Eligibility & Application

Non-Financial Requirements

Financial Requirements

Application Procedures

Application Procedures *(continued)*

Non-Financial Requirements

In addition to financial requirements that need to be met in order to qualify for Virginia's health insurance programs for children and pregnant women, there are several non-financial requirements that must also be met.

In the following list of non-financial eligibility requirements, an asterisk (*) indicates a rule that differs between the programs.

A. Age

FAMIS and FAMIS Plus are for children from birth up to their 19th birthday. Medicaid for Pregnant Women and FAMIS MOMS are for pregnant women of any age. *(Note: a pregnant woman under age 19 will be screened for FAMIS/FAMIS Plus eligibility first.)*

B. Virginia Residence

Applicants must be residents of Virginia. This means that they must live in, and intend to remain living in, Virginia. Self-declaration of residency is all that is required.

Establishing Virginia residence can be an issue for children born in the US to parents who are in this country on visas. Policy states, "Aliens who are non-immigrants (visitors, temporary workers) usually do not meet the Virginia state residency requirements because their **visas** will expire on a definite date. If the non-immigrant alien states in writing that he 'intends to reside in Virginia permanently or indefinitely after his visa expires,' then the non-immigrant alien has stated his intent to reside in Virginia permanently or indefinitely and can meet the Virginia residence eligibility requirement for Virginia Medicaid." (*Medicaid Policy Manual - M0230.001.C*)

C. Assignment of Third Party Payment Rights

These programs require the applicant to assign any rights to third party payments to the state. This means, for example, that a personal injury settlement received for an individual enrolled in FAMIS/FAMIS Plus/Medicaid for Pregnant Women/FAMIS MOMS would be assigned to Virginia to reimburse the state for any medical bills paid for the injury. This assignment is listed in the Rights & Responsibilities section (Step 5) of the Application (a copy is on page 2.23) and the family agrees to it when they sign the application.

D. Social Security Number

Social Security Numbers (SSNs) are required for **all** applicants seeking enrollment in Virginia's health insurance programs. *(An* Application for a Social Security Number *is included in* Section 5: Other Helpful Information.*)*

The application does ask for SSNs for non-applicants on a voluntary basis. Providing SSNs for **non-applicants is not required** and not listing them will not impact the eligibility of anyone else on the application. However, listing the SSN of a non-applicant may be helpful to the LDSS or Cover Virginia Central Processing Unit (CPU) in verifying income information.

Individuals who are not eligible for a SSN or do not have one and are eligible only for a non-work SSN need not provide or apply for a SSN and can be given a Medicaid identification number in lieu of a SSN.

E. US Citizenship or Alien Status Requirements

FAMIS, FAMIS Plus, Medicaid for Pregnant Women and FAMIS MOMS are for US citizens or lawfully residing non-citizens. Resident Alien children under age 19, who are otherwise eligible (meaning they meet all other financial and non-financial rules) may receive FAMIS and FAMIS Plus. Resident Alien pregnant women, if otherwise eligible, may receive Medicaid for Pregnant Women or FAMIS MOMS. There are certain immigrant categories that are considered "Mandatory Coverage Categories" and are eligible for coverage. These are Refugees and Asylees from certain countries and they may be eligible for coverage for the first 7 years they are in the country.

Applicants for all programs will have their citizenship status or alien status and their identity verified electronically (with the Social Security Administration or the US Citizenship & Immigration Services) based on the information they include in their application. However, there may be cases where the information can not be verified. In these cases, if the application is eligible for coverage in all other respects, he/she will be enrolled in coverage and will have 90 days to provide documentation verifying his/her citizenship, identity and/or immigration status. (For examples of acceptable forms of documentation for citizenship, identity and immigration status, see the Medicaid Eligibility Manual on line at: *www.dss.virginia.gov/benefit/medical_assistance/manual.cgi* and refer to sections M02, M21, and M22.)

It is very important to note that the **citizenship status of a child's parent is not relevant** and does not affect the child's eligibility for FAMIS or FAMIS Plus.

Individuals who do not qualify for FAMIS Plus or Medicaid due to citizenship or immigration status (including illegal/undocumented aliens) may be eligible for Medicaid payment for emergency services. Labor and delivery is considered an emergency service and coverage can be approved by the local DSS, provided the woman meets all the other program requirements. Other emergency services can be covered when approved by DMAS and the individual meets all other program requirements.

The federal government has confirmed that receipt of Title XXI health insurance (including FAMIS/FAMIS MOMS) or Title XIX (FAMIS Plus/Medicaid) will not affect **"Public Charge"** determinations or otherwise affect a non-citizen's immigration status unless FAMIS Plus or Medicaid is used for long-term care services. *(A* "Public Charge Fact Sheet" *is provided on pages 2.25-2.26.*

Additional guidance from US Immigration and Customs Enforcement regarding use of information supplied by individuals when applying for premium tax credits and cost sharing subsidies is also included on pages 2.27-2.28)

F. Other Insurance*

FAMIS Plus and Medicaid for Pregnant Women are available to children and pregnant women **who already have other health insurance**. These programs can supplement their existing insurance - paying for care that is not covered under the private insurance. FAMIS Plus/Medicaid is the "payer of last resort". An enrollee with other primary insurance will remain in Fee-For-Services and will not be assigned to a Managed Care Organizations (MCO).

In some cases, if it is cost effective to do so, FAMIS Plus/Medicaid may provide premium assistance to pay the cost of the existing health insurance policy premiums. This is called the Health Insurance Premium Payment or HIPP Program.

FAMIS and FAMIS MOMS are **not available** to children or pregnant women **who currently have other "creditable" health insurance**. "Creditable" health insurance includes most group and individual insurance plans, but it does not include very limited policies such as accident-only or dental-only plans.

G. Residents of Institutions*

CHILDREN/PREGNANT WOMEN who are **inmates** in a public institution (i.e. jail or juvenile detention center) are **not eligible for any program**.

Children under age 21 who are **inpatients** in an institution for the treatment of mental disease (IMD) **are not eligible for FAMIS,** but may be eligible for FAMIS Plus. Inpatients in an IMD aged 21-65 are not eligible to receive Medicaid, even if they are pregnant.

H. Cooperation with Child Support Enforcement*

If a parent or caretaker is applying for **Medicaid for himself or herself <u>AND</u> for FAMIS Plus for a child with an absent parent,** he/she is required to cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and obtaining medical support (health insurance) for the FAMIS Plus eligible child. If the parent/caretaker fails to cooperate (and does not establish "good cause for failure to cooperate") the parent/caretaker will be ineligible for Medicaid. However the **parent/caretaker's refusal or failure to cooperate with DCSE will not affect the child's FAMIS Plus eligibility.** Cooperation is considered to be met when the parent signs the medical assistance application. If the parent later sets up a case with DCSE, all other DCSE requirements will need to be met.

There is no cooperation requirement in FAMIS.

Financial Requirements

Financial eligibility for Virginia's health insurance programs for children and pregnant women uses Modified Adjusted Gross Income (MAGI) methodology to determine household size and income. Once income has bee determined using MAGI, this information is compared to the Federal Poverty Level (FPL). This indicator of poverty in America is established by the federal government each year (usually in January or February) and is the same figure for all 48 contiguous states. It is slightly higher in Alaska and Hawaii. If the individual's household size and income fall within a program's FPL limits, he/she is likely financially eligible for the program.

When evaluating eligibility for these programs, it is important to figure out each household member's eligibility separately. Follow these three steps when screening for eligibility.

Step 1: Figure out the household size for each family member
Step 2: Figure the income for each family member based on his/her household size
Step 3: Compare the income for the household size to the income limits for the various programs

Additional information on each step is provided below.

STEP 1: DETERMINING HOUSEHOLD SIZE

When evaluating eligibility for these programs, you must first determine the "household size." Members of a family can each have different household sizes; therefore it is important to figure out each individual's household size when thinking about their eligibility.

First, you must figure out what type of member of the household each person will be. For the purposes of household size, individuals will fit into one of three categories:

- Tax filer (person files taxes and is not claimed as a tax dependent on anyone else's taxes);
- Tax dependent; or
- Nonfiler **and** not claimed as a tax dependent.

For the Tax Filer:

Household size = the tax filer + any joint filers (if they exist) + all claimed dependents (*Note: Joint filers can only be spouses. Married couples living together who file separately are considered to be in the same household for the FAMIS and Medicaid programs*)

For Tax Dependents:

Household size = the same as the tax filer who claimed them as a dependent, except...

1. If the individual is a tax dependent who is not a child or spouse of the tax filer, then...
   Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren under age 19 (if they are living with them)

2. If the individual is a child living with both parents who are not married, then...
   Household size = the child + any siblings (biological, adoptive, or step) + his/her parents

3. If the individual is a child claimed as a tax dependent by a non-custodial parent, then...
   Household size = the child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom they are living)

For People who do not file taxes (nonfilers) and who are not claimed as dependents on anyone else's taxes:

For an Adult:
Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren (if they are living with them)

For a Child:
Household size = child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom they are living)

For the purposes of the three exceptions and the two nonfiler rules, **a child is considered to be anyone under age 19**.

When trying to figure out the household size of a pregnant woman, the same rules are used, but keep in mind **for the household size of the pregnant woman ONLY - she will count as at least 2 people**, or more if multiple children are expected (twins, triplets, etc.)

Note: A pregnant teen will be evaluated for eligibility in the children's programs (FAMIS/FAMIS Plus) first, and she will only count as one person in the household size for everyone, including herself. If she is ineligible for the children's programs, then she will be evaluated as an adult and only then will the unborn child(ren) count in her family size.

Following are some examples to help to illustrate these rules. They are from the Center for Budget and Policy Priorities "Beyond the Basics" webinar series which can be viewed at http://www.healthreformbeyondthebasics.org/category/library/webinar-videos/. *Note: These examples are for household size for Medicaid/FAMIS only, household size for Premium Tax Credits and Subsidies via the Federal Health Insurance Marketplace may differ.*

Example 1: Single Person

John is a single adult with no dependents of his own. He lives on his own and is not claimed as a dependent on anyone else's taxes.

John's household size = 1 (just himself).

Example 2: Married Couple with Two Children

Bob and Jane are married and have two children. They file a joint tax return and claim both of their children as dependents.

Bob's household size = Bob + Jane (joint filer) + 2 children (dependents) = 4.
Jane's household size = Jane + Bob + 2 children = 4
Each child's household size = same as tax filer claiming that as a dependent = 4

Example 3: Multiple Generation Household

Rose lives with and supports her 60-year-old mother, Maria. Rose also has a 5-year-old daughter, Natalie. Rose is the tax filer and claims her mother and daughter as dependents.

Rose's household size = herself + her two dependents (her mother and daughter) = 3
Maria's household size = herself = 1 *(exception #1 for tax dependents)*
Natalie's household size = same as the tax filer claiming her (her mother) = 3

Example 4: Child Claimed by a Non-Custodial Parent

Lisa lives with her son and files her taxes as an individual. Her son is claimed as a dependent by his father, her ex-husband, who lives elsewhere.

Lisa's household size = herself = 1
Her son's household size = himself + any parents/siblings living with him (his mom) = 2 *(exception #3 for tax dependents)*

We would not be calculating the dad's household as part of doing the household for Lisa and her son. Since dad does not live in the home, he would be filing for coverage on a separate application. If he did so, his household size would be 2 (himself and his son, who he claims as a tax dependent).

Example 5: Non-married Parents

Dan and Jen live together with their two children. They both have income and are not married. The file taxes separately and Dan claims the children as dependents on his taxes.

Dan's household size = himself + claimed dependents = 3
Jen's household size = herself = 1
Each child's household size = child + sibling + parents = 4 *(exception # 2 for tax dependents)*

STEP 2: DETERMINING HOUSEHOLD INCOME

What is MAGI?

MAGI is a methodology for how income is counted and how household size is determined based on federal tax filing rules.

Virginia programs that use MAGI:

- Medicaid Families and Children Groups
- Parent/caretaker relatives (Low Income Families with Children, LIFC)
- Children under age 19 (FAMIS and FAMIS Plus)
- Pregnant women (Medicaid for Pregnant Women and FAMIS MOMS)
- Reasonable classifications of children under age 21
- Non IV-E foster care/adoption assistance children
- Juvenile justice children
- Plan First

Income is based on household size and different members of the family can have different household sizes and thus different household incomes.

Eligibility for the FAMIS programs is based on **gross monthly income** for the month prior to application. This is the income prior to any deductions being taken. When you are calculating a family's income for eligibility purposes, you should calculate current monthly income.

It is important to note that a family member's countable income must be converted to a monthly amount to evaluate eligibility. To calculate monthly income, use the following conversion factors:

- From **weekly** income – multiply by **4.3**
- From **biweekly** income (paid every two weeks) – multiply by **2.15**
- From **twice monthly** income - multiply by **2**
- For monthly income - just use the gross figure reported.
- From irregular income – determine average weekly income over a 3-month period and multiply by **4.3**

The following chart lists what should and should not be included when you are calculating an individual's current gross monthly income.

Include	Do Not Include
Taxable income: gross earnings from jobs, including cash, wages, salaries, commissions, and tips	*Supplemental Security Income (SSI) and Temporary Assistance For Needy Families (TANF) payments*
Self-employment income allowing for deductions for depreciation and capital losses to determine profit	*Educational grants, loans, scholarship and fellowship income*
*Social Security income (Retirement, Disability, and Survivor's Benefits)**	*Social Security income of a child not required to file taxes**
Alimony received into the home	*Child support received into the home*
Unemployment	*Workers Compensation*
Pensions and annuities	*Certain Veterans Administration Benefits*
Rents and royalties received	*Certain Native American and Alaska Native payments*
Foreign earned income	*Gifts and inheritances*
Non-taxable interest	*Income of a dependent (unless they are required to file a tax return, filing threshold - income over $6,300/year)*
Count lump sum income only in the month it was received	

* ***Here are the Social Security Income Counting Rules for Groups subject to MAGI methodology rules***:

1. Social Security received by the parent is income for both the parent and the child's eligibility.
2. If no parent is in the child's MAGI household when determining the child's eligibility, all of the child's Social Security is counted
3. When determining the child's eligibility, if a parent is included in the child's MAGI household the child's Social Security is not countable unless the child is required to file taxes based on his other earned income.
4. The income of a child who is also the parent (whether or not he/she files taxes), is counted for his/her child's eligibility determination.

The key to counting child's income for the child himself or his parents is whether or not the child is **required** to file taxes.

Alimony paid out is **deducted** from gross monthly income, as is **student loan interest**.

To figure out the household income for each individual, count the MAGI of all persons who were included in that individual's household size. Every person is also allowed an additional 5% FPL "standard disregard" deduction from their income.

STEP 3: COMPARE HOUSEHOLD SIZE AND INCOME TO PROGRAM GUIDELINES

Once you have figured out the household size and income for each family member, compare it to the charts below to see if each person falls within the income ranges of the FAMIS programs. **Applicants are financially eligible for FAMIS Plus or Medicaid for Pregnant Women if the family has a MAGI income less than or equal to 143% FPL. Children are financially eligible for FAMIS if their MAGI income is above 143% FPL and less than or equal to 200% FPL.**

Note: *The FPL changes each year in January or February and the income guidelines for FAMIS Plus, Medicaid for Pregnant Women, and FAMIS change accordingly. The figures listed here went into effect on January 22, 2015 and include the additional 5% FPL disregard.*

2015 FAMIS Plus & Medicaid for Pregnant Women Income Guidelines - 143% of FPL

Household Size	Monthly Income	Annual Income
1	$1,453	$17,421
2	$1,966	$23,577
3	$2,479	$29,734
4	$2,992	$35,891
5	$3,505	$42,048
6	$4,018	$48,205
7	$4,531	$54,361
8	$5,044	$60,518
Additional Person Add	$514	$6,157

2015 FAMIS & FAMIS MOMS Income Guidelines - 200% of FPL

Household Size	Monthly Income	Annual Income
1	$2,012	$24,129
2	$2,722	$32,657
3	$3,433	$41,185
4	$4,144	$49,713
5	$4,854	$58,241
6	$5,565	$66,769
7	$6,276	$75,297
8	$6,986	$83,825
Additional Person Add	$712	$8,528

Application Procedures

There are many ways to apply for the FAMIS programs. The single streamlined "Application for Health Coverage & Help Paying Costs" can be filled out in **hard copy and submitted in-person or mailed** to the applicant's local DSS office. The information may also be submitted **over the phone** via the Cover Virginia Call Center and **online** via the CommonHelp or Healthcare.gov websites.

A PDF version of the Application may be downloaded from the Cover Virginia website at ***www.coverva.org***. Under the "Partner" link at the top of the page under the Facebook logo, choose "Materials." From this page you can order multiple printed copies of the Application and other printed outreach materials. Outreach workers should maintain their own supply of Applications and should familiarize themselves with the layout of the form and its instructions.

WHO CAN APPLY

A parent of any age, even if he/she is under 18, can apply for his/her child(ren).

For a child or pregnant teen (under age 18), the parent, legal guardian, adult relative with whom the child lives*, or any person authorized in writing by the parent, may complete the *Application*. (*During application processing copies of court papers will be requested in the case of legal custody/guardianship. Signed proof of authorization will be required when someone authorized by a parent is applying on behalf of the child.*)

An **adult relative with whom the child lives is any person related by blood or marriage with whom the child is living. Any degree of relationship is acceptable. Documentation of this relationship is **not** required.*

Children age 18 and over, or children under age 18 emancipated by a court, may apply for themselves. (*Copies of court papers will be required in the case of a legally emancipated minor.*)

An adult married to a minor may apply for his/her spouse.

For a pregnant woman over 18:
An adult pregnant woman may apply for herself. The adult husband of a pregnant woman, guardian, conservator, attorney-in-fact, designated authorized representative, or and adult relative may apply on the pregnant woman's behalf if she cannot sign for herself.

HOW TO APPLY

<u>By Telephone</u> - Cover Virginia Call Center (CVCC) @ (855) 242- 8282
A family may call the **CVCC** toll-free and complete the Application over the telephone with a Customer Service Representative (CSR). The CVCC is open from 8AM to 7PM, Monday through Friday and 9AM to 12PM on Saturdays, except on state holidays. A TTY line is also available: (888) 221-1590. The

CVCC has several Spanish-speaking CSRs on staff. Additionally, it has access to a **language line**. Any family that is not comfortable conversing in English may state the language they wish to speak, and the CSR will establish a three-way conversation with the applicant and an interpreter on the line.

The call is recorded and all of the information on the paper *Application for Health Coverage & Help Paying Costs* is asked of the family and collected by the CSR. The applicant "signs" the Application when he/she agrees with and understands the Rights & Responsibilities (Step 5) which have been read by the CSR. Upon completion of the call, the CVCC will issue a Tracking or **"T Number"** as proof that the Application has been submitted. **The date of application is the date of the phone call.** The CVCC will then send the family an *Application Confirmation Letter* *(see page 2.38 for a copy).* In addition to this notice, information about consent to share user profile information, page 8 of the paper Application, is also sent.

The application will be processed by the co-located Cover Virginia Central Processing Unit (CPU). If there are any verification documents needed, the family will receive a follow-up letter from CPU. The applicant may mail or fax the requested documents to the CPU to complete the process. The CPU will make a final decision on the case and send the family a *Notice of Action on Benefits* with the result.

On line via CommonHelp – www.commonhelp.virginia.gov

Through CommonHelp, Virginia's online application for social service benefits, families can screen themselves for multiple benefit programs [*including child care subsidies, SNAP/Food Stamps, Medicaid (including FAMIS), TANF and Energy Assistance*] and apply for them online. Through the site they can also check the status of applications; report changes; and complete benefit renewals. CommonHelp is available 24 hours a day, 7 days a week.

If a family wishes to apply for Medicaid or FAMIS they would clink on the "**Get Started**" button on the **"Health Care Only"** side of the home page to start an application for health coverage.

The first step will be **setting up an account to create a User Name and Password.** It is important for a family to keep this information as **it will be their ID and password during the application process and if approved, for ongoing case maintenance and annual renewal of benefits.** In addition to the ID and password, they will also be asked the answers to a series of security questions which will be used to verify identity.

The online application on average takes **40 minutes to complete**. It will take longer if you are working with a large family. If during the process, a family needs to stop, they can **save** their information and **exit** the application and come back and complete it later. The family will have up to 60 days to come back and complete the application process. If more than 60 days pass, they must start the process over.

The family should have the following information ready to make the process go smoothly:

- Household income from jobs and other income sources
- Social Security Numbers and dates of birth of all applicants
- Current or recent health insurance information (if applicable)

All the information collected on the paper *Application for Health Coverage & Help Paying Costs* will be asked in the online application. It uses dynamic technology, so based on the way some questions are answered, certain other questions can be skipped, to help speed the process along (for example if you indicate your gender is male, it will not ask questions related to pregnancy). Like the paper Application, CommonHelp collects all the information it needs about each household member and then moves on to the next one.

At each step, the program will ask the family to review the information entered for errors and allow for any needed corrections. Once a family is satisfied with what they have entered, the website will explain which program the family has applied for and which local DSS office will receive the application for processing.

The verification step explains the family's options to submit the application electronically, via mail, fax, or in person drop off. **If the family chooses to continue and submit the application electronically, it will take them through the electronic signature process**. Once "signed" and successfully submitted this way, the family will **receive a tracking or "T" number** as confirmation that the application was successfully submitted. **The family should keep the T number which they can use to check with the local DSS on the status of the submitted application**. If your are helping the family and have their permission to follow up on the Application, you should keep the T number as well. *(Phone numbers for all the local DSS offices are listed in* Section 5: Other Helpful Information*)* **The date the application is complete and submitted online is application date.**

If any of the information on the Application cannot be verified using available data sources, the LDSS will contact the family giving them time to provide the needed verification documents and instructions on how to return the information for processing. It should be noted that requesting paper documentation should be a last resort for local DSS offices when processing applications - all efforts will be made to verify the information electronically prior to contacting the family.

Two new improvements to the site may allow for "real time" eligibility determination in the future - **MMIS check** and **Identity (ID) Proofing**. Once all the household members have been entered, MMIS check allows the system to check the Virginia Department of Medical Assistance services' MMIS system (using name, social security number, and date of birth) to see if any family member is already enrolled in partial or full state health coverage. If a household member is already enrolled, the applicant will see a warning message telling them the person already receives health coverage and there is no need to reapply for that individual. This may prevent duplicate applications.

The ID Proofing question will be asked in the "Get Started" section of the CommonHelp online application. If the applicant consents to ID Proofing, he/she will be asked a series of personal questions about themselves and his/her answers will be matched against external data sources (Federal Data Hub, Experian, etc.). By consenting to these extra questions, it is possible that by the end of the online application process, "near real time" eligibility results on the application could be given.

After receiving an approval via a *Notice of Action on Benefits* from the local DSS, the family will have the opportunity to link their FAMIS/Medicaid case to their CommonHelp online account with the User Name and Password they used when they applied for coverage. They will login to CommonHelp and look for the "Manage My Account" page. After answering a few questions to verify their identity, they will be able to link their case.

Once the case has been linked, the family can check their benefits (see what programs they have been approved for and their case number); report changes in household size, address, and income; and at annual renewal, renew their benefits through CommonHelp. Clicking on the magnifying glass icon next to one of the benefits programs will bring up more detailed page on that benefit.

To report changes, a family will login and choose "Report My Changes". They will click the box next to the case they want to update and then report changes to the household information in the resulting form. At the end of the questionnaire, the family will be prompted to submit their changes. These will be reported to the family's local DSS.

Alternative Online/Telephone/Mail Application Submission Site - A family may also apply online with ***Healthcare.gov (or via telephone 800-318-2596 or via mail)*** for coverage. This is the Federal Health Insurance Marketplace. If an application is started here, Healthcare.gov will screen it for eligibility for Virginia's programs first. If it is likely that people on the application will be eligible for state-sponsored coverage in Virginia, the application will be forwarded to the Cover Virginia CPU for processing.

If it is during annual Open Enrollment, or if an applicant is eligible for a Special Enrollment Period, and the applicant is determined to not likely to be eligible for Virginia coverage, Healthcare.gov will process his/her application for eligibility for Premium Tax Credits and Cost Sharing Subsidies to help make purchasing private insurance more affordable.

By Paper - *Application for Health Coverage & Help Paying Costs*
The completed Application (including a signature) can be submitted **via mail** or delivered **in person** to the local Department of Services (DSS) that serves the locality in which the applicant lives. A listing of the addresses for the 120 local DSS offices in Virginia is located in *Section 5: Other Helpful Information*. The date the Application **is received by the DSS, not the date it is signed by the family**, is considered to be the date of application. *Note: A single stamp may not cover the cost of mailing of an Application, so the family should take care to affix the correct amount of postage or it will be delayed in reaching its destination.*

The paper Application is a booklet consisting of a page of instructions, 8 pages of application information, and 4 pages of Appendices (A-C). It allows a family to provide information on up to two family members. If there are more people in the family, an "Additional Person Single Page Supplement" must be completed for each one. The latest version is dated 06/04/14.

Front Cover
The front cover of the Application is "Things to Know." It tells the family they can use this form to apply for Medicaid, FAMIS or Plan First and for coverage choices and tax credits. It urges people to apply faster by using ***commonhelp.virginia.gov***.

It also tells them what information will be needed to complete the Application:

- Social Security Numbers (or document numbers for legal immigrants who need coverage) and dates of birth for applicants
- Employer and income information for all family members
- Policy numbers for current health insurance policies, and
- Information about any job-related health insurance available to the family.

The form states that the state is asking for application information to let the family know what coverage they qualify for and if they can get help paying for it and assures the family that the information will be kept private and secure.

Once the complete signed Application is sent to the family's local DSS, that agency may follow up with the family for additional needed information. It states that the Application should be processed within 45 days from the date it was received by the local DSS.

It also provides information on where they can get help completing the application, including the phone number and web address of the Cover Virginia Call Center.

Page One
Page one consists of two steps. ***Step 1*** asks for contact information for the adult in the family that will be the contact person for the Application. It asks for full name (including middle initial and suffix, if applicable), home and mailing addresses, phone numbers, whether the family wants to receive information about the application via email and what their preferred language is (if it is other than English).

The bottom of the page lists the instructions on how to complete ***Step 2*** which asks for information about everyone in the family. It goes over who to include and not include on the Application and advises the family to complete this step for each person in the family starting with the person who completed ***Step 1***.

Page Two
Page two asks questions for ***Step 2: Person 1***. Questions 1-5 are identifying information - full name, relationship to person 1 (in this case "self"), date of birth, sex, and Social Security number.

Question 6 asks if the person files federal taxes, yes or no. If "Yes," it asks if he/she files jointly with a spouse, is claimed as a dependent on anyone else's tax return, and if he/she claims any dependents. [*This question is key for calculating MAGI household size and income.*]

Question 7 asks if the person is pregnant, if "Yes," how many babies are expected and what the expected due date is. [*This question flags the application for 10 day expedited processing.*]

Question 8 asks if the person needs health coverage. If "No," the person can skip Questions 9 through 18 and go to the "Current Job & Income Information" section on Page 3. If "Yes," it advises them to continue answering questions 9-18 below. It also has two questions about being evaluated for the Plan First program. Check "Yes" if under age 19 or over age 64 if you do want to be evaluated for Plan First (Opt In). Check "No" if you are age 19-64 and **do not** want to be evaluated for Plan First (Opt Out)

Question 9 asks if the person lives in a medical facility or nursing home or if they have a physical, mental, or emotional health condition that cause limitations in activities. [*This question is exploring if the person might be eligible under the Aged, Blind, & Disabled (ABD) Medicaid coverage category.*]

Question 10 asks if the person is a US citizen or US national.

Question 11 asks if the person is not a US citizen/national, if they have a eligible immigration status. It asks for an immigration document type, document ID number, if the person has lived in the US since 1996 and if the person, person's spouse, or parent is a veteran or active-duty US military member.

Question 12 asks if the person lives with at least one child under age 19, and if they are the main person taking care of this child. [*This question is exploring the possibility of parent/caretaker relative (LIFC) coverage for Person 1.*]

Question 13 asks if the person is incarcerated and if yes, requests more information on where and expected release date.

Question 14 asks if the person is a full-time student.

Question 15 asks if the person was in foster care in at age 18 or older and if yes, in which state. [*This is tagging the person for evaluation for Medicaid coverage as a former foster care child. If the child was in public foster care at age 18 in any state, they are now eligible for Medicaid coverage, regardless of income, until they turn 26.*]

Question 16 asks if the person is of Hispanic/Latino ethnicity to check all the options that apply to them and Question 17 asks his/her race. Both these questions are optional, but answering them helps the state collect good demographic information on applicants and enrollees.

Page Three
The next set of questions on page three is regarding the person's current job and income information. At the top it asks if the person is **Employed** - if "yes" they start with Question 18. If **Not Employed** - the person starts with Question 28. If **Self-Employed**, he/she skips to Question 27.

Current Job 1: Questions 18 through 21 asks for information on their current job - the employer name, address, and phone number, the amount of wages/tips **before taxes have been taken out**, how frequently the person is paid, and the average number of hours worked each week.

Current Job 2: Questions 22 through 25 ask the same questions as for current Job 1, but for any second employer the person may have. **It also advises applicants that if they have more jobs, that they should answer these same questions for those jobs on a separate sheet of paper.**

Question 26 asks if in the past year the person changed jobs, stopped working, started working fewer hours, or none of the above.

Question 27 is if person 1 is Self-Employed. It asks for the type of work and how much net income (amount left over once business expenses are taken out) he/she will get from self-employment this month.

Question 28 explores if the person has other income coming into the home, things like unemployment, pensions, Social Security (Retirement, Survivor Benefits or Disability), retirement accounts, alimony received, etc. It asks for the amount of money coming in and how often it is received.

Question 29 asks if the person needs help paying for medical bills from the last 3 months. [**By answering "yes" to this question, the person is applying for retroactive coverage to help pay those medical bills.** *Retroactive coverage is possible in FAMIS Plus, Medicaid for Pregnant Women and for a newborn applying for FAMIS.*] If "yes", the person must list a total of his/her gross monthly income from all sources for the previous 3 months.

Question 30 looks for any deductions from income for things like alimony paid out and student loan interest. It asks for the amount paid and the frequency it is paid. *These are things claimed on the front page of a 1040 tax return.*

Question 31 is required only if the person's income changes from month to month. If it does, it asks for the person's total gross income this year, and what the person thinks their total income will be next year. If it does not, the person can skip this question.

Pages Four and Five
These pages are for ***Step 2: Person 2***. Though reordered slightly, all the same questions as those asked for ***Step 2: Person 1*** are asked on these pages with the addition of one question - whether or not they live in the home with Person 1. If the family has more than two family members, they must complete both sides of the "***Additional Person Single Page Supplement***" for each one. Again the questions are the same as for ***Step 2: Person 2***.

At the top of the page, they must also include the name of the person from ***Step 1***. [*This is to ensure that these additional pages are associated with the correct Application.*]

Page Six
Step 3 on page six must be completed only for American Indian or Alaska Native family members. If the person is of this decent, go to and complete ***Appendix B***. If he/she is not, continue to ***Step 4***.

Step 4 must be answered about anyone applying for health coverage. Question 1 asks if anyone is applying is already enrolled in health coverage. If "yes", it asks the person to check next to the type of coverage each person in the family has and write that family member's name next to the type. If anyone has employer coverage, it also asks for the name of the health insurance, the policy number, if it is a COBRA policy or retiree health plan. It also asks if there is any other insurance, the name of that insurer and the policy number and if it is a limited-benefit plan (like a school accident policy).

Question 2 asks if anyone listed on the Application is offered health insurance from a job. They are advised to check "Yes" even if this coverage is from someone else's job (i.e. parent's or spouse's). If "Yes", they must complete ***Appendix A*** and must answer the question if it is a state employee benefit plan. If "No," they can continue on to ***Step 5***.

Page Seven
Step 5 is the where the family will read about their rights and responsibilities and will sign and date the application. It is important that the applicant read and understand the information in this step. It warns of the penalties for lying on the application and failing to report any changes to the answers to the Application questions. *(A copy of this page of the Application is on page 2.23)*

Additionally, there is a section about **"renewal of coverage in future years"** that can be completed that allows the local DSS and the Federal Health Insurance Marketplace to use tax return information in future years as income verification to for renewal of coverage. **If checked, the LDSS has permission to attempt to verify income electronically at annual renewal**. If LDSS can verify income this way, they may be able to process the renewal without requiring any action on the part of the enrollee.

It also talks about allowing Medicaid to receive Third Party Payments (mentioned on page 2.1) and information on the right to appeal if the application is denied. After that, there is a place for the Person who completed Step 1 to sign and date the application. The *Application* is not considered to be complete without this.

Step 6 at the bottom of the page tells the person to mail the *Application* to the local DSS in the locality in which they live.

Page 8
Step 7 on page 8 is a legal notice about the usage of the data collected on the Application. Some of the data will be used to create a User Profile

that will then be shared with DSS, the Department of Motor Vehicles, and the Virginia Information Technologies Agency. This User Profile can contain the Applicant's Social Security Number, of if they prefer, exclude it. If the Application chooses not to share their information, the information will remain with the DSS only. At the bottom of the page the Applicant can choose to share the User Profile including their SSN, share the User Profile with out the SSN, or not share the User Profile at all. If nothing is selected, no information will be shared.

APPENDIX A
The information on this page is collected for eligibility for Premium Tax Credits toward purchasing private health insurance through the Federal Marketplace. The Applicant does not have to complete this page if no one from the household is eligible for health insurance through a job. If health coverage is offered, this form must be completed for each job that offers it. To complete ***Appendix A***, the applicant will need to get some specific information from his/her employer. To facilitate the collection of this information, the Application provides an "Employer Coverage Tool." The applicant can fill out his/her name and SSN and give it to the employer to complete the rest of the questions. The form asks if the employee is eligible for job-based coverage, if they can get it for other family members (if "Yes," list who), if the coverage meets the "minimum value standard", what the cost of the premium would be, and if the employer will make any changes in coverage in the next year. The applicant can then use this information to answer Questions 13-16 on ***Appendix A***.

Appendix B
This ***Appendix*** must be completed only if the applicant indicate that there were any American Indian or Alaska Native family members in ***Step 3***.

Appendix C
This form allows an applicant to give a trusted person permission to talk about this application with local DSS or the Federal Marketplace. If the applicant wants to designate someone as an "Authorized Representative," meaning the person would be signing the application on someone else's behalf, they would fill out the top part.

If you work for a **"helper" agency** and are assisting with the application do not complete the top of this form, but rather complete **the middle part**. This is a release of information that will allow DSS, the Cover Virginia Call Center, and the Marketplace to talk with you about the application, but does not mean you are acting on the applicant's behalf.

If you are a Navigator, Certified Application Counselor, Agent, or Broker fill out the bottom section. These people are all application assisters registered with the Federal Health Insurance Marketplace.

The last page includes Virginia voter registration information.

VERIFICATION DOCUMENTS THAT MAY BE REQUESTED DURING THE APPLICATION PROCESS

There are no documents that are required to be "attached" to the Application at the time of submission. However, if citizenship, immigration status or income cannot be verified through available data sources, the applicant will be contacted to provide more information and documentation. The following is a listing of possible verifications that a family may have to send when contacted by their local DSS or the Cover Virginia CPU for more information:

- **Proof of income** for the month prior to application (*for example – if you apply in September, provide proof of income for August*). If income is irregular, three months of income (*or more*) will be requested so that local DSS can determine the family's average monthly earnings. If requesting retroactive coverage under FAMIS Plus/Medicaid for Pregnant Women/ FAMIS (for a baby under 3 months of age) to pay any medical bills incurred during the prior three months, the family will be asked to supply proof of income for those three months.

- **Proof of application for a Social Security Number (SSN),** only if the child/pregnant woman applicant does not have one. Proof is the receipt from the Social Security Office showing the date of application. Once the number is received it must be reported to the to the local DSS. *(It is not necessary to provide a copy of the social security card.)*

- **Proof of citizenship status/identity** if the applicant's citizenship status and or identity cannot be electronically verified by the local DSS using the information provided on the Application, he/she will be contacted to document proof of this. Copies of a passport or driver's license and a birth certificate are the usual documents needed and copies of these documents are acceptable.

- **Proof of immigration status** if the child/pregnant woman is not a US citizen and his/her immigration status cannot be verified using the information provided on the Application. A copy of the front and back of the Resident Alien Card or other USCIS document giving the Alien ID# and legal immigration status for the child/pregnant woman is required.

- **Proof of legal guardianship or authorization from the parent** if a legal guardian or non-relative (godparent, neighbor) is applying for the child. A copy of the legal document naming the person as guardian or a signed statement from the parent stating the person is authorized to apply for health insurance for this child will be necessary.

APPLICATION PROCESSING TIMEFRAMES

Regardless of where the Application was filed (online via CommonHelp, over the phone at the Cover Virginia Call Center or mailed/delivered to the local DSS); Federal Regulation requires that a decision for **FAMIS Plus/Medicaid eligibility** must be made **within 45 calendar days**, unless an extension

is requested by the applicant. The clock starts ticking the day the signed application is received at **any of the above** entry points. During application processing, the caseworker may contact the applicant (and possibly the outreach worker listed on the Application) to answer any remaining questions or secure any missing verification documents.*(A sample of "Request for Verification" is located on page 2.24.)*

Regardless of where the Application was filed, policy also requires that an application for **Medicaid for Pregnant Women/FAMIS MOMS** be processed as soon as possible, but **no later than 10 business days** from the date the signed Application was filed. If all necessary verifications are not received, the application continues to pend until the 45 day processing time limit is met. During this time the applicant will receive notification of the missing information with a request to provide it within 10 days.

Follow-Up –
At any time during the process, the applicant (or outreach worker designated as assisting the family) can call the Cover Virginia Call Center or local DSS where the application was sent for information on the status of the application. If the person applied online or via the Call Center, the T number is an added piece of information that is helpful in locating the application.

DISPOSITION OF THE CASE

The DSS/CPU will complete a full eligibility determination and, if found eligible, will enroll the child/pregnant woman in the appropriate Medicaid or FAMIS program. The family will receive a *Notice of Action on Benefits* stating the child/pregnant woman's "application for Medical Assistance has been approved." The second page gives information on who is approved, for which program, their ID numbers, benefit periods, and Copay Statuses (0,1, or 2), if applicable. It also provides information on things the family will receive and things they will still need to do. The bottom explains the copay status (what the 1 or 2 means) and advises families to keep copies of copayment receipts so that when they reach their yearly out of pocket maximum they can complete the Copayment Tracking form and submit it to the Cover Virginia Call Center for verification and relief from copayments for the rest of the enrollment year. *(See pages 2.29-2.32 for a sample approval notice and page 3.13 for a copy of the FAMIS Copayment Tracking Form.)*

If the eligibility worker finds that the applicant is **not eligible for either FAMIS or FAMIS Plus** (or **Medicaid for Pregnant Women or FAMIS MOMS** in the case of a pregnant woman), the applicant will be sent a *Notice of Action on Benefits* stating that coverage has been denied, giving the reason it was denied, and information about the right to appeal. The notice will also offer the family the opportunity to be evaluated for a Medically Needy spenddown. The Application will then be referred to the Federal Marketplace for an evaluation for Premium Tax Credits and Cost Sharing Subsidies. *(See pages 2.33-2.34 for a sample denial notice and page 2.37 for a copy of the Marketplace referral letter.)*

WHAT HAPPENS IF THE APPLICATION IS DENIED

If the application is denied for coverage in FAMIS/FAMIS Plus/Medicaid for Pregnant Women/FAMIS MOMS by the local DSS or the Cover Virginia CPU, the Application will be referred to the Federal Marketplace for an evaluation of eligibility for Premium Tax Credits and Cost Sharing Subsidies. The applicant will also receive a letter stating the reason for denial of coverage under the FAMIS programs and advising them of their right to appeal "any adverse action" such as a denial or termination of eligibility.

Individuals receiving a denial/termination of any of the FAMIS programs or Medicaid may request a meeting or "agency conference" with the local DSS and this is held within 10 working days of the denial/termination. This request can also be made of the Cover Virginia CPU, if the application was made over the telephone or as a result of a case transferred to Virginia from the Federal Marketplace. This is an informal opportunity to discuss the reasons for denial/termination. During the conference, the family can share additional information with the eligibility worker or supervisor who will review all the information and either uphold the decision, ask for more information, or revise it. Having an agency conference does not affect the applicant's right to an appeal.

The applicant has the right to formally appeal the denial/termination decision to the Virginia Department of Medical Assistance Services (DMAS). An appeal must be requested by the parent, legal caretaker, or adult applicant within 30 days after the date of the *Notice of Action* (denial) *or Advance Notice of Proposed Action* (termination/cancellation of benefits). This can be done by writing to DMAS at the following address:

Appeals Division
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

The family may also **fax in the written appeal request to (804) 612-0036**. They may call the Appeals Division of DMAS at (804) 371-8488 for more information.*(A sample* Medicaid/FAMIS Appeal Request Form *is on pages 2.35-2.36.)*

The individual will be notified of the scheduled hearing which will be held at a convenient location, usually the local DSS office. During the hearing, the applicant/recipient has the opportunity to tell the Hearing Officer why they believe the agency's action was wrong. The Hearing Officer also receives evidence from the agency or individual who denied the application.

An outreach worker, friend, or family member may represent the applicant. Individuals may seek assistance with their appeals from their local Legal Services office. (*See the listing of Virginia Legal Services Programs in* Section 5: Other Helpful Information.)

A decision will be made within 90 days of the appeal request, unless the applicant/recipient or their representative requests or causes a delay. Decisions made by Medical Assistance Hearing Officers are the final decisions of DMAS. If the applicant disagrees with the hearing decision, further review may be available through the Circuit Court in the city or county where the family lives.

In termination cases, if the request for an appeal is filed prior to the effective date of the termination, health insurance coverage will continue until a decision is made. However, the family may have to pay back benefits received while the review was pending in the event that the appeal is in the agency's favor.

STEP 5 Read & sign this application.

- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I understand that I am authorizing the local Department of Social Service (LDSS) and the Department of Medical Assistance Services (DMAS) to obtain verification/information necessary to determine my eligibility for Medicaid or FAMIS.
- I understand that Medicaid and DMAS contractors may exchange information relating to my coverage with LDSS to assist with application, enrollment, administration and billing services.
- I understand that for individuals enrolled in managed care, a premium is paid each month to the MCO for the person's coverage. If the child or pregnant woman is not eligible for FAMIS, FAMIS Plus, FAMIS MOMS, or Medicaid because I did not report truthful information or failed to report required changes in my family size or income, I may have to repay the monthly premiums paid to the MCO. I may have to repay these premiums even if no medical services were received during those months.
- I know that I must tell the local Department of Social Services within 10 calendar days if anything changes and is different than what I wrote on this application. I can visit **www.commonhelp** to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting **www.hhs.gov/ocr/office/file**.

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Medicaid or FAMIS programs or the Marketplace to use income data, including information from tax returns. I understand that I will receive notification of the outcome of my renewal. I understand that I can opt out at any time.

Yes, I consent to the use of electronic income data including information from tax returns to annually renew my eligibility automatically for the next

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:

☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don't use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid

- I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No
- If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

My right to appeal

If I think Medicaid, FAMIS or Plan First has made a mistake I can contact them at **www.coverva.org** or call **1-855-242-8282**. Instructions for filing an appeal will be included on my notice and are also available on the coverva.org website.

If I think the Health Insurance Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Marketplace at **1-800-318-2596**. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Appendix C.

Signature	Date (mm/dd/yyyy)
	☐☐ / ☐☐ / ☐☐☐☐

STEP 6 Mail completed application.

Mail your signed application to:

The local Department of Social Services in the city or county in which you live

NEED HELP WITH YOUR APPLICATION? Visit the Cover Virginia website at **coverva.org** or call us at **1-855-242-8282**. Para obtener una copia de este formulario en Español, llame **1-855-242-8282**. If you need help in a language other than English, call **1-855-242-8282** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-888-221-1590**.

Commonwealth of Virginia

Department of Social Services

County/City: **Henry County (089)**
20 PROGRESS DR
PO BOX 4946
MARTINSVILLE VA 24115
Phone: **(276) 656-4300**

Date: **04/01/2015**
Case Number/ Client ID: **113078768/ 2103570446**
Correspondence #: **710301257**

Barbara Thompson
100 Randolph ST
Collinsville VA 24078

This is the name and address of the head of household.

Request for Verification

In order for us to see if you are eligible for assistance, you must provide the information below. If you cannot provide the information, or if you need help, we will help you to obtain this information. If you do not provide this information or contact the agency by the due date, your case or application may be denied.

Program(s):	**MA**
Due Date	04/11/2015

Who?	**What information is needed?**	**What is accepted as proof?**
Barbara Thompson	Social Security Number	Social Security Card, Other (Document Source)
Barbara Thompson	Identity	Clinic& Doctor& Hospital or School Records (For Children under 19), Naturalization papers N-550 or N-570, Finding of Identity from Federal& State Agency, US Coast Guard Merchant Mariner Card, Two documents corroborating identity, Affidavit of Identity, Valid US driver's license, Certificate of US citizenship N-560 or N-561, Federal& State& or Local Government-issued ID, Military dependents ID Card, US military ID card or draft record, School photo ID, U.S. Passport, Certificate of tribal affiliation
Barbara Thompson	US Citizenship	Official religious record recorded in the US indicating a US birth, U.S. Birth Certificate, Certificate of Naturalization, Federal or state census records showing US citizenship or a US place of birth, US citizen ID card (I-197 or I-179), SSDI recipients, People getting Medicare, SSI recipients, Medical records indicating US place of birth, U. S. Passport, School records, Certificate of US Citizenship (N-560 or N-561), If no other documentation exists& individual may submit an affidavit , Official military records showing US birth, Federally recognized tribe documentation, Certification of US birth, Title IV-E Adoption Assistance, Life& health or other insurance record that indicates US birth, Foster Care Kids, Final adoption decree showing US birth, Northern Mariana card I-873 (born before 11/4/86), Report/certificate of birth abroad of US citizen (DS-1350& FS-240& or FS-545)

Comments:

Call Cover Virginia toll free for application assistance, questions and translation services 1-855-242-8282
TDD: 1-888-221-1590 8:00 am to 7:00 pm Monday-Friday 9:00 am to 12 noon Saturday

U.S. Citizenship and Immigration Services

Public Charge Fact Sheet

Released April 29, 2011

Introduction

Public charge has been part of U.S. immigration law for more than 100 years as a ground of inadmissibility and deportation. An individual who is likely at any time to become a public charge is inadmissible to the United States and ineligible to become a legal permanent resident. However, receiving public benefits does not automatically make an individual a public charge. This fact sheet provides information about public charge determinations to help noncitizens make informed choices about whether to apply for certain public benefits.

Background

Under Section 212(a)(4) of the Immigration and Nationality Act (INA), an individual seeking admission to the United States or seeking to adjust status to permanent resident (obtaining a green card) is inadmissible if the individual "at the time of application for admission or adjustment of status, is likely at any time to become a public charge." If an individual is inadmissible, admission to the United States or adjustment of status will not be granted.

Immigration and welfare laws have generated some concern about whether a noncitizen may face adverse immigration consequences for having received federal, state, or local public benefits. Some noncitizens and their families are eligible for public benefits – including disaster relief, treatment of communicable diseases, immunizations, and children's nutrition and health care programs – without being found to be a public charge.

Definition of Public Charge

In determining inadmissibility, USCIS defines "public charge" as an individual who is likely to become "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense." See "Field Guidance on Deportability and Inadmissibility on Public Charge Grounds," 64 FR 28689 (May 26, 1999). In determining whether an alien meets this definition for public charge inadmissibility, a number of factors are considered, including age, health, family status, assets, resources, financial status, education, and skills. No single factor, other than the lack of an affidavit of support, if required, will determine whether an individual is a public charge.

Benefits Subject to Public Charge Consideration

USCIS guidance specifies that cash assistance for income maintenance includes Supplemental Security Income (SSI), cash assistance from the Temporary Assistance for Needy Families (TANF) program and state or local cash assistance programs for income maintenance, often called "general assistance" programs. Acceptance of these forms of public cash assistance could make a noncitizen inadmissible as a public charge if all other criteria are met. However, the mere receipt of these benefits does not automatically make an individual inadmissible, ineligible to adjust status to lawful permanent resident, or deportable on public charge grounds.

See “Field Guidance on Deportability and Inadmissibility on Public Charge Grounds,” 64 FR 28689 (May 26, 1999). Each determination is made on a case-by-case basis in the context of the totality of the circumstances.

In addition, public assistance, including Medicaid, that is used to support aliens who reside in an institution for long-term care – such as a nursing home or mental health institution – may also be considered as an adverse factor in the totality of the circumstances for purposes of public charge determinations. Short-term institutionalization for rehabilitation is not subject to public charge consideration.

Benefits Not Subject to Public Charge Consideration

Under the agency guidance, non-cash benefits and special-purpose cash benefits that are not intended for income maintenance are not subject to public charge consideration. Such benefits include:

- Medicaid and other health insurance and health services (including public assistance for immunizations and for testing and treatment of symptoms of communicable diseases, use of health clinics, short-term rehabilitation services, prenatal care and emergency medical services) other than support for long-term institutional care
- Children's Health Insurance Program (CHIP)
- Nutrition programs, including the Supplemental Nutrition Assistance Program (SNAP)-commonly referred to as Food Stamps, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and School Breakfast Program, and other supplementary and emergency food assistance programs
- Housing benefits
- Child care services
- Energy assistance, such as the Low Income Home Energy Assistance Program (LIHEAP)
- Emergency disaster relief
- Foster care and adoption assistance
- Educational assistance (such as attending public school), including benefits under the Head Start Act and aid for elementary, secondary or higher education
- Job training programs
- In-kind, community-based programs, services or assistance (such as soup kitchens, crisis counseling and intervention, and short-term shelter)
- Non-cash benefits under TANF such as subsidized child care or transit subsidies
- Cash payments that have been earned, such as Title II Social Security benefits, government pensions, and veterans' benefits, and other forms of earned benefits
- Unemployment compensation

Some of the above programs may provide cash benefits, such as energy assistance, transportation or child care benefits provided under TANF or the Child Care Development Block Grant (CCDBG), and one-time emergency payments under TANF. Since the purpose of such benefits is not for income maintenance, but rather to avoid the need for ongoing cash assistance for income maintenance, they are not subject to public charge consideration.

Note: In general, lawful permanent residents who currently possess a "green card" cannot be denied U.S. citizenship for lawfully receiving any public benefits for which they are eligible.

Last Reviewed/Updated: 11/15/2013

Link to this page on USCIS website: http://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet

Office of the Director
U.S. Department of Homeland Security
500 12th Street SW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

Oct. 25, 2013

Clarification of Existing Practices Related to Certain Health Care Information

Purpose

The Patient Protection and Affordable Care Act (ACA), Pub. L. No. 111-148, 124 Stat. 224, and the Social Security Act (SSA) require that individuals[1] seeking coverage under a qualified health plan offered on a Health Insurance Marketplace or through an insurance affordability program (i.e., premium tax credits, cost sharing reductions, Medicaid, Children's Health Insurance Program, or Basic Health Program) provide information regarding their immigration status and certain information about their household members to determine eligibility for such coverage. This memorandum sets forth U.S. Immigration and Customs Enforcement (ICE) civil immigration enforcement policy regarding information concerning such individuals and their household members obtained during the eligibility determination process for such coverage.

Background

The ACA, the SSA, and implementing regulations outline procedures for determining eligibility for coverage under a qualified health plan offered on a Marketplace or through an insurance affordability program. Under the laws and implementing regulations, information provided by individuals for such coverage may not be used for purposes other than ensuring the efficient operation of the Marketplace or administering the program, or making or verifying certain eligibility determinations, including verifying the immigration status of such individuals.

Agency Policy

Consistent with the ACA's, the SSA's, and implementing regulations' limitations on the use of information provided by individuals for such coverage, and in line with ICE's operational focus, ICE does not use information about such individuals or members of their household that is obtained for purposes of determining eligibility for such coverage as the basis for pursuing a civil immigration enforcement action against such individuals or members of their household, whether that information is provided by a federal agency to the Department of Homeland Security for purposes of verifying immigration status information or whether the information is provided to ICE by another source.

[1] For purposes of this statement, "individuals" means certain applicants for, beneficiaries of, and enrollees in coverage under a qualified health plan offered on a Health Insurance Marketplace or through an insurance affordability program.

No Private Right of Action

This document, which is intended only as internal ICE policy, is not intended to, does not, and may not be relied upon to create any rights or benefits, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.

Commonwealth of Virginia

Department of Social Services

County/City: **Charlottesville City (540)**
120 Seventh St., N.E.
Charlottesville VA 22902
Phone: **(434) 970-3400**

Date: **04/02/2015**
Case Number/ Client ID: **113094733/2103606987**
Correspondence #: **710302260**

Polly Anderson
1100 King ST
Charlottesville VA 22901

This is the name and address of the head of household.

Notice of Action on Benefits

This letter tells you about your benefits. If you have a question, please contact your agency listed above.

Which benefit?	**Status of the benefit?**
Medical Assistance	You applied for Medical Assistance on 04/02/2015, your application was approved. For more information about your benefits, please read this entire notice.

Comments:

Call Cover Virginia toll free for application assistance, questions and translation services 1-855-242-8282
TDD: 1-888-221-1590 8:00 am to 7:00 pm Monday - Friday 9:00 am to 12 noon Saturday

Your Medical Assistance Benefits

Approved:

Ongoing coverage was approved for the following people. Your next renewal is due 05/31/2015

Who is included?	Benefit Period	Coverage	Enrollee ID	Copay Status
Polly Anderson	04/01/2015- *	MA-PG	350022415019	0
Who is included?	**Benefit Period**	**Coverage**	**Enrollee ID**	**Copay Status**
Bobby Thompson	04/01/2015-*	MA-FAMIS	350022415027	2

Here is what you will receive:

- **Member Card(s):** You will receive a permanent Commonwealth of Virginia Medical Assistance card for each person covered.
    - Show this card to a participating Medicaid or FAMIS provider when you receive services. To locate participating providers in your area, please contact customer service at **1-855-242-8282** or go to **http://coverva.org**
    - If the person has had Medical Assistance in the past, you may continue to use the card you have for this coverage.
- **Medical Assistance Handbook:** Enclosed is a Medical Assistance Handbook. http://dmasva.dmas.virginia.gov/Content_pgs/rcp-home.aspx

Here is what you need to do:

- **Changes:** Report all changes within 10 days of the day you know about it, for example:
    - Address Changes: Let us know if your address changes as soon as you move.
    - Income Changes: Read the handbook for income changes that you must report.
    - Change in household individuals (including newborns)
- **Renewal:** Remember your benefits need to be renewed at least every 12 months.

Here is your copay status information:

- **FAMIS Co-payments:** Some doctor visits and services require a fee called a co-payment. Please refer to the FAMIS handbook which explains co-pay status and amounts you will pay. Native Americans and Alaskan Natives do not have to pay co-payments.
    - Copay status 1: Range from $2 to $15 based on the type of service. The annual maximum copayment per family is $180.
    - Copay status 2: Range from $5 to $25 based on the type of service. The annual maximum copayment per family is $350.

Save Receipts: Keep receipts for co0-payments you pay. If you think you have met your annual maximum, fill out a Co-pay Tracking Form found in your FAMIS handbook and send it with a copy of your receipts to **Cover Virginia, PO Box 1820, Richmond, VA 23218-1820**.

Medical Assistance Appeals and Fair Hearings

If you do not agree with your worker's decision, you may ask someone else to look at your request for help. This is called an appeal. You must send a letter within 30 days of getting this notice saying you want someone else to let you know if you can get the help you requested. A friend, relative or other person can send the letter for you. If the letter is sent in less than 10 days, and you were already getting help, you will continue getting help while the appeal is going on, but you might have to pay the Medicaid program back if you lose your appeal.

You may write a letter or complete a form. Forms for appeals are available on the Internet at www.dmas.virginia.gov, at your local department of social services, or by calling (804) 371-8488.

Please send a copy of this notice with the appeal request and mail them to the:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219
Appeals requests may also be faxed to:
(804) 612-0036

Commonwealth of Virginia
Department of Social Services

County/City: **Central Office (999)**
801 East Main Street
Richmond VA 23219
Phone: **(999) 999-9999**

Date: **03/19/2015**
Case Number/ Client ID: **113087680/ 2103591044**
Correspondence #: **710292699**

Susan Harp
100 Main ST
Charlottesville VA 22901

This is the name and address of the head of household.

Notice of Action on Benefits

This letter tells you about your benefits. If you have a question, please contact your agency listed above.

Which benefit?	**Status of the benefit?**
Medical Assistance	You applied for Medical Assistance on 04/22/2014, your application was denied. For more information about your benefits, please read this entire notice.

Comments:

Call Cover Virginia toll free for application assistance, questions and translation services 1-855-242-8282
TDD: 1-888-221-1590 8:00 am to 7:00 pm Monday - Friday 9:00 am to 12 noon Saturday

Denied:

Coverage was denied for the following people.

Who is included?	Benefit Period	Why Denied?	Manual Reference
Chloe Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)
Christy Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)
Daniel Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)
Henry Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)
Philip Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)
Susan Harp	As of 06/01/2014	Duplicate Case	(M0130.400D)

(Note: Third page has been omitted for space, this page has the same wording regarding Appeals and Fair Hearings as in the Approval notice)

VIRGINIA MEDICAID/FAMIS APPEAL REQUEST FORM

(For Client Appeals Only)

Last Name of Medicaid/FAMIS Applicant/Recipient:	First Name:	Middle Initial:	Suffix: (e.g., Sr., Jr., II, III)
Mailing Address (Street or Post Office Box)	City	State	Zip Code – 9-Digit
Date of Birth:	Gender: ___ Male ___Female	Medicaid/FAMIS Case #:	Health Care #:
Social Security #: ___ ___ ___ - ___ ___ - ___ ___ ___ ___		Primary Telephone #: (area code and number) _____ Alternate Telephone #: (area code and number)	Email Address: _____ Fax #: (area code and number)

PLEASE SEND A COPY OF THE DENIAL LETTER OR NOTICE REGARDING THE ACTION YOU ARE APPEALING

I am appealing the action of (agency name) _____

The date on the letter or date I was told about the Medicaid/FAMIS decision is:_____

The name of the person who wrote to me or spoke to me about the decision I am appealing is:

Name: _____ Title: _____Telephone Number: _____

The agency (*check the appropriate space*):

( ) Denied my application or terminated my coverage for ( ) Medicaid or ( ) FAMIS.
( ) Refused to take my application for ( ) Medicaid or ( ) FAMIS.
( ) Failed to determine my eligibility within the time limit for ( ) Medicaid ( ) FAMIS
( ) Declared me not disabled.
( ) Requested repayment of benefits paid for medical services previously received.
( ) Denied or terminated waiver services. Name the waiver: _____ Service _____
( ) Denied me medical services or authorization for medical services. Name of service: _____
( ) Transferred or discharged me from a nursing facility. Name of facility: _____
( ) Took other action that which affected my receipt of Medicaid, FAMIS or medical services.

Are you a community spouse appealing the income or resource determination for your spouse? ___Yes ___No

Write a brief statement about <u>why</u> you are requesting an appeal. _____

_____

_____

Preferred spoken language: _____*Preferred written language: _____
DO YOU NEED AN INTERPRETER? ( ) YES ( ) NO

How do you prefer to be contacted about your appeal request?
( ) Email (provided above) ( ) Fax (provided above) ( ) Regular postal mail at the mailing address provided.
If you choose to get information by any method other than mail, do you also want to get paper copies in the mail? ( ) Yes ( ) No

****IMPORTANT NOTIFICATION****
The Department of Medical Assistance Services may recover expenses paid on behalf of clients when Medicaid or FAMIS coverage is continued during the appeal process and the hearing officer upholds the agency's action. Expenditures made for medical services (including MCO capitation fees) from the <u>original</u> effective date of the proposed closure or reduction through the <u>actual</u> date of closure or reduction will be subject to recovery.

*DO YOU WISH TO RECEIVE CONTINUED COVERAGE DURING THE APPEAL PROCESS IF YOU QUALIFY? __YES __ NO

This section must be completed <u>only</u> if the client will be represented by another individual during the appeal process.

Representative's Name: _____Firm or Organization: _____
Address: _____
Area Code and Telephone number: _____

Signature of Client: _____ Date: _____

This form must be signed by the adult client. If a representative who is not an attorney signs this form, the adult client m provide a signed statement or form authorizing that individual to act on his/her behalf during the appeal.

<u>See other side for additional instructions.</u>

INSTRUCTIONS (PLEASE PRINT)

1. **Complete this form as fully as possible or write a letter with the same information. If more space is needed, additional sheets may be included.**

2. **The ADULT Medicaid/FAMIS applicant or recipient MUST sign the form. If the adult applicant or recipient cannot sign the form, the individual who signs the form must explain why he/she is the appropriate person to represent the applicant/recipient. If the representative holds Power of Attorney (POA), a copy of the POA document must be provided. A signed statement from the adult applicant/recipient is acceptable.**

3. **Mail or fax this form or an appeal letter along with the notice from the agency to the address shown below.**

   - **The appeal form or letter must be *postmarked* within *thirty (30) days* of the agency's decision or the date the applicant/recipient was supposed to get a decision, but did not.**
   - **If neither of the above applies, mail in the appeal request form or appeal letter as soon as possible to protect the individual's appeal rights.**

SEND THE COMPLETED FORM OR APPEAL REQUEST LETTER AND RELATED DOCUMENTS TO THE:

Appeals Division
Virginia Dept. of Medical Assistance Services
600 East Broad Street
Richmond Virginia 23219
Fax (804) 612-0036

IF MORE THAN 30 DAYS HAVE PASSED SINCE THE AGENCY'S ACTION, OR SINCE THE DATE THE AGENCY SHOULD HAVE TAKEN ACTION, PLEASE ANSWER THE QUESTIONS BELOW:

1. **Did you get a denial or termination notice?** ___ Yes ___ No **What was the postmark date on the envelope?** _____ **When did you get the notice?**_____

2. **If you did not get a notice, how did you learn of the denial or cancellation?** _____
   _____
   _____

3. **Have you had any problems getting mail?** _____ **What kind of problems?**_____
   _____ **Were problems reported to the post office?** ___ **Yes** ___ **No**

4. **Has your address changed?** ___ **Yes** ___ **No** **If so, when?**_____

5. **If your address changed, did you tell the agency?** ___ **Yes** ___ **No** **If yes, what date did you tell the agency that your address changed?** _____

6. **Why didn't you file an appeal within 30 days of the date of the agency decision?** _____
   _____
   _____
   _____
   _____
   _____

Commonwealth of Virginia
Department of Social Services

County/City: **Central Office (999)**
801 East Main Street
Richmond VA 23219
Phone: **(999) 999-9999**

Date: **03/23/2015**
Case Number/ Client ID: **113041135/ 2103483793**
Correspondence #: **710299195**

Leonard CRYPTIC
600 Grove AVE
Charlottesville VA 22902

This is the name and address of the head of household.

Federal Health Insurance Marketplace Referral Notice

You applied for Medical Assistance and the following people were determined not eligible for full coverage Medicaid and FAMIS.

Leonard CRYPTIC

We have referred you application to the Federal Health Insurance Marketplace to find out if you qualify for a free or low-cost private health insurance plan, or a new kind of tax credit that lowers your monthly premium. The Marketplace is designed to help you find and compare health insurance options based on price, benefits, quality, and other features that may be important to you.

If you have questions about your application or need additional information, you may go online at www.healthcare.gov or contact the Federal Health Insurance Marketplace at the following toll-free number, 1-800-318-2596.

Application Confirmation

May 6, 2015

Mr. Applicant
123 Main Street
Richmond, Va 23219-0000

Thank you for calling Cover Virginia to apply for health insurance. This letter is to confirm that you applied and signed your application by phone on the date below. Cover Virginia provides access to affordable health insurance under Medicaid and FAMIS to eligible Virginians. Below is a summary of your information for your reference.

Application filed for Medicaid/FAMIS with Cover Virginia on: 04/10/2015

Application Reference #: T•123456789

Your application has been received and is being processed. It may take up to 45 days from the date you filed your application to receive a decision. You will be contacted by mail if additional information is needed.

Please keep this letter and reference the T# above when calling Cover Virginia about this application in the future.

For more information about the Medicaid and FAMIS programs visit www.coverva.org or call Cover Virginia toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

Cover Virginia
PO Box 1820 – Richmond, VA 23219
www.coverva.org – 1-855-242-8282
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm