230 • The SNAP household (HH) is generally defined as all members of the household who share food together. Some family members must be included whether or not they share food. <p>Citizenship Requirements:</p> <ul style="list-style-type: none"> • Section 215 • HH members must be a U.S. citizen or a qualified and eligible alien to be included in the benefits. <p>E&T Requirements:</p> <ul style="list-style-type: none"> • Section 342 • There are work requirements (E&T - Employment and Training) for some household members. • If a household member doesn't meet an exemption, they must participate in activities to become employed. <p>ABAWD Requirements:</p> <ul style="list-style-type: none"> • Section 341 • Able Bodied Adults without Dependents are eligible to receive 3 months of SNAP benefits in a 36 month period without meeting a work requirement. • Able Bodied Adults without Dependents (minor child under 18) must meet an ABAWD exemption or participate in approved employment activities each month. <p>Expedited FS :</p> <ul style="list-style-type: none"> • Section 775 • HHs may qualify for expedited SNAP assistance (will receive within 7 days) if they meet one of the following criteria: <ul style="list-style-type: none"> ○ Gross monthly income is < \$150 and liquid assets are < \$100 ○ Migrant or seasonal farm worker household that is destitute. ○ HH's combined gross income and liquid assets are less than the rent/mortgage and utility costs. • These HHs must also meet all other eligibility requirements. • If they qualify for expedited SNAP, the only thing the customer must verify for the first issuance is his or her identity. 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 2 • Must meet gross & net income limits based on HH size. • Exception: No income or asset limits if the household is categorically eligible. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 442 • Earned Income Deduction (442-1): 20% off countable gross earned income. • Standard Deduction (442-2): amount varies based on household size. • Medical Expenses (442-4): for qualified elderly/disabled HH members. • Child Support Payments (442-5): paid to a non-HH member. • Dependent Care Expenses (442-3): for work and/or education activities. • Excess Shelter Cost deduction (442-6) • Utility deductions (442-6): <ul style="list-style-type: none"> ○ SUA- Standard Utility Allowance; for HHs with heating/cooling costs ○ WOHA- Without Heating/Cooling Allowance; for HHs that have utility costs other than heating/cooling. ○ TOA- Telephone Only Allowance; for HHs that have only telephone costs. <p>Assets</p> <ul style="list-style-type: none"> • Section 500 • \$2,250 limit per HH • \$3,250 limit per HH if there is an elderly or disabled household member.

Child Care Programs

Please Note: Policy References are all from the Financial/ SNAP /Child Care Eligibility Manual

Program	Definition	Basic Rules	Income and Assets
Employment Support Child Care (ESCC)	<ul style="list-style-type: none"> • Section 210-3 • Helps pay for child care for single or two-parent HHs where the parents are: <ul style="list-style-type: none"> ○ Employed, OR ○ Employed and participating in approved education or training activities. • Parents must not be receiving FEP. • HHs may have an income adjustment and an out of pocket expense based on their income and HH size. (see section 620-3) 	<p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 240-1 • HH must have a child under age 13 needing child care services. (Children over age 13 may be eligible in certain circumstances.) <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien. <p>Participation Requirements</p> <ul style="list-style-type: none"> • Section 330-2 • Parents must be employed. • One-parent HHs <ul style="list-style-type: none"> ○ Parent must be employed an average of 15 hours or more a week. • Two-Parent HHs <ul style="list-style-type: none"> ○ One parent must be employed an average of 30 hours or more a week, and the other parent an average of 15 hours or more a week. ○ Child care is only available when neither parent can change schedules to care for the children. (Section 210 #8) ○ One parent employed and the other incapacitated 'and' unable to care for the children • Employment and Training Activities <ul style="list-style-type: none"> ○ Child care assistance may be available to parents participating in approved employment and training activities in addition to their hours of employment. <p>Time Limits</p> <ul style="list-style-type: none"> • Section 288 • Child care for employment and training activities is limited to a total of 24 months in a lifetime. 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 4 • Must meet gross and net income limits based on HH size. • Income limit is lower for initial application and increases after approval <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 443 • Deduct \$100 from earnings of each employed HH member. • Deduct \$100 as a standard medical expense. • Deduct \$50 from child support received by the HH • Deduct child support owed and paid to a non-HH member. <p>Asset</p> <ul style="list-style-type: none"> • 1 Million Dollars
FEP Child Care	<ul style="list-style-type: none"> • Section 210-1 • Pays for child care for FEP recipients to participate in employment plan activities. • There is no income adjustment. 	<ul style="list-style-type: none"> • If the customer is a FEP recipient, they are potentially eligible for FEP child care. There are no separate eligibility rules. • The employment counselor determines if the customer needs FEP child care to support employment plan activities. • FEP child care is also available to FEP applicants during the 30 days their application is being processed. If the application is denied, ESCC should be considered. • Customers may be eligible for transitional child care for six months with no income adjustment if their FEP program closes for increased earned income, and they meet the minimum work requirements. 	<ul style="list-style-type: none"> • Follows FEP income and asset rules.

<p>Job Search Child Care (JSCC)</p>	<ul style="list-style-type: none"> • Section 210-9 • JSCC is available for up to two months for single parents who are no longer eligible for Employment Support or Transitional Child Care due to the loss of employment • Must have been working at least 32 hours per week and have a complete loss of employment • Must report the job loss within 10 days to receive the 1st month • Must request job search assistance • Must verify job termination by end of 1st month to receive 2nd month. 	<p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 240-1, 240-1A • Must meet single parent family definition • HH must have child under age 13 needing child care services (children over age 13 may be eligible in certain circumstances) <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be U.S. citizen or eligible alien <p>Participation Requirements</p> <ul style="list-style-type: none"> • A customer who applies for FEP and requests JSCC at the same time must choose between the two programs • Section 330-2 • Parents must have been employed and receiving ESCC or Transitional Child Care at the time of job loss • Self-employed parents are eligible • Two-parent households are not eligible • Section 210-4 • TR/CC customers are eligible for JSCC during the 6-month eligibility period <p>Time Limits</p> <p>JSCC is only available once in a 12 month period even if the parent received only one month of job search assistance</p>	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 4 • The ESCC work requirement rules do not apply during the 2 months of JSCC eligibility. ESCC and TR/CC income adjustment rules apply. • JSCC will not be prorated for any reason during the customer's two month eligibility period. Refer to 735-2B
<p>Upfront Child Care</p>	<ul style="list-style-type: none"> • Section 620-4 • Helps pay for Child Care upfront at the time the application is screened for one or two-parent HHs where the parents are employed • Upfront CC follows ESCC policy – section 210-3 • Exceptions: Upfront CC cannot be issued for training hours, self-employment or FEP 2-parent households • HHs will have an income adjustment based on their income and HH size - Section 620-3 • All pending verifications must be submitted for on-going assistance • Upfront CC may be issued for 1 or 2 months depending on the date of the application 	<p>Household (HH) Requirements</p> <ul style="list-style-type: none"> • Section 240-1 • HH must have a child under age 13 needing child care services (Children over age 13 may be eligible in certain circumstances.) <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 215 • Must be a U.S. citizen or eligible alien <p>Participation Requirements</p> <ul style="list-style-type: none"> • Section 330-2 • Parents must be employed. • Self-employed parents are not eligible. • One-parent HHs <ul style="list-style-type: none"> ◦ Parent must be employed an average of 15 hours or more per week. • Two-Parent HHs <ul style="list-style-type: none"> ◦ One parent must be employed an average of 30 hours or more per week, and the other parent an average of 15 hours or more per week One parent employed and other incapacitated & unable to care for children • TR/CC customer are eligible for Upfront if they reapply within the 6-month period– Section 210-4 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 410 and Table 4 • Must meet gross and net income limits based on HH size • Income limit is lower for initial application and increase after approval <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 443 • Deduct \$100 from earnings of each employed HH member • Deduct \$100 as a standard medical expense • Deduct \$50 from child support received by the HH • Deduct child support owed and paid to non-HH member <p>Assets</p> <ul style="list-style-type: none"> • No asset requirements

		Time Limits <ul style="list-style-type: none">• If Upfront CC was issued and the customer failed to provide verifications within the application timeframe, the customer is not eligible for 12 months from the month upfront was issued.	
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Medical Programs

Please Note: Except for CHIP, policy references are all from the Medicaid Eligibility Manual. For CHIP, see the CHIP Manual.

Program	Definition	Basic Rules	Income and Assets
<p>PCR Family MAGI Program</p> <p>(Parent/Care Taker Relative)</p>	<ul style="list-style-type: none"> • Section 345 • Program of Choice- Must consider this program before any other family medical program. • Provides Medicaid coverage for parents and their dependent children 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 345-1, 2, 3 • Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. • There are some individuals for whom we will use non-tax filer rules to determine their household size. • HH must have a child who meets the age requirements living in the home, or woman must be in her 3rd trimester of pregnancy. • Child must be deprived of parental support due to: <ul style="list-style-type: none"> ○ Absence ○ Death ○ Incapacity ○ Unemployment or employment of less than 100 hours a month of at least one parent. • Unborn is included in the household size as long as the pregnant woman is included in the household size. (234) • Specified Relatives – both spouses available for coverage. <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (225) • Medical support enforcement requirements apply (227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to date of app. <p>Transitional Programs Available</p> <ul style="list-style-type: none"> • 12 month transitional (343) • 4 Month Extended (343) 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 450 and Table VII • Follow MAGI-Based income requirements and income limits based on HH size. • Deduct 5% of the 100% FPL for the applicable HH size (450-4) <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 450-4 <p>Spenddown</p> <ul style="list-style-type: none"> • Not allowed <p>Assets</p> <ul style="list-style-type: none"> • No Asset test

Program	Definition	Basic Rules	Income and Assets
12 month Transitional	<ul style="list-style-type: none"> • Section 343 • PCR transitional program • For HHs that lose eligibility for PCR Family due to: <ul style="list-style-type: none"> ◦ parents income exceeds the income limits for PCR • Up to 12 months assistance is available. • Must have received PCR in 3 of the last 6 months. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 345 • HH must have a child who meets the age requirements living in the home, or woman must be in her 3rd trimester of pregnancy. • Child does not need to be deprived of parental support. • At least one eligible adult received PCR in the last 3 out of 6 months <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL not required • Medical support enforcement not required <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • May be possible as long as met 3 out 6 months on PCR prior to the retro month needing coverage. <p>Transitional Programs Available</p> <ul style="list-style-type: none"> • None 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 450 and Table VII • Must comply with quarterly income reporting. • 1st quarter (for months 4-7) only required to report if no earnings. • 2nd quarterly report (for months 8-10) and 3rd quarterly report (for months 10 & 11) must meet gross income limits of 185% of FPL based on HH size. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 343-2 • Cost of child care (see policy for maximum amounts) <p>Spenddown</p> <ul style="list-style-type: none"> • Not allowed <p>Assets</p> <ul style="list-style-type: none"> • No asset requirements
4 Month Extended Medical	<ul style="list-style-type: none"> • Section 343 • A PCR transitional program • For HHs that lose eligibility for PCR due to: <ul style="list-style-type: none"> ◦ Increased spousal support • Up to 4 months assistance is available. • Must have received PCR in 3 of the last 6 months. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 345 • HH must have a child who meets the age requirements living in the home, or woman must be in her 3rd trimester of pregnancy. • Child does not need to be deprived of parental support. • At least one eligible adult received PCR in the last 3 out of 6 months <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL not required • Medical support enforcement not required <p>Retroactive Coverage</p>	<p>Income Limit</p> <ul style="list-style-type: none"> • No income limits <p>Income Deductions</p> <ul style="list-style-type: none"> • NA <p>Spenddown</p> <ul style="list-style-type: none"> • Not allowed <p>Assets</p> <ul style="list-style-type: none"> • No asset requirements

Program	Definition	Basic Rules	Income and Assets
		<ul style="list-style-type: none"> May be possible as long as met 3 out 6 months on PCR prior to the retro month needing coverage. <p>Transitional Programs Available</p> <ul style="list-style-type: none"> None 	
<p>Family Medically Needy</p>	<ul style="list-style-type: none"> Section 345 Provides Medicaid coverage to families with dependent children who do not qualify for PCR, 12 Month Transitional or 4 Month Extended Medicaid due to: <ul style="list-style-type: none"> Income over limit, or Ineligible alien status. 	<p>HH Requirements</p> <ul style="list-style-type: none"> Sections 476-1 HH must have a child living in the home who meets age requirements, or woman must be in her 3rd trimester of pregnancy. Child must be deprived of parental support due to: <ul style="list-style-type: none"> Absence Death Incapacity Unemployment or employment of less than 100 hours a month of at least one parent. Unborn is included in the HH size. Specified Relatives – both spouses may be included. <p>Citizenship Requirements</p> <ul style="list-style-type: none"> Section 205 Must be a U.S. citizen or eligible alien. Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply (225) Medical support enforcement requirements apply (227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> Sections 445-2 Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available</p> <ul style="list-style-type: none"> None 	<p>Income Limit</p> <ul style="list-style-type: none"> Section 345 and Table VII If countable income equals or is less than the BMS for the HH size, there is no spenddown. <p>Income Deductions</p> <ul style="list-style-type: none"> Section 409-3 \$90 work allowance \$30 and 1/3 if eligible \$30 if eligible Cost of child care (see policy for maximum amounts) <p>Spenddown</p> <ul style="list-style-type: none"> Allowed Health insurance premiums and past medical bills can reduce the spenddown <p>Assets</p> <ul style="list-style-type: none"> Section 345 and 500 1 person \$2000 2 persons \$3000 plus \$25 for each additional HH member
<p>Pregnant Woman MAGI Program</p>	<ul style="list-style-type: none"> Section 349 Provides Medicaid coverage to pregnant women. This program is considered when the woman is not eligible for PCR, Child Age 6-18, or Disabled Medicaid (w/o 	<p>HH Requirements</p> <ul style="list-style-type: none"> Section 349 Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. There are some individuals for whom we will use non-tax filer rules to determine their household size. Unborn is included in the HH size 	<p>Income Limit</p> <ul style="list-style-type: none"> Section 450 and Table VII Income must be below MAGI-equivalent limit for the program. Deduct 5% of the 100% FPL for the applicable HH size(450-4)

Program	Definition	Basic Rules	Income and Assets
	spenddown).	<p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 225) • Medical support enforcement: Try for cooperation, however, not required until the end of the post-partum period (section 227-1) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available</p> <ul style="list-style-type: none"> • None <p>Other Info</p> <p>Once the pregnant woman is determined to be eligible, changes in income and HH size do not affect eligibility.</p>	<p>Income Deductions</p> <ul style="list-style-type: none"> • Section 450-4 <p>Spenddown</p> <ul style="list-style-type: none"> • Not allowed. <p>Assets</p> <ul style="list-style-type: none"> • No asset test
<p>Pregnant Woman Medically Needy</p>	<ul style="list-style-type: none"> • Section 352 • Provides Medicaid coverage to pregnant women. • This program is to be considered when the pregnant woman is not eligible for any other Medicaid program. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Section 360-5 and 476-1 • Persons having direct relationship and/or financial responsibility to the pregnant woman are included in the HH size; in general, spouses, parents, and dependent children. • Unborn is included in the HH size <p>Citizenship Requirements</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 225) • Medical support enforcement: Try for cooperation, however, not required until the end of the post-partum period (section 227-1) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 234 and Table VII • If countable income equals or is less than the BMS for the HH size, there is no spenddown. <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 409-3 • \$90 work allowance • \$30 and 1/3 if eligible • \$30 if eligible • Cost of child care (see policy for maximum amounts) <p>Spenddown</p> <ul style="list-style-type: none"> • Allowed • Health insurance premiums and past medical bills can reduce the spenddown <p>Assets</p>

Program	Definition	Basic Rules	Income and Assets
		<ul style="list-style-type: none"> Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available None</p>	<ul style="list-style-type: none"> Sections 503-2, 345 & 500 1 person \$2000 2 persons \$3000 plus \$25 for each additional HH member
<p>Children Under 1 MAGI Program</p>	<ul style="list-style-type: none"> Section 347 Provides Medicaid coverage to children through the month of their 1st birthday. 	<p>HH Requirements</p> <ul style="list-style-type: none"> Section 347 The mother must have been eligible for and receiving benefits from a Utah Medicaid program in the month of the birth of the child. No other HH requirements. <p>Citizenship Requirements</p> <ul style="list-style-type: none"> Section 205 Must be a U.S. citizen or eligible alien. Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply, but no sanction for the child (section 225) Medical support enforcement requirements apply, but no sanction for the child (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> Not allowed <p>Transitional Programs Available None. However, when the child turns age 1, determine eligibility for Child 0-5.</p>	<p>Income Limit *NA</p> <p>Income Deductions *NA</p> <p>Assets *NA</p> <p>*Coverage is automatic. Income, assets, HH changes, etc. do not affect eligibility.</p>
<p>Child Under 19 MAGI Program</p>	<ul style="list-style-type: none"> Section 347 Provides Medicaid coverage to children through age 19 Consider this program when the child is not eligible for PCR 	<p>HH Requirements</p> <ul style="list-style-type: none"> Section 347 Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. There are some individuals for whom we will use non-tax filer rules to determine their household size. Child does not have to be living with parents or specified relative Child does not have to be deprived of parental support <p>Citizenship Requirements</p> <ul style="list-style-type: none"> Section 205 Must be a U.S. citizen or eligible alien. Emergency services are available for ineligible aliens. 	<p>Income Limit</p> <ul style="list-style-type: none"> Section 450 and Table VII. Countable income must be under the MAGI income standards Deduct 5% of the 100% FPL for the applicable HH size (450-4) <p>Income Deductions</p> <ul style="list-style-type: none"> Section 450-4 #2 <p>Spenddown</p> <ul style="list-style-type: none"> Not allowed <p>Assets No asset limit</p>

Program	Definition	Basic Rules	Income and Assets
		<p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply, but no sanction for the child (section 225) Medical support enforcement requirements apply, but no sanction for the child (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> Sections 445-2 Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs</p> <p>None.</p>	
<p>Child Medically Needy</p>	<ul style="list-style-type: none"> Section 347 Provides Medicaid coverage to children thru age 18. Consider this program when the child is not eligible for PCR or Child Medicaid 	<p>HH Requirements</p> <ul style="list-style-type: none"> Section 476-1 Child does not have to be living with parents or specified relative Child does not have to be deprived of parental support Can optionally exclude a child A child age 18 is included as long as they are attending school or training FT and will graduate/complete before they turn 19. Unborn is included in the HH size <p>Citizenship</p> <ul style="list-style-type: none"> Section 205 Must be a U.S. citizen or eligible alien. Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply, but no sanction for the child (section 225) Medical support enforcement requirements apply, but no sanction for the child (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> Sections 445-2 Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs</p> <p>None</p>	<p>Income Limit</p> <ul style="list-style-type: none"> Section 476-1 and Table VII If countable income equals or is less than the BMS for the HH size, there is no spenddown. <p>Income Deductions</p> <ul style="list-style-type: none"> Section 409-3 \$90 work allowance \$30 and 1/3 if eligible \$30 if eligible Cost of child care (see policy for maximum amounts) <p>Spenddown</p> <ul style="list-style-type: none"> Allowed Health insurance premiums and past medical bills can reduce the spenddown <p>Assets</p> <ul style="list-style-type: none"> Sections 476-1 and 500 1 person \$2000 2 persons \$3000 plus \$25 for each additional HH member
<p>Refugee</p>	<ul style="list-style-type: none"> Section 394 Program of last resort. 	<p>HH Requirements</p> <ul style="list-style-type: none"> 394 and 476-1 	<p>Income Limit</p> <ul style="list-style-type: none"> Section 394-4 and Table VII

Program	Definition	Basic Rules	Income and Assets
	<p>Look at all other Medicaid programs first.</p> <ul style="list-style-type: none"> For refugees not eligible for other Medicaid or CHIP Provides up to 8 months of medical assistance. Refugees- 1st 8 months from entry into U.S. Asylees- 1st 8 months after asylum granted Victims of human trafficking- 1st 8 months after certified by ORR 	<ul style="list-style-type: none"> HH does not have to have an eligible child. <p>Citizenship</p> <ul style="list-style-type: none"> Section 394-2 For refugees of approved status <p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply, but no sanction for the child (section 225) Medical support enforcement requirements apply, but no sanction for the child (section 227) <p>Retroactive Coverage Not allowed</p> <p>Transitional Programs Available None. After 8 months of RM has been used, the refugee is subject to the 5 year ban and may only receive emergency medical assistance.</p>	<ul style="list-style-type: none"> If countable income equals or is less than the BMS for the HH size, there is no spenddown. <p>Income Deductions</p> <ul style="list-style-type: none"> Section 409-3 \$90 work allowance \$30 and 1/3 if eligible \$30 if eligible Cost of child care (see policy for maximum amounts) <p>Spenddown</p> <ul style="list-style-type: none"> Allowed Once one month is received w/o spenddown, the remaining 8 months are free Changes in income and assets after the application month do not affect eligibility for the remaining 8 months. <p>Assets</p> <ul style="list-style-type: none"> Sections 394-4 and 500 1 person \$2000 2 persons \$3000 plus \$25 for each additional HH member
<p>CHIP (Children's Health Insurance Program)</p> <p>MAGI Program</p> <p>Note: Policy references are from the CHIP Manual</p>	<ul style="list-style-type: none"> Sections 201 and 220 Federally funded medical program to provide health insurance to children. It is not a Medicaid program For children who are not eligible for a Medicaid program. The child cannot already be enrolled in another health insurance plan. Child cannot have access to employer sponsored health insurance that costs less than 5% of the HH 	<p>HH Requirements</p> <ul style="list-style-type: none"> Section 230 Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. There are some individuals for whom we will use non-tax filer rules to determine their household size. <p>Citizenship</p> <ul style="list-style-type: none"> Section 202 Must be a U.S. citizen or eligible alien. Emergency services NOT available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> TPL requirements apply (220) Medical Support Enforcement not required but customer may participate 	<p>Income Limit</p> <ul style="list-style-type: none"> Section 400 and Table 1 HH's countable income cannot exceed 200% of the FPL <p>Income Deductions None</p> <p>Spenddown Not allowed</p> <p>Assets No asset limit</p>

Program	Definition	Basic Rules	Income and Assets
	<p>gross income to enroll.</p>	<p>if desired (245)</p> <ul style="list-style-type: none"> • HH must select an approved health plan through the HPR (601) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Not Allowed • However, there is a 4 day grace period under certain emergency situations (section 602-1) <p>Quarterly Premiums</p> <ul style="list-style-type: none"> • Section 601-2 • No premiums for Families where all the children are American Indian/ Alaskan Native • \$30 quarterly premium for HHs whose income is between 101% and 150% of the FPL (Plan B). • \$75 quarterly premium for HHs whose income is between 151% and 200% of the FPL (Plan C) <p>Co-Payments</p> <ul style="list-style-type: none"> • Section 601-1 • Most HH's are required to pay a co-payment for services. <p>Transitional Programs Available</p> <p>None</p>	
<p>TAM (Targeted Adult Medicaid) MAGI Program</p>	<ul style="list-style-type: none"> • Section 346 <p>Individuals must meet one of the three subcategories:</p> <ul style="list-style-type: none"> • Chronically Homeless • Justice Involved • Individuals Needing Treatment <p>Approved agencies will determine if an individual falls within one of the subgroups by sending the appropriate referral form with the application.</p>	<p>HH Requirements</p> <ul style="list-style-type: none"> • Section 346 • Must be at least age 19 and not yet age 65 • No child required • Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. • There are some individuals for whom we will use non-tax filer rules to determine their household size. <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be a U.S. citizen or eligible alien • Cannot be eligible for any other Medicaid program with the exception of PCN or Refugee Medicaid • Not eligible for emergency services <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to the date of app. 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 450 and Table VII. • Countable income must be under the MAGI income standards • Deduct 5% of the 100% FPL for the applicable HH size (450-4) <p>Income Deductions</p> <ul style="list-style-type: none"> • Section 450-4 #2 <p>Spenddown</p> <ul style="list-style-type: none"> • Not allowed <p>Assets</p> <p>No asset limit</p>

PCN (Primary Care Network)
MAGI Program

- **Section 900**
- State funded medical program
- Provides medical assistance to low income adults (age 19-64)
- Cannot be eligible for Medicaid, VA medical, school insurance, or affordable group health insurance through an employer
- Services are limited
- Cannot be enrolled in another insurance or have access to an employer sponsored health insurance that costs 15% or less of the HH gross income to enroll.

HH Requirements

- **Sections 900-1,3 and 904-3**
- Must be at least age 19 and not yet age 65
- No child required
- Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance.
- There are some individuals for whom we will use non-tax filer rules to determine their household size.
- Must apply during open enrollment periods

Citizenship

- **Section 900-2 and 205**
- Must be a U.S. citizen or eligible alien.
- Emergency services NOT available for ineligible aliens.

Retroactive Coverage
Not allowed **(907)**

Cooperation Requirements

- TPL requirements apply **(section 903-10)**
- Medical support enforcement NOT required **(section 902)**
- However, if adult has been sanctioned from Medicaid for non-coop w/ DOS, not eligible for PCN **(section 227)**

Income Limit

- **Section 904 and Table VII**
- Countable income cannot exceed 95% of FPL

Income Deductions
None

Spenddown
Not allowed

Assets
No asset limit

Program	Definition	Basic Rules	Income and Assets
UPP (Utah's Premium Partnership)	<ul style="list-style-type: none"> • Section 1000 • State funded medical program • Provides cash reimbursement for employer sponsored health plan or COBRA. • Cannot be eligible for Medicaid, Medicare, or VA medical. • Cannot already be enrolled in an employer sponsored health plan. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Section 1000-1,3 and 1000-4 • Must be under age 65 • Follow federal tax rules for determining a household size, whose income counts and the amount of that income for each individual applying for assistance. • There are some individuals for whom we will use non-tax filer rules to determine their household size. <p>Citizenship</p> <ul style="list-style-type: none"> • Must be a U.S. citizen or eligible alien. • Adults follow section 205 of Medicaid Eligibility Manual • Children follow section 202 of CHIP Manual <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements NA • Medical support enforcement NOT required (section 1002) <p>Retroactive Coverage Not allowed (1007)</p> <p>Transitional Programs Available None</p>	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 1000-4 and Table VII • Countable income cannot exceed 200% of the FPL <p>Income Deductions None</p> <p>Spenddown Not Allowed</p> <p>Assets No asset limit</p>
Aged Blind Disabled	<ul style="list-style-type: none"> • Sections 302 and 303 • AM provides Medicaid coverage to individuals age 65 or older • DM Provides Medicaid coverage to blind individuals • DM provides Medicaid coverage to disabled individuals 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 302, 303-2, and 416-1 • HH size can only be 1 or 2 • For AM, must be age 65 or older • For BM and DM, must be considered to be blind or disabled by the Social Security Administration or the State Medical Disability Office • Unborn child is not included in the HH size <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 416-1 and Table VII • If countable does not exceed 100% of the FPL, there is no spenddown • If countable income is above 100% of the FPL, customer must spenddown to be eligible <p>Income Deductions</p> <ul style="list-style-type: none"> • Section: 416 • Deduct \$65 and ½ from earned income

Program	Definition	Basic Rules	Income and Assets
		<ul style="list-style-type: none"> • Must be a U.S. citizen or eligible alien. • Emergency services are available for ineligible aliens. <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • If eligible for part B Medicare, must be enrolled or must apply for Part B (223) • TPL requirements apply (section 225) • Medical support enforcement requirements apply (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available None</p>	<ul style="list-style-type: none"> • Deduct impairment-related work expenses • Deduct \$20 from earned or unearned income <p>Spenddown</p> <ul style="list-style-type: none"> • Section 415 • Allowed • Health insurance premiums and past medical bills can reduce the spenddown <p>Assets</p> <ul style="list-style-type: none"> • Section 503-3 • 1 person \$2000 • 2 persons \$3000
<p>Medicare Cost Sharing Programs:</p> <p>Qualified Medicare Beneficiary (QMB)</p> <p>Specified Low-Income Medicare Beneficiary (SLMB)</p> <p>Qualifying Individual (QI)</p>	<ul style="list-style-type: none"> • Sections 320, 320-1, 320-2, 320-3, 320-4 • For Medicare recipients • QMB pays Medicare parts A & B premiums, deductibles, and co-pays for low-income Medicare recipients. • SLMB and QI pay the Medicare part B premium only 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 475-3, 320-1, 320-2, 320-3, 320-4 • Follows ABD policy in that HH can only be 1 or 2 • Must be entitled to Part A Medicare. (If not currently enrolled in Part B, the state will force enrollment through the automated Buy-In system.) • QMB and SLMB may be eligible for other Medicaid programs. • QI may not be eligible for a Medicaid program without a spenddown, or receiving any Medicaid program (including spenddown) <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be U.S. citizen or eligible alien. • Emergency services not applicable <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 223) • Medical Support enforcement requirements apply (section 227, 227-2) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • QMB- Not allowed. Coverage begins the month after the eligibility determination is made (section 320-2) • SLMB and QI- Allowed. (section 320-3, 320-4, 445-2) <p>Transitional Programs NA</p>	<p>Income Limit</p> <ul style="list-style-type: none"> • Sections 416, 320 and Table VII • QMB cannot exceed 100% of the FPL • SLMB cannot exceed 120% of the FPL • QI cannot exceed 135% of the FPL <p>Income Deductions</p> <ul style="list-style-type: none"> • Deduct \$65 and ½ from earned income • Deduct impairment-related work expenses • Deduct \$20 from earned or unearned income <p>Spenddown</p> <ul style="list-style-type: none"> • Not Allowed <p>Assets</p> <ul style="list-style-type: none"> • Table II • 1 person \$7280 • 2 persons \$10,930

Program	Definition	Basic Rules	Income and Assets
Medicaid Work Incentive (MWI)	<ul style="list-style-type: none"> • Section 314 • Provides medical coverage to disabled individuals who have earned income. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Section 314 • Customer must be determined disabled by the Social Security Administration or the State Medical Disability Office • Customer must have earned income <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be U.S. citizen or eligible alien. • Emergency services not applicable <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 223) • Medical Support enforcement requirements apply (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available</p> <p>None</p> <p>MWI Premium</p> <ul style="list-style-type: none"> • Section 314-7 • Must pay a premium based on amount of income over 100% FPL. 	<p>Income Limit</p> <ul style="list-style-type: none"> • Section 485-4 and Table VII • Cannot exceed 250% of the FPL <p>Income Deductions</p> <ul style="list-style-type: none"> • Deduct \$65 and ½ from earned income • Deduct impairment-related work expenses • Deduct \$20 from earned or unearned income <p>Spenddown</p> <ul style="list-style-type: none"> • Not Allowed <p>Assets</p> <ul style="list-style-type: none"> • Section 500 • HH - \$15,000
Breast and Cervical Cancer Program (BCC)	<ul style="list-style-type: none"> • Section 390 • Provides coverage to individuals who need treatment for breast or cervical cancer • Cannot be eligible for other Medicaid programs (w/o paying a spenddown, buy-in premium, or asset co-pay), Medicare, HIP, etc. • Cannot be enrolled in any insurance or group health plan 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Section 390, 390-1, 390-2 • Must be under age 65 • Customer must have been determined by a CDC provider to need treatment for breast or cervical cancer • Does not have health coverage <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be U.S. citizen or eligible alien • Emergency services NOT available for ineligible aliens <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 223) • Medical Support enforcement requirements apply (section 227) 	<p>Income Limit</p> <ul style="list-style-type: none"> • None • Income determination part of CDC agency screening <p>Spenddown</p> <ul style="list-style-type: none"> • NA <p>Assets</p> <ul style="list-style-type: none"> • No asset requirements • Asset determination part of CDC agency screening

Program	Definition	Basic Rules	Income and Assets
		<p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to the date of app. <p>Transitional Programs Available None</p>	
Nursing Home	<ul style="list-style-type: none"> • Section 370 • Pays for nursing home and other medical costs 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 370, 370-1, 370-2 • Individuals must meet medical criteria for nursing home level care. <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be U.S. citizen or eligible alien • Emergency services NOT available for ineligible aliens <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 223) • Medical Support enforcement requirements apply (section 227) <p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 • Retro coverage allowed up to 3 months prior to the date of app AND only from the date the patient is determined medically eligible. 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 414 and subsections • Complicated. <p>Assets</p> <ul style="list-style-type: none"> • Section 573 and subsections • Complex • Transferring assets for less than fair market value results in a 5 year disqualification period.
Home and Community Based Waivers	<ul style="list-style-type: none"> • Sections 380, 381, 383, 385, 386, 387, 389 • Utah has 7 HCB programs • Provides medical coverage and additional services as an alternative to nursing homes or institutions. • Helps individuals to remain in a less restrictive community care setting. 	<p>HH Requirements</p> <ul style="list-style-type: none"> • Sections 370, 370-1, 370-2 • Individuals must meet medical criteria for nursing home level care. • Individuals cannot apply for waivers but must be referred to DWS by other social service agencies. <p>Citizenship</p> <ul style="list-style-type: none"> • Section 205 • Must be U.S. citizen or eligible alien • Emergency services NOT available for ineligible aliens <p>Cooperation Requirements</p> <ul style="list-style-type: none"> • TPL requirements apply (section 223) • Medical Support enforcement requirements apply (section 227) 	<p>Income Limits</p> <ul style="list-style-type: none"> • Section 414 and subsections • Complicated. <p>Assets</p> <ul style="list-style-type: none"> • Section 380-1 • Complex • Transferring assets for less than fair market value results in a 5 year disqualification period. (Except for New Choices Waiver)

Program	Definition	Basic Rules	Income and Assets
		<p>Retroactive Coverage</p> <ul style="list-style-type: none"> • Sections 445-2 and 612 • Retro coverage allowed up to 3 months prior to the date of app AND only from the date the patient is determined medically eligible. <p>Types of Waivers</p> <ul style="list-style-type: none"> • Aging – Section 381: Must be over age 65. • Acquired Brain Injury – Section 383: For individuals who have had a brain injury. • Utah Community Supports- Section 385: For severely disabled of any age. • New Choices- Section 386: For individuals already in an institution, provides services to allow them to move to a less restrictive community care setting. • Physical Disabilities – Section 387: For individuals requiring NH level care and have lost the use of at least 2 limbs. • Technology Dependent – Section 389: To allow fragile children (under 21) to remain at home rather than in a nursing home. 	
<p>Policy References for other less common medical programs not covered in this table:</p> <ul style="list-style-type: none"> • Qualified Disabled Working Individual (QDWI), one of the Medicare Cost Sharing Programs. Sections 320, 320-1, 320-5 • Foster Care Program: Section 354 • Tuberculosis Program: Section 392 			

DWS Financial/SNAP/Child Care Eligibility Manual

215-2 Eligible Alien Status

See Most Recent Obsolete Policy

Policy Effective: October 01, 2016

All Programs

An alien is anyone living in the United States who is not a US citizen. In order for aliens to be eligible for assistance, they must meet specific criteria for the various programs. To determine eligibility, aliens are required to provide proof of their immigration status in the form of documentation issued by USCIS (United States Immigration and Citizenship). If the alien does not have documentation issued by the USCIS, see section 215-3, Ineligible Alien Status.

To determine if the alien meets the criteria for a specific program, see the information found in the eVerifs SAVE search.

Citizens of Freely Associated States (this includes Micronesia, Palau and the Marshall Islands) are allowed to freely enter the United States without immigration status, and will possess a passport or an I-94 stamped CFA/FSM. In order to meet the qualified alien status, these citizens must apply for permanent resident status. The eligibility determination would then be based on the immigration status granted.

Financial

For the Family Employment Programs (FEP and FEP-TP), Adoption Assistance (AA), and Emergency Assistance (EA), aliens must meet criteria to be "qualified". See policy 215-2A for information on "qualified" status.

Child Care

Aliens that meet the "qualified" criteria are eligible for Child Care. If a parent does not meet the "qualified" alien criteria, they may be eligible for Child Care if they have been granted "work authorization" status. See policy 215-2A for information on "qualified" aliens and "work authorization" status.

SNAP and GA

For SNAP and General Assistance (GA), aliens must meet criteria to be both "qualified" and "eligible". See policy 215-2B for information on "eligible" and "qualified" status.

RCA

For Refugee Cash Assistance (RCA) the customer must have an approved immigration status. See policy 215-2C for information on eligible alien status for RCA.

Sub-topics in this section:

215-2A - Eligible Alien Status - FEP, FEP-TP, AA, EA

215-2B - Eligible Alien Status - SNAP, GA, WTE

215-2C - Eligible Alien Status - RCA

See Also:

215-1 - US Citizenship

215-3 - Ineligible Alien Status

Home > 200 General Program Requirements > 215 US Citizenship and Alien Status Requirements > 215-2 Eligible Alien Status > 215-2A Eligible Alien Status - FEP, FEP-TP, AA, EA, CC

DWS Financial/SNAP/Child Care Eligibility Manual

215-2A Eligible Alien Status - FEP, FEP-TP, AA, EA, CC

See Most Recent Obsolete Policy

Policy Effective: June 1, 2017

An alien is anyone living in the United States who is not a US citizen. For the Family Employment Programs (FEP and FEP-TP), Adoption Assistance (AA), Emergency Assistance (EA), and Child Care Programs (excluding RCA), aliens must meet criteria to be "qualified". For RCA Child Care, follow policy 215-2C. Customers are required to provide proof of immigration status, in the form of documentation issued by United States Immigration and Citizenship Service (USCIS).

Qualified Alien Status is defined as:

1. An alien lawfully admitted into the U.S. for permanent residence (LPR): Proof is a USCIS Form I-151, I-551, or I-94.
 - **Note:** For Sponsored aliens see additional requirements in policy 260
 - a. Iraqi and Afghan aliens who enter as a Special Immigrants under PL 109-163 and PL 110-181 are admitted as lawful permanent residents. Proof is an Iraqi or Afghan passport with an immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category and USCIS stamp or notation on passport, or I-94 showing date of entry.
 - b. An alien who is an Iraqi or Afghani Special Immigrant Visa Holder, while not identified as a refugee, shall be eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an alien who is admitted to the United States as a refugee under Section 207 of the INA.
2. An alien lawfully admitted into the U.S. as a refugee under section 207 of the INA: Proof is a USCIS Form I-94.
3. An alien granted asylum under section 208 of the INA. Proof is a USCIS Form I-94, an Order of an Immigration Judge granting asylum, or an Asylum Approval Letter from an USCIS Asylum Office.
4. An alien lawfully admitted into the U.S. as a conditional entrant under section 203(a)(7) of the INA as in effect prior to April 1, 1980: Proof is a USCIS Form I-94.
5. An alien paroled into the United States under section 212(d)(5) of the INA for at least one year. Proof is USCIS Form I-94.
6. Certain Amerasians admitted into the United States: This includes Amerasian immigrants. Proof is a USCIS Form I-151, I-551, or I-94 with class codes AM1, AM2, or AM3.
7. A Cuban or Haitian entrant as defined as:
 - a. Any customer granted parole status as a Cuban/Haitian Entrant (status pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti; and
 - b. Any other national of Cuba or Haiti who:
 - i. Was paroled into the United States and has not acquired any other status under the INA;
 - ii. Is the subject of exclusion or deportation proceedings under the INA;
 - iii. Has an application for asylum pending with the USCIS; and
 - c. A final, nonappealable and legally enforceable order of deportation or exclusion has not been entered.

8. An alien whose deportation is being withheld under section 243(h) or 241(b)(3) of the INA as amended by division C of PL 104-208
9. Certain battered aliens as defined in section 1641(c) of the U.S. Code. A qualified alien under the term battered alien is an alien:
 - a. who has been battered or subjected to extreme cruelty by a spouse, parent of the alien, or member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, such battery or cruelty, and the alien did not actively participate in such battery or cruelty; or
 - b. whose child has been battered or subjected to extreme cruelty in the United States by a spouse or parent of the alien (without active participation of the alien in the battery or cruelty), or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, such battery or cruelty, and the alien did not actively participate in such battery or cruelty; or
 - c. child who resides in the same household as a parent who has been battered or subjected to extreme cruelty in the United States by that parent's spouse or by a member of the spouse's family residing in the same household as the parent and the spouse consented or acquiesced to such battery or cruelty; and
 - d. only if (in the opinion of the agency providing such benefits) there is a substantial connection between such battery or cruelty and the need for financial assistance; and
 - e. has been approved or has a petition pending which sets forth a prima facie case for:
 - i. Immediate relative of a citizen of the United States after the date of the citizen's death but only if the spouse files a petition under 8 U.S.C. section 1154(a)(1)(A)(ii) within 2 years after such date and only until the date the spouse remarries.
 - ii. The alien who is a spouse or child of a United States citizen, who is eligible to be classified as an immediate relative under 8 U.S.C. 1151(b)(2)(A)(i), who during the marriage the alien or a child of the alien was or has been battered by or has been the subject of extreme cruelty perpetrated by the alien's citizen parent or spouse, and whose removal, in the opinion of the Attorney General, would result in extreme hardship to the alien or a child of the alien.
 - iii. The alien who is eligible to be classified as a spouse or unmarried child of an alien lawfully admitted for permanent residence under 8 U.S.C. 1153(a)(2)(A), who during the period of residence with the permanent resident, the alien or a child of the alien has been battered by or has been the subject of extreme cruelty perpetrated by the alien's permanent resident parent or spouse, and whose removal, in the opinion of the Attorney General, would result in extreme hardship to the alien or a child of the alien
 - iv. Cancellation of removal and adjustment of status under 8 U.S.C. 1229b.

This alien classification shall not apply to an alien during any period in which the battered individual resides in the same household as the individual responsible for such battery or cruelty.

10. Aliens certified as Victims of Severe Forms of Trafficking: A qualified alien under the term Victim of Severe Forms of Trafficking is an alien: Who has been certified by the Federal Office of Refugee Resettlement (ORR) and has been issued a Certification Letter that identifies the certification date.

The Trafficking Victims Protection Act 2002 requires an alien, who is a Victim of a Severe form of Trafficking while not identified as an refugee, shall be eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent an alien who is admitted to the United States as a refugee under Section 207 of the Immigration and Nationality Act.

Certification extends to the individual's family members. In order for the family members to be included in the case, they must meet and the requirements of Derivative T Visas or U Visas issued based on trafficking.

See Procedure: Entering Alien Evidence

11. Customers are required to provide proof of their immigration status, in the form of documentation issued by USCIS. See section 720-7 for information on verifying alien status.

Additional Employment Support Child Care Considerations

In addition to the alien status requirements listed above, an alien who does not have legal permanent resident status may be eligible for child care assistance if the alien has documentation from USCIS of their work authorized status. The information found in the eVerifs SAVE search will determine if the alien is work authorized.

Aliens with employment authorized status may include:

1. Students
2. Diplomats
3. Citizens of Freely Associated States
4. Other statuses that are verified by SAVE as being Work Authorized

See Also:

215-2 - Eligible Alien Status

215-2B - Eligible Alien Status - SNAP, TANF Non-FEP, and TANF Needy Family

215-2C - Eligible Alien Status - RCA

Procedure: Entering Alien Evidence

To determine if the alien meets the criteria for a specific program, see the information found in the eVerifs SAVE search.

Home > 200 General Program Requirements > 215 US Citizenship and Alien Status Requirements > 215-2 Eligible Alien Status > 215-2B Eligible Alien Status - SNAP, TANF Non-FEP, and TANF Needy Family

DWS Financial/SNAP/Child Care Eligibility Manual

215-2B Eligible Alien Status - SNAP, TANF Non-FEP, And TANF Needy Family

See Most Recent Obsolete Policy

Policy Effective: June 1, 2017

An alien is anyone living in the United States who is not a US citizen. In order for aliens to be eligible for SNAP and General Assistance (GA), they must meet criteria to be both "qualified" and "eligible" aliens. Customers are required to provide proof of immigration status, in the form of documentation issued by the United States Citizenship and Immigration Services (USCIS).

Qualified and Eligible Aliens

The aliens listed below meet both criteria to be qualified and eligible aliens.

1. A refugee admitted under Section 207 of the Immigration and Nationality Act (INA). A refugee is admitted with a USCIS Form I-94. When a refugee files for permanent residence, the refugee will get a USCIS Form I-551.
2. The Trafficking Victims Protection Act of 2002 requires victims of a severe form of trafficking to be treated as refugees for SNAP purposes. Victims of human trafficking are eligible to the same extent as an individual admitted as a refugee under Section 207 of the INA. Minor children, spouses and in some cases the parents and siblings of victims of severe trafficking are eligible to the same extent as a refugee. Aliens with a designated COA of T2, T3, T4, or T5 as well as some U visa holders fit into this category. To be eligible, these non-citizens must have an ORR certification letter that identifies the certification date. Tips/Hints/Instructions See Procedure: Entering Alien Evidence
3. An asylee admitted under Section 208 of the INA. An asylee will have a USCIS Form I-94. An asylee may have a letter from USCIS explaining the status. When an asylee files for permanent residence, the asylee will get a USCIS Form I-551.
4. A Cuban or Haitian entrant admitted under Section 501(e) of the Refugee Education Assistance Act of 1980.
5. An immigrant whose deportation has been withheld under Section 243(h) or Section 241(b)(3) of the INA. The alien will have attended a deportation hearing and the Immigration Judge will have signed an order preventing the alien from being deported. If deportation is being withheld under another section of the INA, the alien is not a qualified alien.
6. An Iraqi or Afghani alien granted special immigrant status under Section 101(a)(27) of the Immigration and Nationality Act (INA). These immigrants are admitted as lawful permanent residents. They must provide proof that they were admitted under section 101(a)(27) of the INA. Proof is an Iraqi or Afghan passport with an immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category and USCIS stamp or notation on passport, or I-94 showing date of entry. An alien, who is an Iraqi or Afghani Special Immigrant Visa Holder, while not identified as a refugee, shall be eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an alien who is admitted to the United States as a refugee under Section 207 of the INA.

Qualified Aliens

Aliens must meet one of the criteria below to be "qualified":

1. An alien who is lawfully admitted for permanent resident (LPR). This includes Amerasian immigrants. A lawful permanent resident will have a USCIS Form I-551. Amerasian's may have a USCIS Form I-94 with codes AM1, AM2, or AM3.

2. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. A conditional entrant will have a USCIS Form I-94 stamped "Refugee-Conditional Entry".
3. An alien paroled under Section 212(d)(5) of the INA for at least one year. A parolee will have a USCIS Form I-94 stating that he has been paroled under Section 212(d)(5) of the INA or stamped "Cuban/Haitian Entrant (Status Pending) Reviewable January 15, 1981."
4. For SNAP Only - A battered spouse, battered child, or parent or child of a battered person with a petition (Court order establishing Prima Facie) pending under Section 204 or 244 of INA. See #5 below for information on battered aliens for GA.
5. For GA Only - Certain battered aliens as defined in section 1641(c) of the U.S. Code: An alien identified as a Battered Alien as defined in policy 215-2A qualifies as long as they do NOT have a dependent child.

This alien classification shall not apply to an alien during any period in which the battered individual resides in the same household as the individual responsible for such battery or cruelty.

Eligible Aliens

In addition to meeting one of the "qualified" criteria listed above, aliens must meet one of the following "eligible" criteria:

1. A qualified alien who has lived in the United States for 5 years or longer. The five years does not have to be consecutive.

The 5-year waiting period begins on the date the immigrant obtains status as a qualified alien through the USCIS.

2. Amerasians
3. US veteran or US active military duty. There is no time limit. [Tips/Hints/Instructions](#)
4. Spouse or dependent children of a US veteran or US active military personnel. There is no time limit except for a dependent child. When a dependent child is no longer dependent, the child loses "eligible" alien status obtained from a veteran or active military duty parent.
5. Lawful permanent resident who meets one of the following criteria:

****Note:** For sponsored aliens see additional requirements in policy 260

For SNAP and GA

- a. A lawful permanent resident that has lived in the United States for at least 5 years.
- b. An individual who has 40 qualifying quarters. [Tips/Hints/Instructions](#)
- c. A child under the age of 18 regardless of entry date into the US.
- d. An individual receiving disability payments or assistance (including disability related Medicaid) as described in policy 254, regardless of when they entered the US.

See Also:

215-2 - Eligible Alien Status

215-2B - Eligible Alien Status - SNAP, TANF Non-FEP, and TANF Needy Family

215-2C - Eligible Alien Status - RCA

Procedure: Covered Quarters

To determine if the alien meets the criteria for a specific program, see the information found in the eVerifs SAVE search.

DWS Financial/SNAP/Child Care Eligibility Manual

215-2C Eligible Alien Status - RCA

See Most Recent Obsolete Policy

Policy Effective: June 1, 2017

Eligible Refugees

To be eligible for the Refugee Cash Assistance (RCA) Program and RCA Child Care, a customer must have an immigration status listed in this section.

Customers are required to provide proof of immigration status, in the form of documentation issued by the United States Citizenship and Immigration Services (USCIS), usually the USCIS Form I-94.

1. A person from any country who has been paroled as a refugee or asylee under Section 212(d)(5) of the Immigration and Naturalization Act (INA).
2. A person from any country who has been admitted as a refugee under Section 207 of the INA.
3. A person from any country who has been granted asylum under Section 208 of the INA.

Tips/Hints/Instructions

4. A person from any country who has a USCIS Form I-151 or I-551 showing that the person is a permanent resident alien. The person must also verify that the person previously held one of the statuses listed in 1-3 above.
5. Children of a refugee family who are born in the U.S. (or in a refugee camp). These children have the same alien registration number as their mother with a suffix of 01, 02, etc. The suffix shows the sequence of birth in the U.S.
6. Certain Amerasian Immigrants. These persons have either a USCIS Form I-94 (with class code AM1, AM2, or AM3) or USCIS Form I-551 with codes AM6, AM7, and AM8.
7. A Cuban or Haitian Entrant - defined as:
 - a. Any individual granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; OR
 - b. Any other national of Cuban or Haiti who:
 - i. Was paroled into the United States and has not acquired any other status under the INA; AND,
 - ii. Is the subject of exclusion or deportation proceedings under the INA, OR, has an application for asylum pending with the USCIS; AND,
 - iii. With respect to whom a final, non-appealable, and legally enforceable order of deportation or exclusion has not been entered.
8. Aliens certified as Victims of Severe Forms of Trafficking. A qualified alien under the term Victim of Severe Forms of Trafficking is an alien: Who has been certified by the Federal Office of Refugee Resettlement (ORR) and has been issued a Certification Letter that identifies the certification date.

An alien, who is a Victim of a Severe form of Trafficking while not identified as an refugee, shall be eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent an alien who is admitted to the United States as a refugee under Section 207 of the INA.

9. Iraqi and Afghan aliens who have been granted Special Immigrant status. These aliens are admitted as Legal Permanent Residents. An alien, who is an Iraqi or Afghani Special Immigrant Visa Holder, while not identified as an refugee, shall be eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an alien who is admitted to the United States as a refugee under Section 207 of the INA.

Refugee Entry Dates

The alien's entry date determines the time period the alien is eligible for RCA. See policy 284 for more information on RCA time limits.

1. The entry date is identified on the refugee's I-94, I-551, or other USCIS documentation provided.
2. The entry dates for refugee children who are born in the U.S. are the entry dates of their parents. If the parents have different entry dates, use the entry date of the mother.
3. The entry date for an asylee is the date that the refugee is granted asylum in the United States. The following documents will confirm both status and date of entry for asylees:
 - a. I-94 noting the refugee has been admitted under Section 208 of the INA
 - b. I-94 with admission codes AS-1, AS-2, or AS-3
 - c. I-94 with Visa 93 (or V-93)
 - d. Order of an Immigration Judge granting asylum under section 208 of the INA
 - e. Asylum approval letter from a USCIS Asylum Office.
4. The entry date for a Victim of a Severe Form of Trafficking is the certification date, which appears in the body of the ORR issued certification letter.
5. The entry date for Special Immigrants is the date listed on the I-94.

See Also:

215-2 - Eligible Alien Status

215-2A - Eligible Alien Status - FEP, FEP-TP, AA, EA

215-2B - Eligible Alien Status - SNAP, TANF Non-FEP, and TANF Needy Family

Procedure: Entering Alien Evidence

To determine if the alien meets the criteria for a specific program, see the information found in the eVerifs SAVE search.

Medicaid Policy

205 Citizenship And Alien Status Requirements

Effective Date: September 1, 2016

Previous Policy

A. Eligibility Requirement for Full Medicaid

Individuals eligible to receive full Medicaid services and QMB, SLMB or QI include the following. All others may only receive emergency Medicaid services, described in Section 205-6.

1. U. S. citizens. See Section 205-1.
2. Qualified Aliens. See Section 205-2.
3. SSI recipients living in the U.S. on August 22, 1996 and meeting the criteria for one of the grand-fathered SSI recipient alien groups. See Section 329.
4. Lawfully present children as described in section 205-2.1.

B. Proof of Citizenship and Identity

1. U.S. Citizens must document their Citizenship and Identity. (See Table IV) Verify citizenship and identity electronically through electronic data sources before asking for verification from the customer. A positive match with SCHIP satisfies verification of citizenship and identity.
2. **Applicants:** Do not delay or deny benefits when an individual declares to be a US Citizen or US National, and there is no evidence that contradicts their claim.

If otherwise eligible, provide Medicaid coverage and give the client reasonable time to provide the documentation.

- a. "Reasonable time" is defined as (at least) 90 days from the date the client receives the notice to provide verification. The date received is considered to be 5 days after the date on the notice. A client needs to either provide the documentation by the end of the time-frame given, or provide proof they are working to obtain the documentation. Give more time to clients who show a good faith effort to provide the documentation.
- b. If the client has been given reasonable time and does not provide the documentation or proof they are working on obtaining it, remove the client from the Medicaid coverage with proper notice.

3. Citizenship/Identity Documentation Exceptions

The following individuals are EXEMPT and do not have to meet the Cit/ID documentation requirement. If the individual loses an exempt status they must meet the Cit/ID requirement at their next scheduled review.

- o SSI recipients and those in an SSI Protected group
- o SS-DI recipients
- o Medicare recipients
- o Children in receipt of Title IV-B or Title IV-E Subsidized Adoption Assistance
- o Children in receipt of Title IV-B or Title IV-E Foster Care Payments
- o Qualifying Aliens*
- o Clients only eligible for Emergency Medicaid
- o Household members who are not receiving Medicaid benefits

4. Children who received deemed newborn eligibility

When a child receives deemed newborn coverage, the child's citizenship and identity are verified and no additional verification is required at any time.

- a. Make a collateral contact with the applicable State Medicaid agency to verify the claim that the child received deemed newborn coverage.
- b. Once the agency has verification of the child's eligibility under the deemed newborn eligibility, the child never has to provide Cit/ID documentation again.

C. Documentation Requirements

1. States must obtain satisfactory documentary evidence of an applicant's or recipient's, citizenship and identity. Verify citizenship/identification and alien status through electronic data sources first before requesting any documents from the customer.
 - o Table IV in Medicaid policy (Charts 1 and 2) outlines acceptable Citizenship documentation.
 - o Chart 3 on Table IV describes the acceptable sources of identity documentation.
 - o States are allowed to match with the State Children's Health Insurance Program - Internet (SCHIP-I) via the Social Security Administration (SSA) interface. A match satisfies the citizenship and identity requirement. See #3 below for additional information.
 - o States are allowed to match with the State Vital Statistics to obtain birth verification.
 - o When a client born in Utah does not have an original birth certificate, do an electronic search for birth years that have been computerized. For years that have not been computerized, they are to submit a Form 125 to Utah State Vital Records to obtain verification that a birth record is on file with the state.
 - o State Verification and Exchange System (SVES)
- a. SCHIP verifies information regarding the person's claim of US citizenship or nationality.
 - i. The client's name, SSN and date of birth compares with data in the SSA Master File of SSN Holders (Numident).
 - ii. The interface is in real time.
 - iii. Two responses are possible: Y for positive, or N for no match with SSA records.
- b. A positive response satisfies the Citizenship and Identity requirement. See Table IV, Chart 1.
 - i. The data submitted is consistent with SSA records.
 - ii. No additional information is required from the client.
- c. A no inconsistency or no match response indicates the data submitted to SSA does not match. (IE, misspelled name, incorrect SSN, incorrect DOB or incorrect citizenship declaration.)
 - i. The agency first makes a reasonable effort to identify and resolve the cause of the inconsistency. For example, typographical or other clerical error.
 - ii. When an inconsistency is identified and corrected, resubmit the request.
 - iii. When an inconsistency is not found by the agency, OR if the second request result is the same, the client has 90 days to provide proper citizenship documentation.
 - o The 90 days starts with the date the client receives the notice.
 - o Medicaid benefits remain open during the 90 day verification period.
 - o If the case closes for any reason during the 90 day verification period, the 90 days continues to run.
 - o Once the 90 day verification period has expired, it cannot be extended or repeated.
 - iv. If proper citizenship documentation has not been provided by the end of the 90 day verification period, remove the individual from coverage at the end of the month for which 10-day notice can be given.

Medicaid Policy

205-2 Qualified Aliens

Effective Date: July 1, 2016

Previous Policy

Resource Page

A qualified alien is an alien who is lawfully admitted for permanent residence under various sections of the Immigration and Nationality Act (INA). Some qualified aliens cannot receive full service Medicaid, but may receive coverage only for emergency services for five years from the date they obtained qualified alien status. After determining that an alien is a qualified alien, it is necessary to determine if the alien is subject to the five-year bar. (See #B.) If a child is a qualified alien but has not met the 5 year bar, see if the child meets the criteria in section 205-2.1.

A. Qualified Aliens include:

1. An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act. This includes Amerasian immigrants. Proof is an Immigration and Naturalization Service (INS) Form I-151 or I-551 or INS Form I-94 with class codes AM1, AM2, or AM3.
2. An alien who is admitted as a refugee under section 207 of the INA. Proof is an INS Form I-94.
3. Iraqi and Afghan immigrants who enter as Lawful Permanent residents may receive Special Immigrant status (either before or after they enter the country.) The law allows these Iraqi and Afghan Special Immigrants to be treated as refugees after their date of entry or the date they are granted this Special Immigrant status. See #3 below for the policy governing these immigrants.
4. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Proof is an INS Form I-94 stamped "Refugee - Conditional Entry."
5. An alien who is granted asylum under section 208 of the INA. Proof is an INS Form I-94 and a letter establishing this status.
6. An alien who is paroled into the United States under section 212(d)(5) of the INA for a period of at least 1 year. Proof is an I-94 stating that he has been paroled under Section 212(d)(5) of the INA or stamped "Cuban/Haitian Entrant (Status Pending) Reviewable January 15, 1981."
7. An alien whose deportation is being withheld under section 243(h) of the INA (status granted prior to September 30, 1996), or under section 241(b)(3) after September 30, 1996. Proof is an order from an immigration judge showing that deportation has been withheld. If deportation is being withheld under another section of the INA, the person is not a qualified alien.
8. An alien who is granted status as a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
9. An alien who is admitted as an Amerasian immigrant (these individuals may enter as refugees or lawful permanent residents.)
10. An American Indian born in Canada who is at least one-half American Indian. They are considered lawful permanent residents, but will not have INS documents. A statement from the tribe is acceptable verification. They are not subject to the five-year bar for eligibility.
11. Battered aliens, who meet the conditions set forth in §431(c) of PRWORA, as added by §501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P.L. 104-208 (IIRIRA), and amended by §5571 of the Balanced Budget Act of 1997, P.L. 105-33 (BBA), and §1508 of the Violence against Women Act of 2000, P.L. 106-386. Section 431(c) of PRWORA, as amended, is codified at 8 USC 1641(c).
12. Victims of a severe form of trafficking, in accordance with §107(b)(1) of the Trafficking Victims Protection Act of 2000, P.L. 106-386.

B. Application of the 5-Year Bar

Some qualified aliens are barred from receiving Medicaid, PCN, QMB, SLMB or QI for five years from the date they obtain qualified alien status. The 5-year bar applies only to immigrants who enter the country on or after August 22, 1996. Aliens who do not meet one of the following exemptions can receive Medicaid only for

emergency services until after the 5-year bar. At the end of the 5-year bar, lawful permanent residents can receive full Medicaid.

1. Exceptions to the 5-Year Bar

Resident aliens who have been granted certain alien statuses or meet certain conditions can be eligible for Medicaid, PCN, QMB, SLMB or QI and are not subject to the five-year bar regardless of their entry date.

They must meet the eligibility requirement for Medicaid, PCN or the Medicare Cost-Sharing programs.

Resident aliens not subject to the 5-year bar include:

- a. An alien who is admitted as a refugee under section 207 of the Immigration and Nationality Act (INA).
- b. An alien who is granted asylum under section 208 of the INA.
- c. An alien whose deportation has been withheld under section 243(h) of the INA (prior to September 30, 1996) or under section 241(b)(3) of the INA (after September 30, 1996).
- d. An alien granted status as a Cuban and Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.
- e. An alien admitted as an Amerasian immigrant.
- f. An American Indian born in Canada who is at least one-half American Indian.
- g. A qualified alien who is a veteran with an honorable discharge from the Armed Forces of the United States. The spouse and unemancipated dependent children of the veteran may also qualify if they too are qualified aliens and are considered to be household members. The spouse of a deceased veteran who has not remarried may also qualify if he or she is a qualified alien.
- h. A qualified alien who is on active duty in the Armed Forces of the United States. A person on active duty for training does not qualify under this category. The spouse and unemancipated dependent children of the person on active duty may also qualify if they are qualified aliens and are considered to be household members.
- i. Hmong and other Highland Lao tribal peoples who have been lawfully admitted to the United States for permanent residence, and who fought on behalf of the United States during the Vietnam conflict are considered Veterans and therefore are not subject to the five-year bar on eligibility.
- j. Victims of a severe form of trafficking, in accordance with §107(b)(1) of the Trafficking Victims Protection Act of 2000, P.L. 106-386.
- k. Beginning December 19, 2009, Iraqi and Afghan Special Immigrants admitted to the United States for permanent residence, regardless if they received the status before December 19, 2009.
- l. Legal permanent residents who first entered the country under one of the exempt categories above and who later converted to LPR status.

2. Entry Prior to August 22, 1996

- a. All other qualified aliens can be eligible for Medicaid, PCN, QMB, SLMB, or QI when they meet the following criteria:
 - i. they entered the United States **before** August 22, 1996 and
 - ii. **have continuously resided in the U.S.** from their date of entry through the date they became a qualified alien.
- b. To decide if the 5-year bar applies, the date of entry may be a date other than the date on the individual's INS alien registration card.
- c. To decide if a person entered the United States before August 22, 1996, it does not matter if the immigrant entered the U.S. legally or illegally, or whether a legal entrant maintained a legal status with INS for the whole time they have resided in the U.S.
- d. To decide if a person has resided in the U.S. continuously, any single absence of more than 30 days or multiple absences totaling more than 90 days is considered to interrupt the continuous residence.
- e. The applicant's qualified alien status must be valid at the time of application.

3. Entry after August 22, 1996

- a. Immigrants who entered the country **on or after** August 22, 1996 and who do not meet one of the exceptions listed above, are subject to the 5-year bar.
 - i. Use the actual date of entry only to determine if the 5-year bar applies. This may or may not be the date on the person's INS alien registration card.
 - ii. Once you have determined that the 5-year bar applies, the alien is not eligible for full Medicaid services for five years from the date that he or she obtained qualified alien status. This will be the date on the

immigrant's INS alien registration card, which may be different from the actual date of entry.

- iii. Qualified aliens who are subject to the 5-year bar can only qualify for emergency Medicaid services for five years from the date they obtained qualified alien status. (See section 205-6.)

4. Aliens Who Are Receiving SSI Benefits

- a. Certain aliens who were receiving SSI benefits on August 22, 1996 and who are still getting SSI benefits, continue to qualify for Medicaid even if they cannot prove that they are qualified aliens.
- b. Qualified aliens residing in the U.S. before August 22, 1996, who later become disabled, may be eligible for SSI benefits without having to meet additional requirements that SSI requires. See Section 223-3 for more information about "grand-fathered" aliens and SSI eligibility. This section also describes the additional requirements that qualified aliens must meet to be eligible for SSI benefits.
- c. Certain aliens have been able to receive SSI for up to 7 years. A new law allows aliens meeting specific requirements to receive up to 2 more years of SSI benefits beyond the original 7 years. This can include aliens whose SSI stopped because they had received 7 years of benefits, as well as current recipients. This means they can receive SSI benefits for a total of 9 years. As long as an alien is receiving SSI payments, treat the alien as an SSI recipient to determine eligibility for Medicaid. The 2-year extension ends September 30, 2011.

C. Iraqi and Afghan Special Immigrants

Federal laws allow Lawful Permanent resident immigrants from Iraq and Afghanistan who are granted a Special Immigrant status to receive the same types of benefits that refugees can receive. The special status applies to the individual and their dependent family members who either enter at the same time, or follow later.

1. Workers must always consider eligibility for other Medicaid programs or CHIP before Refugee Medical Assistance. If the Iraqi or Afghan Special Immigrant household qualifies for other Medicaid programs or CHIP, there are no time limits to eligibility, aside from the normal program rules.
2. If the Iraqi or Afghan Special Immigrant household is not eligible for other Medicaid programs or CHIP, they may receive Refugee Medical Assistance for up to 8 months from the month they enter the United States.
3. If an Iraqi or Afghan Special Immigrant household loses eligibility under a regular Medicaid program or CHIP before the end of the 8 months, convert the household to Refugee Medical Assistance for the balance of the 8 months.
4. Eligibility for Medicaid, CHIP or Refugee Medical Assistance cannot begin earlier than December 26, 2007. Retroactive coverage is available but cannot go back any earlier than the month of the person's date of entry or date of adjustment to Special Immigrant status, or December 26, 2007, whichever is later.
5. Iraqi and Afghan Special Immigrants are LPR's, not refugees. However, effective December 19, 2009, they will be treated as qualified aliens and no longer be subject to the 5-year bar. It does not matter if they received the Special Immigrant status before December 19, 2009.
6. An infant born to a woman who is eligible for Medicaid on the date of birth is a U.S. citizen and eligible for the one year of continued coverage.

Medicaid Policy

205-2.1 Lawfully Present Children

Effective Date: December 5, 2017

Previous Policy

- o A child who does not meet the alien status requirements in 205-2, but is lawfully present in the United States may be eligible for Medicaid and CHIP. These children must meet all other eligibility factors such as state residency, age (up to 19), income and assets.
- o Some of these children will not have an SSN (221-3).
- o Do not impose a 5 year bar to children who are lawfully present.
- o Do not deem a sponsor's income and assets when determining eligibility.
- o Verify lawfully present status at application and review.

A. A child will be considered lawfully present if he or she is:

1. A qualified alien as defined in section 205-2 who is subject to the 5 year bar but has not met the 5 year requirement;
2. An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
3. An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
4. An alien who belongs to one of the following classes:
 - o Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively);
 - o Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. §1254a), and pending applicants for TPS who have been granted employment authorization;
 - o Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);
 - o Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;
 - o Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
 - o Aliens currently in deferred action status; or
 - o Aliens whose visa petition has been approved and who have a pending application for adjustment of status;
5. A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
6. An alien who has been granted withholding of removal under the Convention Against Torture;
7. A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. § 1101(a)(27)(J));
8. An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806(e); or
9. An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

Medicaid Policy

205-4 Sponsored Aliens

Effective Date: July 1, 2016

Previous Policy

When an alien who is required to have a sponsor applies for entry, or a change in status, on or after December 19, 1997, their sponsor must sign a legally enforceable Affidavit of Support, Form I-864, with INS.

When the sponsor has signed an I-864, income from the alien's sponsor must be deemed to the alien when determining eligibility for non-MAGI Medicaid groups such as the aged, blind or disabled, medically needy, etc. Do not deem sponsor's income when determining eligibility under one of the MAGI-based eligibility groups unless the sponsor is someone whose MAGI-based income must be counted according to the MAGI rules. Do not count actual cash contributions the sponsor gives to the alien. See sec. 342 for MAGI-based income rules. Do not deem a sponsor's income to lawfully present children defined in 205-2.1 eligible for MAGI and non-MAGI programs.

- o Sponsored aliens should know that they were required to have a sponsor, even though they may not have a copy of the Affidavit of Support form.
- o Iraqi and Afghan Special Immigrants are not required to have sponsors, so sponsor deeming does not apply at any time.
- o Sponsor deeming only applies when the sponsor is an individual.
- o Do not deem the income or resources of a sponsoring agency or corporation.

See Section 403-14 for policy on deeming the sponsor's income for non-MAGI-based eligibility groups.