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October 1, 2026

Virginia Medical Assistance Eligibility Manual Transmittal
DMAS-40

The following acronyms are contained in this letter:

- ABLE - Achieving a Better Life Experience Act
- CHE – Cuban or Haitian Entrant
- COFA – Compact of Free Association
- DMAS – Department of Medical Assistance Services
- LDSS – Local Department of Social Services
- LPR – Lawful Permanent Resident
- LTSS – Long Term Services and Supports
- NICU – Newborn Intensive Care Unit
- TN – Transmittal

TN #DMAS-40 includes policy clarifications, updates and revisions. Unless otherwise noted in the Cover Letter and/or policy, all provisions included in this transmittal are effective with eligibility determinations and post-eligibility (patient pay) calculations made on or after October 1, 2026.

The following changes are contained in TN #DMAS-40:

| Changed Sections | Changes |
|---|---|
| M00 Income Charts | Updated Utility Standard Deduction. |
| Subchapter M0210.150 | Removed some documents that demonstrate Legal Presence; removed reference to stand alone Affidavit of United States Citizenship |
| Subchapter M0220 Sections M0220.001; M0220.100; M0220.200; M0220.201; M0220.202; M0220.300; M220.301; M0220.305; M0220.306; M0220.307; M0220.310; M0220.314; M0220.400; M0220.411; M0220.600; Appendices revised and renumbered | This subchapter explains in detail how to determine if an individual meets the citizenship or immigration status requirements to be eligible for full benefit Medicaid (referred to as "full benefit noncitizens") or emergency services only (referred to as "emergency services noncitizens"). Effective 10-1-206, a noncitizen aged 19 or older who is not pregnant must be a Lawful Permanent Resident (LPR), Cuban or Haitian Entrant (CHE), or a Compact of Free Association (COFA) migrant to be eligible for full-benefit Medicaid. Effective 10-1-26, adults noncitizen SSI recipients, aged 19 and older, are not automatically deemed to be full benefit noncitizens and their immigration status verified. Noncitizen SSI recipients who are not full benefit noncitizens are emergency services noncitizens. Appendices have been revised and renumbered. |
| M0320.400 | The upper age limit for participation in Medicaid Works has been removed. The 2026 1619(b) threshold is updated to $63,537. |
| Subchapter M1130.740 | As of January 1, 2026, ABLE accounts can be used to save funds for the disability related expenses of the account's designated beneficiary, who must be blind or disabled by a condition that began before the individual's 46th birthday (instead of a condition that began prior to the age of 26). |

| | |
|---|---|
| M1450.630 | If they are residing in the community and not in a nursing facility, they cannot be evaluated for coverage under the 300% covered group. The penalty cannot be imposed until they are eligible for full coverage in another covered group. Undue Hardship consideration must still be offered per guidance in M1450.700 A. If the individual is not able to start LTSS because they cannot be evaluated under the 300% covered group and are residing in the community, and they subsequently attempt later, either through another application, screening, or by being admitted to a nursing facility, the look back period is based on the date of the current determination. |
| M1460.200 | Newborns in the NICU for more than 30 days meet the definition of institutionalization and do not require a screening. They are evaluated under the 300% SSI covered group. (Note: These applications often come directly from hospitals while the child is in the NICU.) |

Please retain this TN letter for future reference. Should you have questions about information contained in this transmittal, please contact Sara Cariano, Director, DMAS Eligibility Policy & Outreach Division, at sara.cariano@dmas.virginia.gov or (804) 229-1306.

Sincerely,

Sarah Hatton

Sarah Hatton, M.H.S.A.
Deputy of Administration and
Coverage

Attachment

# Subsection: Maintenance Standards and Allowances

Last Subsection Revision Date: October 2026

## A. Introduction

This subsection contains the standards and their effective dates that are used to determine the community spouse's and other family members' income allowances. The income allowances are deducted from the institutionalized spouse's gross monthly income when determining the monthly patient pay amount. Definitions of these terms are in section M1480.010 above.

## B. Monthly Maintenance Needs Allowance

| | |
|---|---|
| *$2,705* | *7-1-26* |
| $2,643.75 | 7-1-25 |
| $2,555 | 7-1-24 |
| $2,465 | 7-1-23 |
| $2,288.75 | 7-1-22 |

## C. Maximum Monthly Maintenance Needs Allowance

| | |
|---|---|
| *$4,066.50* | *1-1-26* |
| $3,948.00 | 1-1-25 |
| $3,853.50 | 1-1-24 |
| $3,715.50 | 1-1-23 |
| $3,435.00 | 1-1-22 |

## D. Excess Shelter Standard

| | |
|---|---|
| *$811.50* | *7-1-26* |
| $793.13 | 7-1-25 |
| $766.50 | 7-1-24 |
| $739.50 | 7-1-23 |
| $686.63 | 7-1-22 |

## E. Utility Standard Deduction (SNAP)

| | | |
|---|---|---|
| *$389.00* | *10-1-26* | 1 - 3 household members |
| *$493.00* | *10-1-26* | 4 or more household members |
| $375.00 | 10-1-25 | 1 - 3 household members |
| $476.00 | 10-1-25 | 4 or more household members |
| $369.00 | 10-1-24 | 1 - 3 household members |
| $467.00 | 10-1-24 | 4 or more household members |

# Virginia Medical Assistance Eligibility Manual

# Chapter M02
# Nonfinancial Eligibility Requirements

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## Chapter M02 Changes

Date Converted to New Template: October 2026

| Changed With | Effective Date | Subchapters Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | TOC updated |
| TN #DMAS-32 | 7/1/24 | Page ii |
| TN #DMAS-24 | 7/1/22 | Page i |
| TN #DMAS-15 | 1/1/20 | Pages i, ii |
| TN #DMAS-10 | 10/1/18 | Page ii |
| TN #95 | 3/1/11 | Page i |
| | | **Removed Subchapter M0270 Changes** |
| TN #DMAS-32 | 7/1/24 | Subchapter removed |
| TN #DMAS-20 | 7/1/21 | Page 2 |
| TN #DMAS-16 | 4/1/20 | Page 3<br>Page 4 was added. |
| Update (UP) #9 | 4/1/13 | Page 3 |

TN – Transmittal

UP – Update

# Subchapter M0210: General Rules and Principles

Last Subchapter Revision Date: October 2026

## M0210 CHANGES

| Changed With | Effective Date | Sections Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | M0210.150 |
| TN #DMAS-32 | 7/1/24 | Page 1 |
| TN #DMAS-18 | 1/1/21 | Page 4 |
| TN #DMAS-2 | 10/1/16 | Page 4 |
| TN #98 | 10/1/13 | Pages 1-3 |
| TN #97 | 9/1/12 | Page 3 |
| Update (UP) #2 | 8/24/09 | Pages 1, 2 |

TN – Transmittal
UP – Update

# Subsection M0210.150: Legal Presence

Last Subsection Revision Date: October 2026

## A. Legal Presence (Effective January 1, 2006)

Effective January 1, 2006, Section 63.2-503.1 of the Code of Virginia requires most applicants for or recipients of public assistance who are age 19 to have verified citizenship or legal presence in the U.S. Individuals who, on June 30, 1997, were Medicaid eligible and were residing in long-term care facilities or participating in home and community-based waivers, and who continue to maintain that status (eligible for Medicaid and reside in long-term care facilities or participate in home and community-based waivers) are **exempt** from this requirement. **Noncitizens applying for Medicaid payment for emergency services or FAMIS Prenatal are not subject to the legal presence requirement.**

An individual who is applying on behalf of another and is not requesting assistance for himself is not subject to the legal presence requirement.

## B. Documents That Demonstrate Legal Presence

An applicant may demonstrate legal presence by presenting one of the following documents:

- Valid evidence of U.S. citizenship
- Valid evidence of a lawfully residing immigration status

## C. Failure to Provide Proof of Legal Presence

An applicant whose citizenship or legal presence cannot be verified may be enrolled under the procedures outlined in M0220.100, when citizenship is attested to and not able to be verified, or M0220.201, when lawfully residing immigration status is attested to and not verified. Legal presence is not required to be verified for enrolment in emergency services Medicaid or FAMIS Prenatal.

## D. Relationship to Other Medicaid Requirements

Electronic verification or documentation of legal presence meets the legal presence eligibility requirement. To be eligible for Medicaid, however, the individual must meet all other state and federal Medicaid eligibility requirements. Verification of legal presence does **NOT** meet the SSN requirement as required by M0130.200.D.

# Subchapter M0220: Citizenship and Noncitizen Requirements

Last Subchapter Revision Date: October 2026

## M0220 CHANGES

| Changed With | Effective Date | Sections Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | Sections M0220.001; M0220.100; M0220.200; M0220.201; M0220.202; M0220.300; M220.301; M0220.305; M0220.306; M0220.307; M0220.310; M0220.314; M0220.400; M0220.411; M0220.600; Appendices revised and renumbered |
| TN #DMAS-36 | 10/1/25 | Appendix 2 |
| TN #DMAS-35 | 7/1/25 | Pages 4, 4a, 4b and 20 |
| TN #DMAS-33 | 10/1/24 | Pages 14e, 22 |
| TN #DMAS-32 | 7/1/24 | Pages 1, 4-5, 6a<br>Appendix 1, page 5<br>Appendix 4, page 2<br>Appendix 5, page 1 |
| TN #DMAS-30 | 1/1/24 | Page 3; Appendix 4, page 1 |
| TN #DMAS-27 | 4/1/23 | Page 17<br>Appendix 4, page 1<br>Appendix 5, page 1 |
| TN #DMAS-25 | 10/1/22 | Table of Contents, Page 14d. Page 22<br>Appendix 4 added page 2. |
| TN #DMAS-24 | 7/1/22 | Table of Contents<br>Pages 1, 4a, 4b, 5, 6a, 8, 14d, 14e, 15, 17, 18, 21, 22, 23<br>Page 6b was added as a runover page.<br>Appendix 9 was added.<br>Pages 22a and 24-25 were removed. |
| TN #DMAS-22 | 1/1/22 | Table of Contents<br>Pages 7, 12, 14a, 14b, 14d, 14e, 16, 22, 22a, 24<br>Appendix 5, pages 1, 3<br>Appendix 8, pages 1, 3<br>Appendix 4 was added. |
| TN #DMAS-20 | 7/1/21 | Pages 14c, 15, 18, 21, 22a<br>Appendix 5, page 3<br>Appendix 8, page 3<br>Page 15 is a runover page. |
| TN #DMAS-19 | 4/1/21 | Table of Contents |

| Changed With | Effective Date | Sections Changed |
|---|---|---|
| | | Pages 7, 14a-14d, 16, 22a, 24<br>Appendix 3, page 1<br>Appendix 5, page 1<br>Appendix 8, pages 1, 3<br>Page 8 is a runover page.<br>Pages 8a and 14e were added as runover pages. |
| TN #DMAS-18 | 1/1/21 | Page 21 |
| TN #DMAS-17 | 7/1/20 | Table of Contents Page 21 |
| TN #DMAS-14 | 10/1/19 | Table of Contents Pages 3, 4, 23, 24<br>Page 25 was added as a runover page.<br>Appendix 8 was added. |
| TN #DMAS-13 | 7/1/19 | Page 21 |
| TN #DMAS-12 | 4/1/19 | Pages 20, 21, 23 |
| TN #DMAS-10 | 10/1/18 | Page 1 |
| TN #DMAS-9 | 7/1/17 | Page 1, 2, 14c |
| TN #DMAS-6 | 10/1/17 | Page 15<br>Appendix 1, page 4 |
| TN #DMAS-5 | 7/1/17 | Pages 18, 19, 23, 24 |
| TN #DMAS-3 | 1/1/17 | Table of Contents Page 22a<br>Appendix 1, page 1 |
| TN #DMAS-2 | 10/1/16 | Pages 13, 19-22, 23, 24 |
| TN #DMAS-1 | 6/1/16 | Pages 4, 4b, 5, 23 |
| TN #100 | 5/1/15 | Table of Contents Pages 4b, 12, 17, 18<br>Appendix 5, page 3<br>Page 4 was renumbered for clarity.<br>Page 4a is a runover page. |
| TN #99 | 1/1/14 | Table of Contents Pages19, 23, 24<br>Appendix 4 was removed. |
| TN #98 | 10/1/13 | Pages 2-3b Appendix 1<br>Pages 1-5<br>Pages 6-18 were removed. |
| UP #9 | 4/1/13 | Page 3<br>Appendix 1, pages 3, 17<br>Appendix 3, pages 3, 4 |
| UP #8 | 10/1/12 | Table of Contents<br>Pages 4, 7-8, 12, 14d-20<br>Page 17a was deleted.<br>Appendix 5, page 3<br>Appendix 7 pages 1-5 |
| UP #7 | 7/1/12 | Table of Contents Pages 14d, 16-19<br>Appendix 5, page 3 |
| TN #96 | 10/1/11 | Table of Contents<br>Pages 2, 3, 7, 8, 14d, 18-22a, 23<br>Appendix 5, page 3 |

| Changed With | Effective Date | Sections Changed |
|---|---|---|
| TN #95 | 3/1/11 | Table of Contents<br>Pages 3, 3a, 4-6a, 14a-14c, 17, 19, 20<br>Pages 22a, 23, 24 Appendices 1-2a removed.<br>Appendix 3 and Appendices 5-8 reordered and renumbered. |
| TN #94 | 9/1/10 | Pages 3-3b, 7-9, 14a-14d, 18, 21, 22a, 23<br>Appendix 1<br>Appendix 3, page 3 |
| UP #3 | 3/1/10 | Pages 1-3a |
| TN #93 | 1/1/10 | Table of Contents<br>Pages 7-8, 14a, 14c-14d, 15-20, 22a<br>Appendix 1<br>Appendix 3, page 3<br>Appendix 4, pages 1 and 2<br>Appendix 6, page 2 |
| TN #92 | 5/22/09 | Table of Contents Pages 1-6a<br>Appendix 8 (18 pages)<br>Pages 4a-4t were removed and not replaced. |
| TN #91 | 5/15/09 | Page 7<br>Pages 14a, 14b Page 18<br>Page 20<br>Appendix 3, page 3 |

TN – Transmittal

UP – Update

# SECTION M0220.001: GENERAL PRINCIPLES

Last Section Revision Date: October 2026

## A. Introduction

This subchapter explains in detail how to determine if an individual meets the citizenship or immigration status requirements to be eligible for full benefit Medicaid (referred to as "full benefit noncitizens") or emergency services only (referred to as "emergency services noncitizens").

With some exceptions, the Deficit Reduction Act of 2005 (DRA) required applicants for Medicaid and Medicaid recipients to verify their United States citizenship and identity to be able to qualify for Medicaid benefits, effective July 1, 2006. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allows additional exemptions from the C&I verification requirements.

*The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) made major changes to the Medicaid eligibility requirements for noncitizens and limited coverage to those who met the definition of a 'qualified' noncitizen. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) permitted states to provide coverage to lawfully residing children under 19 and pregnant individuals. These changes eliminated the "permanently residing under color of law" (PRUCOL) category of noncitizens. Public Law (P.L.) 119 21 of 2025 further limited the categories of noncitizens eligible for full-benefit Medicaid.*

*States are required to attempt to electronically verify citizenship and immigration status prior to requesting additional documentation from the applicant. When the electronic verification is not successful and the application has attested to being a U.S. citizen, national or having an eligible immigration status, the state must enroll the individual into the appropriate full benefit covered group prior to requesting C&I or immigration status verification* and grant them one or more "reasonable opportunity" periods to provide documentation, if necessary.

The policy and procedures for determining whether an individual is a citizen or a "full-benefit" or "emergency services" noncitizen are contained in the following sections:

- M0220.100 Citizenship & Naturalization
- M0220.200 Noncitizen Immigration Status
- M0220.300 Full Benefit Noncitizens
- M0220.400 Emergency Services Noncitizens
- M0220.500 Noncitizens Eligibility Requirements
- M0220.600 Noncitizens Entitlement & Enrollment
- M0220, Appendix 9 Emergency Services Noncitizens Entitlement & Enrollment

## B. Declaration of Citizenship/Noncitizen Status

The Immigration Reform and Control Act (IRCA) requires, as a condition of eligibility, that the adult applicant who is head of the household (with exceptions below) declare in writing under penalty of perjury whether or not the individual(s) for whom he is applying is a citizen or national of the United States, and if not, that the individual is a lawfully admitted noncitizen. For children under 18 years of age, the declaration is made by an adult family member. The declaration statement is on the application form.

**EXCEPTION**: An individual who is eligible for emergency services coverage or FAMIS Prenatal only (as defined in section M0220.410) does NOT complete the declaration.

**Individuals who are required to sign the declaration and who fail or refuse to sign are NOT eligible for any Medicaid services.**

# SECTION M0220.100: CITIZENSHIP

Last Section Revision Date: October 2026

## A. Introduction

*United States citizens, including naturalized citizens, and U.S. nationals meet the citizenship requirement for medical assistance (MA) eligibility.*

## B. Citizenship Determination

1. **Individual Born in the United States**

   An individual born in the U.S., any of its territories (Guam, Puerto Rico, United States Virgin Islands, or Northern Mariana Islands), American Samoa, or Swain's Island is a U.S. citizen *or national*.

   *A child born in the U.S. to noncitizen parents is a U.S. citizen by birth. However, the child may not meet the Virginia residency requirements in M0230.201 if of the parents' stay in the U.S. is temporary.*

   *A child born in the U.S. to noncitizen parents who are in the U.S as employees of a foreign country's government may not meet the U.S. citizen requirement.*

2. **Individual Born Outside the U.S.**

   a. **Individual Born to or Adopted by U.S. Citizen Parents**

      A child born outside the *U.S.* to U.S. citizen parents automatically becomes a citizen by birth. A child under age 18 years who is a lawful permanent resident, who is currently residing permanently in the U.S. in the legal and physical custody of a U.S. citizen parent, and who meets the requirements applicable to adopted children under immigration law automatically becomes a citizen when there is a final adoption of the child, and does not have to apply for citizenship.

   b. **Individual Born to Naturalized Parents**

      A noncitizen child automatically becomes a citizen if their parents are naturalized before the child turns 16 years of age.

   c. **Naturalized Individual**

      *A noncitizen who does not automatically obtain citizenship as described in a) or b) above may become a citizen through the naturalization process.*

## C. Verification

1. **Requirements**

*Citizenship must be verified. An electronic verification attempt must first be made and documentation of citizenship requested only if the electronic verification is not successful. Verification source and, if requested, documents must be documented in the case record.*

**2. Exceptions to Verification Requirements Citizenship**

The following groups of individuals are NOT required to provide verification of citizenship and identify (C&I). Document in the case record why an individual is exempt from C&I verification.

a. *U.S. citizen* foster care children and IV-E Adoption Assistance children

b. Individuals born to mothers who were eligible for MA in any state on the date of the individual's birth and are under 1 year of age

c. *U.S. Citizens* entitled to or enrolled in Medicare or who are receiving Social Security benefits on the basis of a disability or Supplemental Security Income (SSI) recipients. Former SSI recipients are not included in the exemption. Verification from the Social Security Administration (such as a SVES response) of an individual's Medicare enrollment, benefits entitlement or current SSI recipient status is required.

When an individual loses an exception status and their *citizenship* has not previously been verified, *the worker must electronically verify their citizenship using the procedures in this chapter.* If electronic verification is not successful, the individual must be given a reasonable opportunity to provide documentation of their citizenship.

**NOTE**: A parent or caretaker who is applying for a child, but who is NOT applying for MA for themself, is NOT required to verify C&I.

**3. Verification Required One Time**

*Once an individual's citizenship has been verified,* it is not necessary to obtain verification again. Documentary evidence may be accepted without requiring the individual to appear in person.

**4. Reasonable Opportunity Periods**

*Individuals who meets all other eligibility requirements and declares that that they are a citizen, and citizenship cannot be electronically verified, are to be enrolled and given a 90-day Reasonable Opportunity Period (ROP) to provide verification of their citizenship.* **Do not request verification of citizenship from the applicant *prior to enrolling them,* and do not delay or deny an application pending processing of citizenship verification documents.**

If the applicant meets all other eligibility requirements:

- approve the application and enroll the applicant in *Medicaid*, AND
- *Ensure the Temporary Notice of Action provides information about the needed verification documents, how to request a ROP good-faith extension if the documents cannot be provided within 90 days, and the coverage end date if verification documents are not provided and no good-faith extension is granted.*

The individual remains eligible for *Medicaid during the 90-day ROP and subsequently granted ROP good-faith extensions. If verification documents are provided during the ROP, the individual shall remain enrolled until the documents are processed. Children and pregnant individuals enrolled under a ROP not eligible for 12 months of continuous eligibility, their coverage may be closed at the end of the ROP if the requested documentation was not provided and a good-faith extension not granted.*

*If the individual who lost coverage for failure to provide C&I documentation files a subsequent application, but still does not provide C&I documentation, a new 90-day reasonable opportunity period should be granted.*

## D. Procedures for Documenting Citizenship

*States must attempt to electronically verify citizenship using federally approved data sources prior to requesting verification documents. Virginia uses Social Security data available through the Federal Hub to verify C&I.*

1. ***Documentation From Case Record and Individual***

   *Documentation of citizenship and/or identity may be obtained from a number of different sources, including the sources listed below.* ***Photocopies of original documents are acceptable.***

   - *Existing LDSS agency records, as long as the documentation conforms to Medicaid policy for citizenship and identity verification in M0220 of the Medicaid Eligibility Manual*
   - *A Federal Agency or Another State Agency: A verification of citizenship made by a federal or state agency is acceptable, as long as the verification was done on or after July 1, 2006. No further documentation of citizenship* ***or*** *identity is required.*
   - *Applicants and Recipients: All applicants and recipients,* ***except*** *SSI recipients, Medicare beneficiaries, SSDI beneficiaries, individuals born to Medicaid-eligible mothers, all foster care children and IV-E Adoption Assistance children, must provide documents that show proof of United States citizenship and proof of the person's identity if the local DSS is unable to verify citizenship and identity using a data match with the SSA. Contact*

*information for obtaining the various acceptable documents is available on the VDSS local agency intranet and the VDSS public website and may be given to individuals to facilitate their obtaining documentation.*

- *DMAS, for individuals born in Puerto Rico who are unable to provide a birth certificate issued on or after July 1, 2010.*

  *Puerto Rico invalidated all birth certificates issued prior to July 1, 2010, and reissued the birth certificates. For individuals born in Puerto Rico* ***who are applying for Medicaid for the first time****, only a birth certificate issued on or after July 1, 2010 may be accepted from the individual. Should an individual born in Puerto Rico be unable to present a birth certificate issued on or after July 1, 2010, contact your Regional Medical Assistance Specialist, who will refer the case to DMAS. DMAS will obtain official birth verification on behalf of the local DSS. If the person is reapplying and the agency has a birth certificate issued prior to July 1, 2010 on record, no additional verification is required.*

2. ***Authorized Representative***

   *For individuals who have authorized representatives, such as the disabled or individuals who are institutionalized, initiate efforts to assist in securing documentation with the appropriate representative.*

3. ***Individuals Who No Longer Meet Exception***

   *When an individual loses the exception status, and his citizenship and identity has not been previously verified, it must be verified for him to remain eligible for Medicaid. If the individual's eligibility in another covered group must be determined (due to the loss of SSI benefits, for example), obtain the documentation of citizenship and identity at the time of the eligibility review. If the verification is not readily available, the individual must be allowed a reasonable opportunity to obtain the documentation. See M0220.100 A 3.*

   *Verify the SSI recipient's or Medicare beneficiary's entitlement to benefits through the Federal Hub or SOLQ-I. A copy of the printout must be placed in the case file.*

4. ***Individual NOT Required to Submit Documents in Person***

   *Individuals do not have to submit their citizenship and identity to the agency worker in person. They may mail the original document for the agency to copy and mail back to the individual,* ***or they may submit a photocopy of the document(s).***

5. ***Special Populations Needing Assistance***

   *The agency shall assist special populations who need additional assistance, such as the homeless, intellectually disabled, or physically incapacitated individual who lacks someone who can act on his behalf, to provide necessary documentation.*

***Failure to Provide Requested Verifications***

*Failure to provide satisfactory evidence of citizenship and identity, after being provided a reasonable opportunity to present such documentation, may result in the termination of MA.*

*An enrollee who fails to cooperate with the agency in presenting documentary evidence of citizenship may be denied or terminated. Failure to cooperate consists of failure by a recipient or that individual's representative, after being notified, to take a required action within the reasonable opportunity time period. If the individual provides part of the information or is in the process of getting the information, a new reasonable opportunity period should be provided.*

6. ***Notification Requirements***

   *Prior to the termination of benefits, the enrollee must be sent written notice at least 10 calendar days (plus one day for mailing) prior to the effective date of the closure.*

   *A Notice of Action and appeal rights must be sent to an individual whose application is denied because of failure to provide citizenship and/or identity verification.*

7. ***Maintain Documents in Case Record***

   *The agency must maintain copies of the documents used to verify citizenship and identity in the individual's case record or data base and must make the documents available for State and federal audits.*

8. ***No Reporting Requirements***

   *There are no monthly reporting requirements. However, the Medical Assistance Program Consultants may conduct reviews of cases where eligibility was denied or terminated because of lack of citizenship and/or identity verification.*

9. ***Refer Cases of Suspected Fraud to DMAS***

   *If documents are determined to be inconsistent with pre-existing information, are counterfeited, or are altered, refer the individual to DMAS for investigation into potential fraud and abuse. See section M1700.200 for fraud referral procedures.*

## E. *Document that Verify Citizenship*

1. ***Stand-alone Citizenship Documentation***

   *The following documents verify citizenship with no additional support needed.*

   - *U.S. Passport,*
   - *Certificate of Naturalization, or*
   - *Certificate of U. S. Citizenship*

- *Documentary evidence issued by a federally recognized Indian tribe which identifies the tribe that issued the document, identifies the individual by name and confirms membership, enrollment or affiliation with the tribe (tribal enrollment card, certificate of degree of Indian blood, Tribal census document, documents on Tribal letterhead).*

*If the individual presents one of these documents, he has verified his citizenship and identity.* ***Photocopies of original documents are acceptable.***

**2.** ***Verification of Citizenship and Identity Required***

*If an individual does not have or cannot provide stand-alone citizenship documentation, they must submit one of the citizenship verification documents AND one of the identity verification documents below.*

*a. Documents that Verify Citizenship*

- *A U.S. birth certificate showing birth in one of the 50 States, the District of Columbia, Guam, American Samoa, Swain's Island, Puerto Rico (if born on or after January 13, 1941), the Virgin Islands of the U.S. or the CNMI (if born after November 4, 1986).*
- *A Report of Birth Abroad of a U.S. Citizen*
- *A Certification of birth in the United States*
- *A U.S. Citizen I.D. card (I-197 or I-179)*
- *Northern Mariana Card for individuals born before 11/4/1986 ( I-873)*
- *Office of Vital Records*
- *Final adoption decree showing U.S. birth, or if adoption is not final, a statement from a State-approved adoption agency that shows the child's name and U.S. place of birth*
- *Evidence of U.S. Civil Service employment before June 1, 1976*
- *Official Military Records showing a U.S. birth Report/Certificate of birth abroad of U.S. citizen (dS-1350, FS-240 or FS-545)*
- *Evidence of compliance with the Child Citizen Act of 2000*
- *Medical records, including but not limited to, hospital, clinic or doctor records or admission papers from a nursing facility, skilled care facility or other institution that indicate a U.S. place of birth*
- *Life, health or other insurance records that indicate a U.S. place of birth*
- *Official religious record recorded in the U.S. indicating a U.S. birth*
- *School records, including pre-school, Head Start and day care, showing child's name and U.S. place of birth*
- *Federal or state census records showing U.S. citizenship or U.S. place of birth*

*If no other documentation exists, the individual may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity. Such affidavit must contact the applicant's name and other identifying information. The affidavit does not have to be notarized.*

b. *Documents that Verify Identity*

*The agency must accept any of the documents listed below as proof of identity, provided such document has a photograph or other identifying information including, but not limited to, name, age, sex, race, height, weight, eye color or address.* ***Photocopies of original documents are acceptable.***

- *Identity documents listed at 8 CFR 274a.2(b)(1)(v)(B)(l), except a driver's license issued by a Canadian government authority*
- *Driver's license issued by a State or Territory*
- *School identification card*
- *U.S. military card or draft record*
- *Identification card issued by the Federal, State or local government*
- *Military dependent's identification card*
- *U.S. Coast Guard Merchant Mariner's card*
- *For children under age 19, a clinic, doctor, hospital or school record, including preschool or daycare records*
- *Two documents containing consistent information that corroborates an applicant's identity are required. Such documents include, but are not limited to, employer identification cards, high school and college diplomas (including high school equivalency diplomas), marriage certificates, divorce decrees and property deeds or titles.*

*Finding of identity from a Federal or State governmental agency: The agency may accept as proof of identity a finding of identify from a Federal agency or another State agency, including but not limited to a public assistance, law enforcement, internal revenue or tax bureau, or corrections agency, if the*

*If the applicant does not have any document specified above and identity is not verified, the applicant may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity. Such affidavit must contain the applicant's name and other identifying information. The affidavit does not have to be notarized.*

# SECTION M0220.200: NONCITIZEN IMMIGRATION STATUS

Last Section Revision Date: October 2026

## A. Introduction

A noncitizen's immigration status is used to determine whether the noncitizen meets the definition of a "full benefit" noncitizen. *Categories of noncitizens that are "full benefit" vary by covered group. Non-pregnant adults must have an immigration status that is eligible for federal financial participation to be eligible for full-benefit coverage. Children must be lawfully residing to be eligible for full-benefit coverage. Pregnant individuals may be eligible for full-benefit coverage regardless of their immigration status.*

*Noncitizens who meet all Medicaid financial and nonfinancial eligibility requirements but do not have an immigration status that would make them eligible for full-benefit coverage are eligible for Medicaid coverage of emergency services.*

## B. Procedure

A noncitizen's immigration status must be verified. Use the procedures in sections M0220.201 and 202 below to verify immigration status. After the noncitizen's immigration status is verified, use the policy and procedures in section M0220.300 to determine if the noncitizen is a full benefit noncitizen. If the noncitizen is a full benefit noncitizen and is eligible for Medicaid, use the policy and procedures in section M0220.600 to enroll the noncitizen in Medicaid.

If the noncitizen is an emergency services noncitizen who is eligible for Medicaid coverage of emergency services, use the policy and procedures in section M0220.600 D to enroll an eligible emergency services noncitizen in Medicaid for emergency services only.

## C. Changes in Immigration Status

*If a noncitizen who previously held an* immigration status in one of the "seven-year" noncitizen groups listed in M0220.313.A becomes a Lawful Permanent Resident (LPR), *they are not subject to the 5-year bar and have full benefit status regardless of the duration they have held LPR status.*

*A noncitizen who becomes a U.S. citizen shall have their eligibility determined in accordance with procedures for other U.S. citizens.*

# Subsection M0220.201: Immigration Status Verification

Last Subsection Revision Date: October 2026

## A. Verification Procedures

A noncitizen's immigration status is electronically verified through the United States Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements (SAVE) system available through the Federal Hub. The EW does not need to obtain the noncitizen status document when immigration status is electronically verified. If immigration status cannot be verified through the Hub, the EW must request immigration status verification documents.

If the noncitizen has a noncitizen number but no USCIS document, or has no noncitizen number and no USCIS document, use the **secondary verification** SAVE procedure in M0220.202 below if the noncitizen provides verification of his or her identity.

*Individuals who attest to having an immigration status that would make them eligible for full benefit Medicaid and meet all other eligibility requirements, but whose status cannot be electronically verified, must be enrolled and provided a 90-calendar-day Reasonable Opportunity Period (ROP) for the individual's immigration status to be verified. Benefits may not be delayed, denied, reduced or terminated for such an during the ROP unless documentation provided during the ROP verifies the individual is not eligible for full benefit Medicaid.*

If the individual does not respond to the request and does not provide the information necessary to meet the verify their immigration status by the 90th day, coverage may be canceled. Send an advance notice and cancel coverage at the end of the month in which the 90th day occurs. If verification documents have been provided and are pending, do not cancel the coverage until the documents have been processed.

*If the individual was unable to provide the needed documentation through no fault of their own and shows a good-faith effort to provide the documentation a new 90-day ROP may be granted.* The new period begins the day after the first period ended. No more than two reasonable opportunity periods should be granted within a certification period since the case cannot be successfully redetermined without the immigration status having been verified.

**NOTE:** If a noncitizen attests that they do not have a valid immigration status, do not use the verification procedures in this section or the SAVE procedures. Go to section M0220.400 below to determine the noncitizen's eligibility.

## B. Documents That Verify Status

Appendix *3* to this subchapter contains a list of typical immigration documents used by lawfully present noncitizens.

Verify *LPR* status by a Resident Alien Card or Permanent Resident Card (Form I-551), or for recent arrivals a temporary I-551 stamp in a foreign passport or on Form I-94.

Verify lawful admission by a Resident Alien Card (issued from August 1989 until December 1997) or Permanent Resident Card (Form I-551); a Re-entry Permit; or a Form I-688B with a provision of law section 274A.12(A)(1). Afghan and Iraqi immigrants admitted to the U.S. under a Special Immigrant Visa will have either (1) a Form I-551 or (2) a passport or I-94 form indicating categories SI1, SI2, SI3, SQ1, SQ2, or SQ3 and bearing the Department of Homeland Security stamp or notation.

Form I-151 (Alien Registration Receipt Card – the old aka "green card"), Form AR-3 and AR-3a are earlier versions of the Resident Alien Card (Form I-551). A noncitizen with one of the older cards who does not have an I-551should be referred to USCIS to obtain the application forms for the I-551. The forms may be ordered by calling 1-800-375-5283. When an I-151 is presented, refer the noncitizen to USCIS, but accept the document for further verification (see M0220.201.E below).

## C. Letters That Verify Status

The USCIS and the Office of Refugee Resettlement (ORR) issue letters that are used in lieu of or in conjunction with USCIS forms to identify noncitizen status. If the letter is the only document provided, it is necessary to verify the status of the noncitizen. For USCIS letters, contact the USCIS at 1-800-375-5283 for assistance in identifying the noncitizen's status. For ORR letters, contact the toll-free ORR Trafficking Verification Line at 866-401-5510 (see Appendix 2 of this subchapter). Do not verify ORR letters via the SAVE system.

## D. Expired or Absent Documentation

If an applicant presents an expired USCIS document or is unable to present any document showing his immigration status, refer the individual to the USCIS district office to obtain evidence of status **unless** he provides a noncitizen registration number. Allow the individual a 90-calendar-day reasonable opportunity period to provide the documentation.

If the individual meets all other Medicaid eligibility requirements, do not delay, deny, reduce or terminate the individual's eligibility for Medicaid **on the basis of immigration status**. If the individual does not respond to the request and does not provide the information necessary to meet the C&I documentation requirements by the 90th day, coverage may be canceled. Send an advance notice and cancel coverage at the end of the month in which the 90th day occurs. If the individual provides part of the information or is in the process of getting the information, a new reasonable opportunity period should be provided.

If the applicant provides a noncitizen registration number with supporting verification of his identity, use the SAVE procedures in M0220.202 below to verify immigration status.

If an applicant presents an expired I-551 or I-151, follow procedures for initiating a primary verification. If the noncitizen presents any expired document other than an expired I-551 or I-151, follow procedures for initiating a secondary verification.

If the noncitizen does not provide verification of their identity, their immigration status cannot be determined, and the individual must be considered an unqualified noncitizen.

# Subsection M0220.202: Systematic Alien Verification for Entitlements (SAVE)

Last Subsection Revision Date: October 2026

## A. SAVE

*Electronic verification of immigration status must be attempted prior to requesting documentation from the applicant. When electronic verification fails and the requested documentation is provided, it must be reviewed using the following procedures.*

If the documentation provided appears valid and meets requirements, eligibility is determined based on the documentation provided AND a comparison of the documentation provided with immigration records maintained by the USCIS. The comparison is made by using the SAVE system established by Section 121 of the Immigration Reform and Control Act of 1986 (IRCA).

1. **Primary Verification**

   Primary verification is the automated method of accessing the USCIS data bank. SAVE regulations require that automated access be attempted prior to initiating secondary verification. There are some specific instances, however, when the agency will forego the primary verification method and initiate secondary verification (see **Secondary Verification**).

   SAVE is accessed by the Alien Registration Number. SAVE is accessed directly by the local agency. The noncitizen registration number begins with an "A" and should be displayed on the noncitizen's USCIS document(s).

   Information obtained through SAVE should be compared with the original USCIS document. If discrepancies are noted, the secondary verification process must be initiated. No negative action may be taken on the basis of the automated verification only.

   A primary verification document must be **initiated prior to case approval.** The primary verification document must be filed in the case record.

2. **Secondary Verification**

   Secondary verification is required in the following situations:

   a. The noncitizen has a noncitizen number but no USCIS document, or the noncitizen has no noncitizen number and no USCIS document.

   b. Primary verification generates the message "Institute Secondary Verification" or "No File Found."

   c. Discrepancies are revealed when comparing primary verification to the original immigration document.

d. Immigration documents have no Alien Registration Number (A-Number).

e. Documents contain an A-Number in the A60 000 000 or A80 000 000 series.

f. The document presented is an USCIS Fee Receipt.

g. The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is more than one year old.

When secondary verification is required, the agency must complete the top portion of a Document Verification Request (Form G-845) or initiate an online request for a secondary verification through SAVE. The G-845 is available at http://www.uscis.gov. Click on "Forms."

## B. Document Verification Request (Form G-845)

If the noncitizen has filed an USCIS application for or received a change in status, the application for or change in status in itself is not sufficient basis for determining immigration status. Likewise, any document which raises a question of whether USCIS contemplates enforcing departure is not sufficient basis for determining the noncitizen's status. In such situations, verify the noncitizen's status with USCIS using the Document Verification Request (Form G-845). For a noncitizen who entered the U.S. before 8-22-96 and whose status is adjusted to a qualified status after he entered the U.S. use the Form G-845 Supplement to request the period of continuous presence in the U.S. The G-845 Supplement (S) is available at http://www.uscis.gov. Click on "Forms."

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

A separate form must be completed for each noncitizen. Completely legible copies (front and back) of the noncitizen immigration documents must be stapled to the upper left corner of Form G-845. Copies of other documents used to make the initial noncitizen status determination such as marriage records or court documents must also be attached.

Once the requirement to obtain secondary verification is determined, the agency must initiate the request within ten working days. The USCIS mailing address is subject to frequent changes. Obtain the current mailing address from the SAVE web site at http://www.uscis.gov. Click on "Direct Filing Addresses for Form G-845."

A photocopy of the completed G-845 form must be filed in the record as evidence that the form has been forwarded to USCIS.

## C. Agency Action

When the primary verification response requires the eligibility worker to initiate a secondary verification from USCIS, do not delay, deny, reduce or terminate the individual's eligibility for Medicaid **on the basis of noncitizen status**. If the applicant meets all other

Medicaid eligibility requirements, approve the application and enroll the applicant in Medicaid with a Reasonable Opportunity Period. Allow 90 calendar days for the secondary verification to be received or the applicant to provide documentation. If the secondary verification or the individual does not provide the information necessary to meet the documentation requirements by the 90th day, coverage may be canceled. Send an advance notice and cancel coverage at the end of the month in which the 90th day occurs. If the individual has been unable to provide complete documentation through no fault of their own and is *working* to obtain the documentation, a new reasonable opportunity period should be provided.

Upon receipt of the G-845 or response to the online query, compare the information with the case record. Timely notice must be given to the individual when Medicaid benefits are denied or reduced.

**NOTE**: When a secondary verification is requested for a noncitizen with an expired I-551, the G-845 or response to the online SAVE query should indicate that the person continues to have lawful permanent resident status. When a secondary verification is requested for a noncitizen with an expired I-151, the G-845 or response to the on-line SAVE query will indicate that the documentation is expired; however, do not delay, deny, reduce or terminate an individual's eligibility for Medicaid on the basis of an expired I-151.

Once information has been obtained through SAVE, noncitizens with a permanent status are no longer subject to the SAVE process. Noncitizens with a temporary or conditional status are subject to SAVE at the time of application and when the temporary or conditional status expires.

# SECTION M0220.300: FULL BENEFIT NONCITIZENS

Last Section Revision Date: October 2026

## A. Policy

*A 'full benefit noncitizen' is a noncitizen that has an immigration status which permits them to be enrolled in a full benefit Medicaid covered group. The noncitizen must still meet all other financial and nonfinancial Medicaid requirements to be enrolled in coverage. Full benefit immigration statuses are different for non-pregnant adults, pregnant individuals, and children.*

*Noncitizens who are not "full benefit" noncitizens are "emergency services" noncitizens and may be eligible for emergency Medicaid services only if they meet all other Medicaid eligibility requirements. See section M0220.400 for emergency services noncitizens.*

1. ***Full Benefit Non-Pregnant Adult Noncitizens***

   *A non-pregnant noncitizen who is aged 19 or older must have one of the following statuses to be eligible for full-benefit Medicaid.*

   - *Compact of Free Association (COFA) migrant (effective 12-27-20). COFA is a compact between the United States and the three Pacific Island sovereign states of Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—known as the Freely Associated States.*
   - *Cuban or Haitian Entrant (CHE), as defined in section 501(e) of the Refugee Education Assistance Act of 1980. CHEs are full benefit noncitizens for seven years from the date they enter the U.S. After seven years have passed from the date they entered the U.S., a Cuban or Haitian entrant who has not adjusted their status or become a U.S. citizen becomes an emergency services noncitizen.*
   - *A Lawful Permanent Resident (LPR) who entered the U.S. before 8-22-96 or on or after 8-22-96 and has held LPR status for at least five years. An LPR who entered on or after 8-22-96 and meets an exception (M0220.301) is not subject to the 5-year waiting period.*

2. ***Noncitizen Children***

   *A noncitizen child under age 19 must be lawfully residing to be eligible for full-benefit Medicaid of FAMIS. Lawfully residing means the child has permission to live and stay in the U.S. (M0220.314).*

3. ***Pregnant Noncitizens***

   *A pregnant noncitizen must be lawfully residing to be eligible for Medicaid or FAMIS MOMS. Pregnant noncitizens who are not lawfully residing may be enrolled in FAMIS*

*Prenatal, regardless of their immigration status, if they meet all other eligibility requirements.*

## B. Procedure

1. *Step 1: Is the noncitizen pregnant or within 12-months of the end of a pregnancy?*
    a. *Yes, the noncitizen IS pregnancy or within 12 months of the end of a pregnancy.*
        i. *The pregnant noncitizen is lawfully residing (M0220.314), go to Step 4 to determine eligibility for Medicaid and FAMIS MOMS.*
        ii. *The pregnant noncitizen is not lawfully residing AND still pregnant or gave both in the same month that they are applying, go to Step 4 to determine eligibility for FAMIS Prenatal (see Chapter M23).*
    b. *No, the noncitizen is NOT pregnant or in an applicable postpartum period. Go to Step 2.*
2. *Step 2: Is the noncitizen under age 19?*
    a. *Yes, the noncitizen IS under age 19.*
        i. *The noncitizen is lawfully residing (M0220.314), go to Step 4 to determine eligibility for Medicaid and FAMIS.*
        ii. *The noncitizen is not lawfully residing, go to Step 5 to determine if they are eligible for Emergency Services.*
    b. *No, the noncitizen is NOT under age 19. Go to Step 3.*
3. *Step 3: Is the noncitizen a Lawful Permanent Resident, Cuban or Haitian Entrant, or COFA Migrant?*
    a. *Yes, the noncitizen is an LPR.*
        i. *The noncitizen has had LPR status for at least 5 years. Go to Step 4 to determine eligibility for Medicaid.*
        ii. *The noncitizen has had LPR status for less than 5 years and meets an exception to the 5-year bar (previously had a qualified status; is an SSI recipient; is a American Indian or Alaskan Native born outside of the U.S.; or active-duty military, a veteran or their family members. Go to Step 4 to determine eligibility for Medicaid.*
        iii. *The noncitizen has had LPR status for less than 5 years and does not meet an exception to the 5-year bar. Go to Step 5 to determine eligibility for Emergency Services.*
    b. *Yes, the noncitizen is a Cuban or Haitian Entrant.*

i. *The noncitizen has held Cuban or Haitian Entrant status for 7 or fewer years. Go to Step 4 to determine eligibility for Medicaid.*

ii. *The noncitizen has held Cuban or Haitian Entrant status for more than 7 years. Go to Step 5 to determine eligibility for Emergency Services.*

c. *Yes. The noncitizen is a COFA migrant. Go to Step 4 to determine eligibility for Medicaid.*

4. *Step 4: Use Section M0220.500, which contains the Medicaid eligibility requirements applicable to all noncitizens, to determine the noncitizen's Medicaid eligibility. Then use Section M0220.600, which contains the entitlement and enrollment procedures for* ***full benefit*** *noncitizens, to enroll an eligible full benefit*

5. *Step 5: The noncitizen is an "****emergency services****" noncitizen. Go to Section M0220.400 which defines emergency services noncitizens, then to M0220.500 which contains the eligibility requirements applicable to all noncitizens, then to M0220.600 D, which contains the entitlement and enrollment policy and procedures for emergency services noncitizens.*

# *Subsection M220.301 Full Benefit Noncitizen Adults*

Last Section Revision Date: October 2026

## A. *Policy*

*Effective 10-1-206, a noncitizen aged 19 or older who is not pregnant must be a Lawful Permanent Resident (LPR), Cuban or Haitian Entrant (CHE), or a Compact of Free Association (COFA) migrant to be eligible for full-benefit Medicaid. See M0220.314 for the eligibility rules for child and pregnant noncitizens.*

## B. *Lawful Permanent Residents*

*A Lawful Permanent Resident is a noncitizen who is lawfully admitted for permanent residence under the Immigration and Nationality Act.*

1. ***Entered Before 8-22-96***

    a. *An LPR who entered the U.S. prior to 8-22-96 as an LPR or with another qualifying status is a full benefit noncitizen and is not subject to the 5-year.*

    b. *An LPR who entered the U.S. prior to 8-22-96 with a non-qualifying status and adjusted their status to LPR or another qualifying status is a full benefit noncitizen and is not subject to the 5-year waiting period.*

    c. *An LRP who entered the U.S. before 8-22-96 with a non-qualifying status and became an LPR on or after 8-22-96 is a full benefit noncitizen and not subject to the 5-year waiting period only if:*

        i. *the LPR was physically present in the U.S. before 8-22-96, regardless of status, and*

        ii. *the LPR remained physically present in the U.S. from the date of entry until the date that they gained the qualifying status.*

    *The date of entry will be the first day of the verified period of continuous presence in the U.S. (see M0220.201 and M0220).*

    d. *Qualifying status for LPRs who entered before 8-22-96 are:*

        i. *Refugees under section 207, and Amerasian immigrants,*

        ii. *Conditional Entrant under section 203(a)(7),*

        iii. *Asylee under section 208,*

        iv. *Parolee under section 212(d)(5),*

        v. *Noncitizens with deportation withheld under section 243(h) or 241(b)(3),*

        vi. *Cuban or Haitian Entrant, and*

vii. *Battered noncitizen, noncitizen parents of battered children, and/or noncitizen children of battered parents*

2. ***Entered On or After 8-22-96***

*An LPR who entered the U.S. on or after 8-22-96 is a full benefit noncitizen after 5 years of having LPR status. The 5-year waiting period is disregarded if the LPR:*

- *Receives Supplemental Security Income (M0220.305)*
- *Is an American Indian or Alaskan Native born outside of the U.S (M0220.306)*
- *Is a veteran of the U.S military, active-duty military, or the spouse or child of a veteran or an active duty military member (M0220.307)*
- *Held a one of the 7-year qualifying statuses below prior to becoming an LPR*
    - *Refugees under section 207, and Amerasian immigrants,*
    - *Conditional Entrants under section 203(a)(7),*
    - *Asylees under section 208,*
    - *Parolees under section 212(d)(5),*
    - *Deportees whose deportation is withheld under section 243(h) or 241(b)(3),*
    - *Cuban or Haitian Entrants*
    - *Victims of a severe form of trafficking*
    - *Afghan or Iraqi Immigrant Admitted to the U.S. on a Special Immigrant Visa*
    - *Afghan or Iraqi Humanitarian Parolees that meet the criteria in M0220, Appendix 4*
    - *Ukrainian special immigrant who meets the criteria in M0220, Appendix 4*

*A non-pregnant adult LPR who entered the U.S. on or after 8-22-96 and does not meet one of the exceptions above is an "emergency services" noncitizen during the first five years.*

## C. Cuban and Haitian Entrants

*A Cuban and Haitian Entrant are defined in section 501(e) of the Refugee Education Assistance Act of 1980 as a person from Cuba or Haiti who:*

- *Has been granted parole by USCIS for humanitarian or public interest reasons, unless a final order of deportation or exclusion has been issued,*
- *has an application for asylum pending with USCIS, unless a final order of deportation or exclusion has been issued, and*

- *is subject to USCIS exclusion or deportation proceedings, unless a final order of deportation or exclusion has been issued.*

*To meet the humanitarian, public interest or application for asylum status, the Cuban or Haitian entrant must be from Cuba or Haiti and must have an I-94 with one or more of the following notations:*

- *Humanitarian parole*
- *Public interest parole*
- *Section 212(d)(5)*
- *Parole*
- *Form I-589 filed*

*To be subject to exclusion or deportation proceedings, the Cuban or Haitian entrant must be from Cuba or Haiti and must have letters or notices which indicate ongoing exclusion or deportation proceedings that apply to the individual. Contact USCIS if there is reason to believe that a final order of exclusion or deportation has been issued.*

1. ***Cuban or Haitian Entrant, Entered Before 8-22-96***

    a. *A Cuban or Haitian entrant who entered the U.S. prior to 8-22-96 as a Cuban or Haitian entrant or with another qualifying status, as defined in M0220.301 (B)(1)(d) is a full benefit noncitizen and not subject to the 7-year limit.*

    b. *A Cuban or Haitian entrant who entered the U.S. prior to 8-22-96 with a non-qualifying status and adjusted their status to Cuban or Haitian entrant or another qualifying status is a full benefit noncitizen and is not subject to the 7-year limit.*

    c. *A Cuban or Haitian entrant who entered the U.S. before 8-22-96 with a non-qualifying status and became a Cuban or Haitian entrant on or after 8-22-96 is a full benefit noncitizen and not subject to the 7 year limit only if:*

        i. *the Cuban or Haitian entrant was physically present in the U.S. before 8-22-96, regardless of status, and*

        ii. *the Cuban or Haitian entrant remained physically present in the U.S. from the date of entry to the status adjustment date.*

    *The date of entry will be the first day of the verified period of continuous presence in the U.S. (see M0220.310).*

3. ***Cuban or Haitian Entrant, Entered On or After 8-22-96***

*A Cuban or Haitian Entrant who entered the U.S. on or after 8-22-96 is a full benefit noncitizen for the first 7 years of residence in the U.S. The 7-year coverage limit is disregarded if the Cuban or Haitian Entrant:*

- *Receives Supplemental Security Income (M0220.305)*
- *Is a veteran of the U.S military, active-duty military, or the spouse or child of a veteran or an active-duty military member (M0220.307)*

*A non-pregnant adult Cuban or Haitian Entrant who entered the U.S. on or after 8-22-96 and does not meet one of the exceptions above is an "emergency services" noncitizen after 7 years of residence in the U.S.*

*A Cuban or Haitian entrant who adjusts their immigration status, such as by becoming an ` LPR, or becomes a U.S. citizen, have their eligibility determined using the current immigration status or citizenship. The previous status would only be a factor of eligibility if the Cuban or Haitian entrant became an LPR and held the LPR status for less than 5 years. In this case, 5-year waiting period would not apply to the LPR.*

## D. *Compact of Free Association (COFA) Migrants*

*COFA is a compact between the United States and the three Pacific Island sovereign states of Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—known collectively as the Freely Associated States (FAS). The Consolidated Appropriations Act of 2021 made COFA migrants full benefit noncitizens effective 12-27-20.*

*COFA migrants are not subject to the 5-year waiting or 7-year limit. However, if a COFA migrant becomes an LPR, they would become subject to the 5-year waiting period. The 5-year waiting period would starts from the first day that the individual resided in the U.S. with COFA status, not the date the individual gained LPR status.*

*For example, a COFA migrant living in the United States since January 1, 2021, who adjusts to LPR status on January 1, 2025, after four years of living in the U.S. as a COFA migrant, would have one year remaining of the five-year waiting period (i.e., until January 1, 2026) for Medicaid purposes.*

# Subsection M0220.305: Noncitizens Receiving Supplemental Security Income (SSI)

Last Subsection Revision Date: October 2026

## A. Policy

*Effective 10-1-26, adults noncitizen SSI recipients, aged 19 and older, are not automatically deemed to be full benefit noncitizens and their immigration status verified. Noncitizen SSI recipients who are not full benefit noncitizens are emergency services noncitizens.*

## B. Full Benefit Noncitizen SSI Recipients

*The following noncitizen SSI recipients are full benefit noncitizens regardless of the duration for which they have held their immigration status. They are not subject to the 5-year waiting period or 7-year limit.*

- *Lawful Permanent Residents*
- *Cuban and Haitian Entrants*
- *Children under age 19*
- *Pregnant noncitizens*

*Noncitizen SSI recipients who are children under age 19 or are pregnant are lawfully residing and full benefit noncitizens.*

## C. Procedure

Verify the noncitizen's SSI current payment status on the SDX or through SVES. *Verify the noncitizen's immigration status using the procedures M0220.202.*

*Adult noncitizen SSI recipients who attest to having a full benefit status, but whose status cannot be verified electronically, and who meet all other eligibility requirements, must be enrolled with a Reasonable Opportunity Period.*

Determine the noncitizen SSI recipient's Medicaid eligibility using the policy and procedures for full benefit noncitizens in section M0220.600 below.

# Subsection M0220.306: Certain American Indians with Lawful Permanent Residency Status

Last Subsection Revision Date: October 2026

## A. Policy

*An LPR who is:*

- *an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act (INA) apply, or*
- a member of an Indian tribe (as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act {25 U.S.C. 450b(e)],

*meets the Medicaid full benefit noncitizen status requirements and is not subject to the 5-year waiting period.*

## B. Procedure

*Verify the LPR status of an American Indian born in Canada following the procedures in M0220.202.*

Verify the status of a member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e) from official documents that the individual presents.

*Note: Attestation of tribal affiliation is sufficient for other Medicaid purposes but must be verified to waive the 5-year waiting period. If the LPR has exceeded the 5-year waiting period, there is no need to verify tribal affiliation.*

# Subsection M0220.*307*: Veteran and Active-Duty Military Noncitizens

Last Subsection Revision Date: October 2026

## A. Veterans or Active-Duty Military Noncitizens

*An LPR or Cuban or Haitian entrant meets on the of conditions below is always a full benefit noncitizen, without application of the 5-year waiting period for LPRs or the 7-year limit for Cuban and Haitian entrants and regardless of the date of entry into the U. S.*

- The individual is a veteran discharged honorably not on account of alien status, and who fulfills the minimum active-duty service requirements of section 5303A(d) of title 38, United States Code, or
- The individual is on active duty (other than active duty for training) in the Armed Forces of the United States (not in the Armed Forces Reserves), or
- The individual is the spouse or the unmarried dependent child of a living (not deceased) noncitizen who meets the conditions of 1. or 2. above, or
- The individual is the unremarried surviving spouse of an individual described in 1. or 2. above who is deceased, if the spouse was married to the veteran,
    - before the expiration of fifteen years after the termination of the period of service in which the injury or disease causing the death of the veteran was incurred or aggravated, or
    - for one year or more, or
    - for any period of time if a child was born of the marriage or was born to them before the marriage.

A divorced person is not a spouse.

A "dependent child" for this section's purposes is one whom the Veterans Administration (VA) has determined to meet the VA definition of "dependent child." According to the VA, a dependent child is an unmarried child under age 18, an unmarried child between ages 18 and 23 who is attending a VA-approved school, or a "helpless" child who became disabled before attaining age 18.

## B. Verification

Acceptable verification of honorable discharge or active-duty status include the following documents:

1. **Discharge Status**

    For discharge status, an original or notarized copy of the veteran's discharge papers (DD 214) issued by the branch of service in which the noncitizen was a member

verifies whether the individual was honorably discharged for a reason other than noncitizen status.

Other documentation which is acceptable under the Department of Defense (DOD) or VA guidelines can be substituted for the DD 214 form.

A self-declaration under penalty of perjury may be accepted pending receipt of acceptable documentation.

2. **Active-Duty Status**

   For active-duty military status, an original or notarized copy of the noncitizen's current orders showing the individual is on full-time duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard (full-time National Guard duty is NOT active military status), or a military identification card (DD Form 2 (active)) verifies whether the noncitizen is in active-duty military status.

   Other documentation which is acceptable under the Department of Defense (DOD) or VA guidelines can be substituted for the current orders or military ID card.

   A self-declaration under penalty of perjury may be accepted pending receipt of acceptable documentation.

## C. Services Available to Eligibles

A qualified noncitizen who meets the veteran or active-duty military requirements above and who meets all other Medicaid eligibility requirements is eligible for the full package of Medicaid covered services available to the noncitizen's covered group.

## D. Entitlement and Enrollment of Eligibles

The Medicaid entitlement policy and enrollment procedures for eligible veteran/active-duty military noncitizens are found in section M0220.600 below.

# Subsection M0220.310: Qualified Noncitizens Defined

Last Subsection Revision Date: October 2026

## A. Qualified Aliens Defined

*Prior to 10-1-26, a qualified noncitizen met the criteria to be a full benefit noncitizen. After 10-1-26, a determination of having a qualified status is only needed when determining eligibility prior to 10-1-26, determining continuous presence for an LPR or Cuban or Haitian entrant who entered before 8-22-2026, or determining if the applicability of the 5-year waiting period to an LPR who entered after 8-22-96 and has been an LPR for fewer than 5 years.*

1. **Lawful Permanent Resident** – *a noncitizen who is lawfully admitted for permanent residence under the Immigration and Nationality Act.*

2. **Refugee** – *a noncitizen who is admitted to the U.S. under the Immigration and Nationality Act as a **refugee under section 207 of the INA**, or a noncitizen who is admitted to the U.S. as **an Amerasian immigrant** pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act 1988 (as contained in section 101(e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended).*

   *The refugee will have a Form I-94 identifying him/her as a refugee under section 207 of the INA. The Amerasian immigrant will have an I-94 coded AM1, AM2, or AM3, or an I-551 coded AM6, AM7, or AM8.*

3. **Conditional Entrant** – *a noncitizen who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980.*

   *Aliens admitted to the United States as conditional entrants pursuant to 203(a)(7) of the Immigration and Nationality Act (INA) (8 USC 1153(a)(7)) have an USCIS Form I-94 bearing the stamped legend "Refugee - Conditional Entry" and a citation of the INA section.*

   ***NOTE**: Section 203(a)(7) of the INA was made obsolete by the Refugee Act of 1980 (P.L.96-212) and replaced by section 207 of the INA effective April 1, 1980.*

4. **Asylee** – *a noncitizen who is granted asylum under section 208 of the Immigration and Nationality Act. Aliens granted asylum will have a Form I-94 and a letter.*

5. **Parolee** – *a noncitizen who is paroled into the U.S. under section 212(d)(5) of the Immigration and Nationality Act for a period of at least 1 year. Aliens in this group will have a Form I-94 indicating that the bearer has been paroled pursuant to section 212(d)(5) of the INA.*

6. **Deportee – Deportation Withheld** – *a noncitizen whose deportation is being withheld under section 243(h) of the INA (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the INA (as amended by section 305(a)of division C of Public Law 104-208) . These noncitizens will have an order from an immigration judge showing that deportation has been withheld under section 243(h) or section 241(b)(3) of the INA and/or a Form I-94.*

7. **Cuban or Haitian Entrant** – *a noncitizen who is a Cuban and Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980. A Cuban or Haitian Entrant is a person from Cuba or Haiti who:*

    - *has been granted parole by USCIS for humanitarian or public interest reasons, unless a final order of deportation or exclusion has been issued,*

      *has an application for asylum pending with USCIS, unless a final order of deportation or exclusion has been issued, and*

    - *is subject to USCIS exclusion or deportation proceedings, unless a final order of deportation or exclusion has been issued.*

    a. ***Humanitarian, Public Interest, Application for Asylum***

       *To meet the humanitarian, public interest or application for asylum status, the Cuban or Haitian entrant must be from Cuba or Haiti and must have an I-94 with one or more of the following notations:*

        - *Humanitarian parole*
        - *Public interest parole*
        - *Section 212(d)(5)*
        - *Parole*
        - *Form I-589 filed*

       *Contact USCIS if there is reason to believe that a final order of exclusion or deportation has been issued.*

    b. ***Subject to Exclusion or Deportation***

       *To be subject to exclusion or deportation proceedings, the Cuban or Haitian entrant must be from Cuba or Haiti and must have letters or notices which indicate ongoing exclusion or deportation proceedings that apply to the individual. Contact USCIS if there is reason to believe that a final order of exclusion or deportation has been issued.*

8. **Battered Noncitizen** – *a noncitizen, and/or a noncitizen parent of battered children and/or a noncitizen child of a battered parent who is battered or subjected to extreme cruelty while in the U.S. who meets the following requirements:*

a. *The perpetrator is a spouse, parent or other household member of the spouse or parent's family who was residing in the home at the time of the incident but is no longer in the home. The noncitizen must not now be residing in the same household as the individual responsible for the battery or extreme cruelty, and the noncitizen was battered or subjected to extreme cruelty while in the U.S. by a spouse or a parent, or by a member of the spouse or parent's family residing in the same household as the noncitizen, and the spouse or parent consented to or acquiesced in such battery or cruelty.*

    - *The noncitizen's child was battered or subjected to extreme cruelty while in the U.S. by a spouse or a parent of the noncitizen (without the active participation of the noncitizen in the battery or cruelty), or by a member of the spouse or parent's family residing in the same household as the noncitizen, and the spouse or parent consented or acquiesced to such battery or cruelty and the noncitizen did not actively participate in such battery or cruelty, or*

    - *the noncitizen child resides in the same household as a parent who has been battered or subjected to extreme cruelty while in the U.S. 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.*

b. *The agency providing benefits determines (according to the guidelines to be issued by the U.S. Attorney General) that there is a substantial connection between the battery or cruelty and the need for benefits, and*

c. *the noncitizen has a petition approved by or pending with USCIS for one of the following:*

    - *status as an immediate relative (spouse or child) of a U.S. citizen,*

    - *classification changed to immigrant,*

    - *status as the spouse or child of a lawful permanent resident noncitizen (LPR), or*

    - *suspension of deportation and adjustment to LPR status based on battery or extreme cruelty by a spouse or parent who is a U.S. citizen or LPR noncitizen.*

9. **Afghan or Iraqi Immigrant Admitted to the U.S. on a Special Immigrant Visa** – *a noncitizen who is lawfully admitted into the U.S. on a Special Immigrant Visa (SIV) for permanent residency. The Department of Defense Appropriations Act of 2010, enacted on December 19, 2009, provides that Iraqi and Afghan Special Immigrants are eligible for Medicaid benefits to the same extent and for the same time period as refugees. The legislation supersedes prior legislative authority that limited Special*

*Immigrants to benefits for an 8-month time period. Provided that all other eligibility requirements are met, Iraqi and Afghan Special Immigrants are eligible for Medicaid benefits for the first seven years after entry into the United States (U.S.).*

10. **Victims of Trafficking** – *a noncitizen who has been granted nonimmigrant status under section 101(a)(15)(T) or who has a pending application that sets forth a prima facie (has sufficient evidence) case for eligibility for such status.*
11. *An Afghan humanitarian special immigrant who meets the criteria in M0220, Appendix 4*
12. *An Ukrainian special immigrant who meets the criteria in M0220, Appendix 4*

# Subsection M0220.314: *Full Benefit* Noncitizen Children Under Age 19 and Pregnant Women

Last Subsection Revision Date: October 2026

## A. Policy

Section 214 of CHIPRA of 2009 gives states the option to provide Medicaid and FAMIS/FAMIS MOMS coverage to certain individuals who are lawfully residing in the United States and are otherwise eligible for assistance. Virginia has elected to cover children under the age of 19 and pregnant noncitizens who are lawfully residing in the U.S. Virginia has also elected the state option to cover pregnant noncitizens regardless of their immigration status through the FAMIS Prenatal program.

Noncitizens are lawfully residing in the U.S. if they have been admitted lawfully into the U.S. and have not overstayed the period for which they were admitted, or they have current permission to stay or live in the U.S.

This policy does **not** apply to individuals who receive temporary relief from removal under the Deferred Action for Childhood Arrivals (DACA) process announced by the U.S. Department of Homeland Security on June 15, 2012.

Children born in the U.S. to foreign diplomat parents (i.e., neither parent is a U.S. citizen) must have their own lawful status. They may apply for immediate LPR status.

Lawfully residing children under age 19 and pregnant women must have their immigration status verified at the time of the initial eligibility determination and at each annual renewal of eligibility if it is likely that their status has expired or changed.

**NOTE**: All noncitizens who meet the noncitizen status eligibility requirements for Medicaid and FAMIS/FAMIS MOMS must also meet the Virginia state residency requirements to be eligible for coverage under the programs.

For a pregnant woman who is not lawfully residing in the U.S., *or has the immigration status of DACA,* use Chapter M23 to evaluate her eligibility for FAMIS Prenatal Coverage. If she is not eligible for FAMIS Prenatal Coverage, evaluate her eligibility for the coverage of emergency services using M0220.500.

## B. Eligible Noncitizen Groups

Lawfully residing children under age 19 and pregnant women meet Medicaid and FAMIS/FAMIS MOMS noncitizen requirements without regard to their date of arrival or length of time in the U.S. Children under 19 or pregnant women are lawfully residing noncitizens if they are:

1. a qualified noncitizen as defined in section 431 of PRWORA (8 U.S.C § 1641). See M0220.310.

2. a noncitizen in a 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. This group includes individuals with valid visas.

3. a noncitizen 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 I year, except for a noncitizen paroled for prosecution, for deferred inspection or pending removal proceedings.

4. a noncitizen who belongs to one of the following classes:

    a. noncitizens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C.§§ 1160 or 1255a, respectively),

    b. noncitizens 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,

    c. noncitizens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24),

    d. Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended,

5. *a noncitizen currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President, or noncitizens currently in deferred action status, except for individuals receiving deferred status as a result of the Deferred Action for Childhood Arrivals (DACA) process, announced by the U.S. Department of Homeland Security on June 15, 2012, or noncitizens whose visa petition has been approved and who have a pending application for adjustment of status*.

6. *A noncitizen with* 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, or such an applicant under the age of 19 who has had an application pending for at least 180 days.

7. a noncitizen who has been granted withholding of removal under the Convention Against Torture.

8. 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).

9. a noncitizen who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806 (e).

10. a noncitizen who is lawfully present in American Samoa under the immigration laws of American Samoa.

# SECTION M0220.400: EMERGENCY SERVICES NONCITIZENS

Last Section Revision Date: October 2026

## A. Policy

Any noncitizen who does NOT meet the requirements for full benefits as described in section M0220.314 above is an "emergency services" noncitizen and is eligible for emergency Medicaid services only. T*he noncitizen must also meet all* Medicaid nonfinancial and financial eligibility requirements *for an applicable covered group*.

## B. Procedure

- Section M0220.411 defines "unqualified" noncitizens.
- Section M0220.500 contains the Medicaid eligibility requirements applicable to full benefit and emergency services noncitizens.
- Section M0220.600 D contains the entitlement and enrollment procedures for emergency services noncitizens.

# Subsection M0220.411: Unqualified Noncitizens

Last Subsection Revision Date: October 2026

## A. Unqualified Noncitizens

Noncitizens who do not meet the qualified noncitizen definition M0220.310 above and who are **NOT** lawfully residing noncitizen children under age 19 or pregnant women per M0220.314 above are "unqualified" noncitizens. Unqualified noncitizens, with the exception of pregnant women who are eligible for FAMIS Prenatal Coverage, are eligible for emergency services only if they meet all other Medicaid eligibility requirements. Unqualified noncitizens include illegal and non-immigrant noncitizens.

For a pregnant woman who is not lawfully residing in the U.S. per M0220.314, use Chapter M23 to evaluate her eligibility for FAMIS Prenatal Coverage. If she is not eligible for FAMIS Prenatal Coverage, evaluate her eligibility for the coverage of emergency services using M0220.400 and M220.600 D.

## B. *Noncitizens Without Status*

*Noncitizens who entered the U.S. without legal authorization and those who entered the U.S. with legal authorization and remained beyond the period of admittance do not have a legal status and are not in the U.S. lawfully. If a noncitizen remains in the U.S. after his visa expires, they no longer have a legal immigration status.*

## C. Non-immigrant Noncitizens

*Noncitizens* who are lawfully admitted to the U.S. for a temporary or limited period of time, and the limited period has **not** expired, are non-immigrant noncitizens.

Regardless of the individual's immigration status, accept declaration of Virginia residency on the application as verification of residency unless the individual resides on the grounds of a foreign embassy. Do **NOT** require individuals who have been admitted into the U.S. on non-immigrant visas to sign a statement of intended residency.

Non-immigrants have the following types of USCIS documentation:

- Form I-185 Canadian Border Crossing Card
- Form I-186 Mexican Border Crossing Card
- Form I-94 Arrival-Departure Record
- Form I-95A Crewman's Landing Permit
- Form SW-434 Mexican Border Visitor's Permit

**NOTE**: If the noncitizen remains in the U.S. after the limited time period (visa) is over, he becomes an illegal noncitizen.

Non-immigrants include:

**Visitors –** Visitors for business or pleasure, including exchange visitors

**Foreign Government Representative** – Foreign government representatives on official business and their families and servants. **NOTE**: If the foreign government representative resides on the grounds of a foreign embassy, the individual does not meet the Virginia residency requirements.

1. **Travel Status** – Aliens in travel status while traveling directly through the U.S.
2. **Crewmen** – Crewmen on shore leave
3. **Treaty Traders** – Treaty traders and investors and their families
4. **Travel Status** – Aliens in travel status while traveling directly through the U.S.
5. **Foreign Students** – Foreign students
6. **International Organization** – International organization representatives and personnel, and their families and servants
7. **Temporary Workers** – Temporary workers including some agricultural contract workers
8. **Foreign Press** – Members of foreign press, radio, film, or other information media and their families

## D. *Public Charge Immigrants*

*Effective December 23, 2022, DHS implemented a final rule in regard to immigrants who may become a public charge. USCIS issued policy guidance under section 212(a)(4) of the Immigration and Nationality Act (INA).*

*The eligibility worker will use results from a SAVE system inquiry which will indicate a status if the applicant is inadmissible under the public charge policy. Such an indication would define the individual as an unqualified noncitizen (see M0220.441).*

# SECTION M0220.600: ENTITLEMENT AND ENROLLMENT

Last Section Revision Date: October 2026

## A. Policy

A noncitizen who is determined eligible for full Medicaid benefits and who meets all Medicaid eligibility requirements (including covered group requirements) is eligible for all Medicaid-covered services available to the recipient's covered group.

## B. Application and Entitlement

1. **Application Processing**

   The eligibility worker must take the application and develop it in the same manner as any other individual's application. All eligibility requirements, including covered group requirements must be met.

2. **Entitlement**

   If the applicant is found eligible for Medicaid, ongoing eligibility may exist unless the recipient is on a spenddown.

3. **Spenddown**

   Spenddown provisions apply to medically needy individuals who have excess income.

4. **Notice**

   Appropriate notice must be sent to the applicant of the status of his application and of his Medicaid eligibility.

## C. Emergency Services Only Noncitizens

Unqualified noncitizens and qualified noncitizens ineligible for full benefit coverage are eligible for Medicaid coverage of emergency medical care only. This care must be provided in a hospital emergency room or as an in-patient in a hospital.

Effective July 1, 2022, an emergency services noncitizen who meets all other Medicaid eligibility requirements is enrolled in Medicaid with retroactive and/or ongoing coverage. Effective January 1, 2025, emergency services noncitizens will be enrolled in closed periods of coverage and not go through the renewal process. They will be required to submit a new application to re-establish coverage if needed.

An emergency services noncitizen will be assigned to one of the following Aid Categories (AC) by VaCMS:

- AC 112 for adults in Modified Adjusted Gross Income (MAGI) based covered groups. These individuals will be enrolled in a 6-month period of coverage.

- AC 113 for children and adults in non-MAGI Families and Children's (F&C) and all Medically Needy (MN) covered groups. *These individuals will be enrolled in a 12-month period of coverage*.

For cases processed at Cover Virginia, the individual will be enrolled in the appropriate AC, and the case will be transferred to the local agency for ongoing case maintenance. For CVIU incarcerated individuals refer to Policy M0140.200.3 C.

Once an emergency services noncitizen is found eligible in VaCMS, the enrollment will transfer into the Medicaid enrollment system. Any claims for emergency services will be sent by the provider or treating physician to DMAS for review and reimbursement. Medicaid coverage for emergency services only noncitizens will be restricted to emergency services (including dialysis).

Appropriate notice must be sent to the applicant of the status of his application and the duration of his eligibility. The notice must specify that their Medicaid coverage is limited to emergency services.

A Medicaid card will not be generated for an individual enrolled as an emergency services noncitizen.

The provider or treating physician will be responsible for submitting all claim requests for payment of an emergency service for an approved member, including labor and delivery and dialysis. Refer providers to the Virginia Medicaid Hospital Provider Manual, Chapter VI "Documentation Guidelines."

Providers with questions regarding the submission or payment of claims for emergency services may contact DMAS at:

Division of Program Operations
Department of Medical Assistance Services (DMAS
600 E. Broad Street, Suite 1300
Richmond, VA 23219

# APPENDIX 1: NONCITIZEN ELIGIBILITY CHART

Last Appendix Revision Date: October 2026

**Tables: Medicaid and FAMIS Noncitizen Eligibility**

| Immigration Status | Non-Pregnant Adult | Child Under 19 | Pregnant Individual |
|---|---|---|---|
| Lawful Permanent Resident<br>5-year waiting period not met | Emergency Only | Full Benefit | Full Benefit |
| Lawful Permanent Resident<br>5-year waiting period met | Full Benefit | Full Benefit | Full Benefit |
| Lawful Permanent Resident<br>Exempt from 5-year waiting period:<br>• Certain American Indians<br>• SSI recipient<br>• Entered the U.S before 8-22-96<br>• Active-duty military, veteran, or their child or spouse | Full Benefit | Full Benefit | Full Benefit |
| Lawful Permanent Resident<br>Previously held qualifying status:<br>• Refugee<br>• Asylee<br>• Withholding of Removal<br>• Cuban or Haitian Entrant<br>• Victim of Severe Trafficking (often a T-visa holder or applicant)<br>• Special Immigrant Visa holder from Iraq or Afghanistan*<br>• Amerasian<br>• Certain Afghan and Ukrainian Parolees | Full Benefit | Full Benefit | Full Benefit |
| Cuban or Haitian Entrant<br>Entered U.S. prior to 8-22-96 | Full Benefit | Full Benefit | Full Benefit |
| Cuban or Haitian Entrant<br>Entered U.S. after to 8-22-96 and has been present in the U.S for fewer than 7 years | Full Benefit | Full Benefit | Full Benefit |
| Cuban or Haitian Entrant<br>Entered U.S. after to 8-22-96 and has been present in the U.S form at least 7 years | Emergency Only | Full Benefit | Full Benefit |
| Compact of Free Association migrant | Full Benefit | Full Benefit | Full Benefit |
| Refugee | Emergency Only | Full Benefit | Full Benefit |
| Asylees | Emergency Only | Full Benefit | Full Benefit |
| Conditional Entrant | Emergency Only | Full Benefit | Full Benefit |
| Withholding of Removal | Emergency Only | Full Benefit | Full Benefit |

| Immigration Status | Non-Pregnant Adult | Child Under 19 | Pregnant Individual |
|---|---|---|---|
| Parolees | Emergency Only | Full Benefit | Full Benefit |
| Battered noncitizens, noncitizen parents of battered children, noncitizen children of battered parents (Ex: Violence Against Women Act (VAWA) applicants and recipients) | Emergency Only | Full Benefit | Full Benefit |
| Special Immigrant Visa (SIV) holder from Afghan or Iraq* | Full Benefit* | Full Benefit | Full Benefit |
| Victims of a Severe Form of Trafficking | Emergency Only | Full Benefit | Full Benefit |
| Temporary Resident Status | Emergency Only | Full Benefit | Full Benefit |
| Temporary Protected Status | Emergency Only | Full Benefit | Full Benefit |
| Family Unity beneficiary | Emergency Only | Full Benefit | Full Benefit |
| Deferred Enforcement Departure | Emergency Only | Full Benefit | Full Benefit |
| Deferred Action Status | Emergency Only | Full Benefit | Full Benefit |
| Approved visa with a pending application for adjustment of status | Emergency Only | Full Benefit | Full Benefit |
| Granted Withholding of removal under the Convention Against Torture | Emergency Only | Full Benefit | Full Benefit |
| Pending application for Special Immigrant Juvenile status | Emergency Only | Full Benefit | Full Benefit |
| Pending application for asylum or under the Convention Against Torture, and employment authorization | Emergency Only | Full Benefit | Full Benefit |
| Pending application for asylum or under the Convention Against Torture, application pending for 180 days or more | Emergency Only | Full Benefit (children under age 14 only) | FAMIS Prenatal |
| Lawfully present in the Commonwealth of the Northern Mariana Islands | Emergency Only | Full Benefit | Full Benefit |
| Lawfully present in the Commonwealth of the Northern Mariana Islands | Emergency Only | Full Benefit | Full Benefit |
| Nonimmigrant Visa Holder (ex: student, T, U, V, S, F, J) | Emergency Only | Full Benefit | Full Benefit |
| Deferred Action for Childhood Arrivals | Emergency Only | Emergency Only | FAMIS Prenatal |
| Noncitizen without permission to be in the U.S., including this with an expired visa | Emergency Only | Emergency Only | FAMIS Prenatal |

*An "Immigrant Visa," including Special Immigrant Visas for Afghan and Iraqi nationals, is a green card visa that is issued by a US consulate. Once the Visa holder crosses the US border for the first time with their Immigrant Visa, and their Visa is stamped ("endorsed"), they automatically become an LPR.

# APPENDIX 2: TYPICAL DOCUMENTS USED BY LAWFULLY PRESENT IMMIGRANTS

Last Appendix Revision Date: September 2026

**Table: Typical *Immigration Status Verification* Documents**

| Status | Typical Documents |
|---|---|
| **Lawful Permanent Residents—general documents** | • Lawful Permanent Resident card or "Green card" (Form I-551) or earlier versions: I-151, AR-2 and AR-3<br>• Immigrant Visa with a stamp showing when the individual entered the USA. A stamped Immigrant Visa serves as evidence of Lawful Permanent Resident status.<br>• Reentry permit (I-327)<br>• Foreign passport stamped to show temporary evidence of LPR or "I- 551" status<br>• Receipt from USCIS indicating that an I-90 application to replace LPR card has been filed<br>• Receipt from USCIS indicating that an I-485 application was approved<br>• I-94 with stamp indicating admission for LPR<br>• Order issued by the Department of Homeland Security (DHS), an immigration judge, the Board of Immigration Appeals (BIA), or a federal court granting adjustment of status<br>• Any verification from DHS, an immigration judge, or other authoritative document |
| **Lawful Permanent Residents exempt from the 5-year waiting period** | **An LPR or "green card" with category code:**<br>• RE for refugees<br>• AS, GA, or SY for asylees<br>• SQ or SI for Special Immigrant Visas, Afghan/Iraqi<br>• ST for former T-Visa Trafficking Victims<br>• CU for Cuban Entrant<br>• HA, HB, HE, HD, and HH for Haitian Entrant<br>• AM for Amerasians<br>• S13 for Native American Canadians<br><br>**An Immigrant Visa showing a category of "SQ"** for a Special Immigrant Visa, Afghan and Iraqis<br><br>**LPR card + evidence of prior Afghan parole, with entry to USA between 7/31/2021 & 9/30/2023:**<br>• I-94 showing parole under 212(d)(5) for an Afghan<br>• I-797C receipt from USCIS indicating parole for an Afghan<br>• Employment Authorization card for an Afghan with category (C)(11) |

| Status | Typical Documents |
|---|---|
| | **LPR card + evidence of prior Ukrainian parole, with entry to USA between 2/24/2022 & 9/30/2024:**<br>• I-94 showing parole under 212(d)(5) for a Ukrainian<br>• I-797C receipt from USCIS indicating parole for a Ukrainian<br>• Employment Authorization card for a Ukrainian with category (C)(11)<br>• Ukrainian passport with a US stamp labeled PAR, DT, or UHP Class of Admission (COA)<br><br>**LPR card + evidence of prior Withholding of Removal:**<br>• Letter from the Immigration Judge granting withholding of removal/deportation<br>• Employment Authorization Card with category (A)(10)<br><br>**LPR card + evidence of military/veteran**<br>• Military common access card<br>• Veteran DD Form 214<br>• Veteran Health ID card<br>• Dept. of Defense dependent ID card<br>• |
| **Cuban or Haitian Entrant** | • I-94 indicating parole under 212(d)(5)for a Cuban/ Haitian<br>• Employment Authorization Card with category code (C)(11) or (C()11) for Cuban/Haitian<br>• USCIS receipt for Form I-589, Application for Asylum for a Cuban/Haitian<br>• Notice to Appear in removal proceedings for a Cuban/Haitian |
| **COFA Migrant** | • Any document indicating citizenship from the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands |
| **Amerasian LPR**<br>**NOTE**: The codes listed here pertain only to the particular Vietnamese Amerasians who qualify for the "Refugee Exemption." | • Any of the LPR documents listed above with one of the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, or AM-8, or<br>• Any verification from the INS, DHS, or other authoritative document |

| Status | Typical Documents |
|---|---|
| **Applicant for Adjustment to LPR Status** | • Receipt or notice showing filing or pending status of Form I-485 Application to Register Permanent Residence or Adjust Status,<br>• Form I-797 ASC Appointment Notice with Case Type "I-485 Application to Register Permanent Residence or Adjust Status",<br>• Form I-688B or I-766 employment authorization document (EAD) coded 274a.12(c)(9) or C9 or C9P,<br>• I-797 receipt for Application for Employment Authorization based on C09,<br>• I-512 authorization for parole, indicating applicant for adjustment of status, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Applicant for Asylum or Withholding of Deportation/Removal,** including applicant for Withholding of Deportation/Removal under CAT, with employment authorization if > 14 years, or application for asylum/withholding pending for 180 days if < 14 years | • Receipt or notice showing filing or pending status of Form I-589 Application for Asylum and Withholding or CAT,<br>• Form I-688B or I-766 EAD coded 274a.12(c)(8) or C8, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Applicant for Cancellation of Removal or Suspension of Deportation**, with employment authorization | • Receipt or notice showing filing Form EOIR-40 (Application for Suspension of Deportation), EOIR-42 (Application for Cancellation of Removal), or I-881 (Application for Suspension of Deportation or Special Rule Cancellation of Removal),<br>• I-256A (former suspension application),<br>• Form I-688B or I-766 EAD coded 274a.12(c)(10) or C10, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Applicant for Legalization under IRCA or the LIFE Act**, with employment authorization | • Form I-688B or I-766 EAD coded 274a.12(c)(20), (c)(22), or (c)(24),<br>• Form I-687 Application for Temporary Residence under INA § 245A;<br>• Passport, with stamp or writing by INS/DHS officer, indicating pending §245 application, or<br>• Any verification from the INS, DHS, or other authoritative document. |

| Status | Typical Documents |
|---|---|
| **Applicant for Special Immigrant Juvenile Status** | • Form I-797 Notice of Action Special Immigrant Juvenile Approval Notice,<br>• Form I-797 Welcome Notice/Approval of I-485, "Other Basis of Adjustment SL6",<br>• I-551 coded "SL6", or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Applicant for TPS, with employment authorization** | • Receipt or notice showing filing or pending status of Form I-821 (Application for Temporary Protected Status),<br>• Form I-688B or I-766 EAD coded 274a.12(c)(19) or C19, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Asylee** | • Form I-94, I-94A, or passport stamped "asylee" or "§ 208",<br>• Order granting asylum issued by the INS, DHS, an immigration judge, the BIA, or a federal court,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(5) or A5;<br>• Refugee travel document (I-571), or<br>• Any verification from the INS, DHS, or other authoritative document.<br>**NOTE**: If adjusted to LPR status, I-551 may be coded AS-6, AS-7, or AS-8. |
| **Citizen of Micronesia, the Marshall Islands, and Palau** | • Form I-94 or passport noted as "CFA/RMI" or "CFA/FSM" or "CFA/PAL",<br>• Form I-766 coded (a)(8), or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Conditional Entrant** | • Form I-94, I-94A, or other document indicating status as "conditional entrant," "Seventh Preference," § 203(a)(7), or P7, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Cuban or Haitian Entrant** | • Form I-94 with a stamp indicating "Cuban/Haitian entrant" (this may be rare, as it has not been used since 1980) or any other notation indicating "parole," any documents indicating pending exclusion or deportation proceedings,<br>• Any documents indicating a pending asylum application, including a receipt from an INS Asylum Office indicating filing of Form I-589 application for asylum,<br>• Form I-688B or I-766 EAD coded 274a.12(c)(8) or C8, or 274a.12(c)(11) or C11, or<br>• Any verification from the INS, DHS, or other authoritative document |

| Status | Typical Documents |
|---|---|
| | **NOTE**: Individuals who have adjusted to LPR status may have I-551 cards or temporary I-551 stamps in foreign passports coded CAA66, CB1, CB2, CB6, CB7, CH6, CNP, CU6, CU7, CU8, CU9, CUO, CUP, NC6, NC7, NC8, NC9, HA6, HA7, HA8, HA9, HB6, HB7, HB8, HB9, HC6, HC7, HC8, HC9, HD6, HD7, HD8, HD9, HE6, HE7, HE8, HE9. In addition, Cubans or Haitians with the codes LB1, LB2, LB6, or LB7 may also qualify. These codes were used for individuals granted LPR status under any of the 1986 legalization provisions including Cuban/Haitian entrants. |
| **Derivative Beneficiary of Trafficking Survivor** | • Proof of approved I-914A petition (derivative T status),<br>• I-94 or passport stamped T-2, T-3, T-4, or T-5,<br>• Form I-797 Notice of Action indicating approval of T-2, T-3, T-4 or T-5 status,<br>• I-766 EAD coded (c)(25),<br>• Form I-797 "Extension of T or U Nonimmigrant Status",<br>• I-512 authorization for parole, indicating T-2, T-3, T-4 or T-5 status,<br>• I-551 card coded ST7, ST8, ST9, or ST0, or<br>• Any verification from HHS, INS, DHS, or other authoritative document |
| **Family Unity** | • Form I-797 Notice of Action showing approval of I-817 Application for Family Unity,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(13) or A13, or<br>• Any verification from the INS, DHS, or other authoritative document. |
| **Granted Temporary Protected Status (TPS)** | • Form I-688B or I-766 EAD coded 274a.12(a)(12) or A12,<br>• Form I-797 Notice of Action showing grant of TPS status, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Granted Withholding of Deportation or Withholding of Removal** | • Order granting withholding of deportation or removal issued by the INS,<br>• DHS, an immigration judge, the BIA, or a federal court,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Granted Withholding of Deportation / Removal under the Convention Against Torture (CAT)** | • Order granting withholding of deportation or removal under CAT, issued by an immigration judge, the BIA, or a federal court,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Granted Deferred Enforced Departure (DED)** | • Form I-688B or I-766 EAD coded 274a.12(a)(11) or A11, or |

| Status | Typical Documents |
|---|---|
| | • Any verification from the INS, DHS, or other authoritative document. |
| **Granted Deferred Action Status** | • Form I-797 Notice of Action or other form showing approval of deferred action status,<br>• Form I-688B or I-766 EAD coded 274a.12(c)(14) or C14, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Lawful Permanent Resident (LPR)** | • "Green card" (Form I-551) or earlier versions: I-151, AR-2 and AR-3,<br>• Reentry permit (I-327),<br>• Foreign passport stamped to show temporary evidence of LPR or "I-551" status,<br>• Receipt from USCIS (U.S. Citizenship and Immigration Services) indicating that an I-90 application to replace LPR card has been filed,<br>• Memorandum of Creation of Lawful Permanent Residence with approval stamp (I-181),<br>• I-94 or I-94A with stamp indicating admission for lawful permanent residence,<br>• Order issued by the INS/DHS (Immigration and Naturalization Service/Dept. of Homeland Security), an immigration judge, the BIA (Board of Immigration Appeals), or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Lawful Temporary Resident** | • Form I-688 Temporary Resident Card,<br>• Form I-688A EAD,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(2) or A2; or with other evidence indicating eligibility under INA §§210 or 245A,<br>• Form I-698 Application to Adjust from Temporary to Permanent Residence under INA § 245A, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Nonimmigrant** | • Form I-94 or I-94A Arrival/Departure Record or passport indicating admission to U.S. with nonimmigrant visa,<br>• Receipt for Form I-102 Application for Replacement/Initial Nonimmigrant Arrival-Departure Document,<br>• I-797 approving application to extend/change nonimmigrant status,<br>• I-797 approving application for S, T, U, or V nonimmigrant status, |

| Status | Typical Documents |
|---|---|
| | • Form I-688B or I-766 EAD or other INS/DHS document indicating nonimmigrant status, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Order of Supervision,** with employment authorization | • Notice or form showing release under order of supervision,<br>• Form I-688B or I-766 EAD coded 274a.12(c)(18) or C18, or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Paroled into the U.S.** | • Form I-94 or I-94A indicating "parole" or "PIP" or "212(d)(5)," or other language indicating parole status,<br>• Form I-688B or I-766 EAD coded 274a.12(a)(4), 274a.12(c)(11), A4, or C11, or<br>• Any verification from the INS, DHS, or other authoritative document<br>**NOTE**: If subsequently adjusted to LPR status, may have I-551 card (for Lautenberg parolees, these may be coded LA). |
| **"Qualified" Domestic Violence Survivor**<br>Must have a pending petition for an immigrant visa, either filed by a spouse or a self-petition under the Violence Against Women Act (VAWA), or an application for suspension of deportation or cancellation of removal. The petition or application must either be approved or, if not yet approved, must present a prima facie case. | • Receipt or other proof of filing I-130 (visa petition) under immediate relative (IR) or 2nd family preference (P-2) showing status as a spouse or child,<br>• Form I-360 (application to qualify as abused spouse, child, or parent under the VAWA),<br>• Form I-797 Notice of Action referencing pending I-130 or I-360 or finding establishment of a prima facie case,<br>• Receipt or other proof of filing I-485Application for Adjustment of Status on basis of an immediate relative or family 2nd preference petition or VAWA application,<br>• Any documents indicating a pending suspension of deportation or cancellation of removal case, including a receipt from an immigration court indicating filing of Form EOIR-40 (Application for Suspension of Deportation) or EOIR-42 (Application for Cancellation of Removal); Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10 (applicant for suspension of deportation) or 274a.12(c)(14) or C14 (individual granted deferred action status), or<br>• Any verification from the INS, DHS, or other authoritative document |
| **Registry Applicant**, with employment authorization | • Receipt or notice showing filing Form I-485 Application to Register Permanent Resident or Adjust Status,<br>• Form I-688B or I-766 EAD coded 274a.12(c)(16) or C16, or<br>• Any verification from the INS, DHS or other authoritative document |

| Status | Typical Documents |
|---|---|
| **Refugee** | • Form I-94 or I-94A Arrival/Departure Record or passport stamped "refugee" or "§ 207",<br>• Form I-688B or I-766 EAD coded 274a.12(a)(3) or A3; or (a)(4) or "A4" (paroled as a refugee),<br>• Refugee travel document (I-571), or<br>• Any verification from the INS, DHS or other authoritative document<br>**NOTE**: If adjusted to LPR status, I-551 may be coded R8-6, RE-6, RE-7, RE-8, or RE-9. |
| **Victim of Trafficking** | • Certification from U.S. Dept. of Health and Human Services (HHS) Office of Refugee Resettlement (ORR),<br>• ORR eligibility letter (if under 18),<br>• Certification status verified through HHS Trafficking Verification Line 202-401-5510 or 866-401-5510,<br>• I-914 (T status application),<br>• I-766 coded (a)(16),<br>• Form I-797 approval notice for "CP" (continued presence,)<br>• Form I-797 indicating approval of T-1 Status,<br>• Bona fide case determination on a T status application, or<br>• Form I-797 "Extension of T or U Nonimmigrant Status",<br>• I-512 authorization for parole, indicating T-1 status,<br>• I-551 coded ST6, or<br>• Any verification from HHS, INS, DHS, or other authoritative document |

**Table: Abbreviations Used in the Table Above**

| Abbreviation | Definition |
|---|---|
| BIA | Board of Immigration Appeals |
| CAT | Convention Against Torture |
| CMS | Centers for Medicare and Medicaid Services |
| CP | Continued presence |
| DHS | U.S. Dept. of Homeland Security |
| EAD | Employment authorization document |
| EOIR | Executive Office for Immigration Review |
| HHS | U.S. Dept. of Health and Human Services |
| INS | Immigration and Naturalization Service |
| IR | Immediate relative |
| LPR | Lawful permanent resident |
| ORR | Office of Refugee Resettlement |
| USCIS | U.S. Citizenship and Immigration Services |
| VAWA | Violence Against Women Act |

# APPENDIX 3: SAMPLE LETTERS OF CERTIFICATION / ELIGIBILITY FOR VICTIMS OF A SEVERE FORM OF TRAFFICKING

Last Appendix Revision Date: October 2025

[Used For Adults]

HHS Tracking Number

(Address)

**CERTIFICATION LETTER**

Dear _____:

This letter confirms that you have been certified by the U.S. Department of Health and Human Services (HHS) pursuant to section 107 (b) of the Trafficking Victims Protection Act of 2000. Your certification date is _. Certification does not confer immigration status.

With this certification, you are 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 individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (866) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

[Signed]
Director/Acting Director
Office of Refugee Resettlement

[Used For Children Under Age 18 Years]

HHS Tracking Number

(Address)

**ELIGIBILITY LETTER**

Dear _____:

This letter confirms that pursuant to section 107 (b) of the Trafficking Victims Protection Act of 2000, you are 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 individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria.

Your initial eligibility date is _____. This letter does not confer immigration status.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (866) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

[Signed] Director/Acting Director
Office of Refugee Resettlement

# APPENDIX 4: AFGHAN SPECIAL IMMIGRANTS AND UKRAINE HUMANITARIAN PAROLEES

Last Appendix Revision Date: January 2024

**Afghan Special Immigrants**

The United States Congress passed the Continuing Resolution on October 1, 2021. Section 2502 of the Continuing Resolution provides that certain Afghan nationals who receive parole between July 31, 2021 and March 31, 2023 "shall be eligible for resettlement assistance, entitlement programs, and other benefits available to refugees" to include Medicaid, until March 1, 2023 (or until their parole expires). On December 23, 2022 Congress passed the Consolidated Continuing Appropriations Act 2023 which extended the date that parole must have been received by to September 30, 2023, and expanded the groups of eligible for services.

Eligibility continues until the parole expires. Afghan parolees who have a pending re-parole application, a pending asylum application, or a pending adjustment of status application with U.S. Citizenship and Immigration Services (USCIS), under the U.S. Department of Homeland Security (DHS) are still eligible for the **continuation of Medicaid if they were enrolled prior to the expiration of their initial period of** parolee.

Eligible Parolees are:

Special Immigrant Parolees (SIP), who are individuals granted Special Immigrant (SI/SQ) Parole (per section 602(B)(1) AAPA/Section 1059(a) NDAA 2006) who entered the United States between July 1, 2021 and September 30, 2023, including Unaccompanied Afghan Minors,

1. Humanitarian Parolees entering the United States without SI/SQ parole due to the urgent nature of their arrival (Humanitarian status), who entered the United States between July 1, 2021 and September 30, 2023,
2. Afghan SIPs or Humanitarian Parolees who are the spouses or children of eligible Afghan Parolees who entered between July 1, 2021 and September 30, 2023, even if they entered after September 30, 2023, and
3. Afghan SIPs or Humanitarian Parolees who are the parents or legal guardians unaccompanied Afghan minors who entered between July 1, 2021 and September 30, 2013, even if they entered after September 30, 2023.

Afghan nationals who have another Qualifying immigration status, such as refugees, Special Immigrant Visa (SIV) holders, or asylees, are eligible for Medicaid in the standard manner. They are not required to enter within a particular timeframe. Children under 19 years and pregnant women with SIP, or Humanitarian status meet the definition of lawfully residing noncitizens for Medicaid and FAMIS/FAMIS MOMS coverage.

Afghan Special Immigrant visa holders will have either (1) a passport or I-94 form indicating category SI1, SI2, SI3, SQ1, SQ2, or SQ3 and bearing the Department of Homeland Security stamp or notation or an I-151 ("green card") indicating SI6, SI7, SI8, SQ6, SQ7, or SQ8. Special Immigrant Parolees will have an I-94 form noting SQ or SI Parole (per section 602(B)(1) AAPA/Sec 1059(a) NDAA 2006).

If an individual has attested to eligible immigration status and is found otherwise eligible for Medicaid, but verification of that status cannot be obtained, do not deny or delay coverage. Enroll the individual and provide the 90-day reasonable opportunity period.

Exception: Humanitarian Parolees who arrived **before July 31, 2021**, are eligible only for Medicaid coverage of emergency medical services and Health Insurance Marketplace coverage. Many of these individuals have already been enrolled in subsidized Marketplace coverage or have been granted asylum and are therefore eligible for Medicaid or FAMIS without the five-year bar.

**Ukraine Humanitarian Parolees**

The U.S. Department of Homeland Security (DHS) is providing support and humanitarian relief to Ukrainians who have been displaced by Russia's February 24, 2022 invasion and fled Ukraine. The United States Congress passed the Additional Ukraine Supplemental Appropriations Act (AUSAA) and was signed on May 21, 2022 by President Biden. It was extended by the Ukraine Security Supplemental Appropriations Act, 2024. This measure confers eligibility for all Ukrainian Humanitarian Parolees for mainstream federal benefits as well as resettlement services funded by the Office Refugee Resettlement (ORR).

Certain Ukraine nationals entering the U.S. may be eligible for health coverage through Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, or Refugee Medical Assistance (RMA). These individuals may be granted a range of lawful noncitizen statuses, including parole, temporary protected status (TPS), immigrant and nonimmigrant visas, and refugee or asylees. The primary noncitizen immigrant statuses include:

1. Parolees: Ukrainian nationals who enter the United States as parolees on or **between February 24, 2022 and September 30, 2024** are eligible for Medicaid or CHIP to the same extent as refugees, without a five-year waiting period, if they meet other eligibility requirements. These Ukrainian parolees are considered "qualified noncitizens" for purposes of Medicaid and CHIP eligibility since they are eligible for the same benefits as refugees.

   Ukrainian nationals who are paroled into the U.S. **after September 30, 2023** and are the spouse or child of a parolee described above, or who is the parent, legal guardian, or primary caregiver of a parolee described above who is determined to be an unaccompanied child will also be eligible for Medicaid and CHIP to the same extent as refugees.

For eligible Ukrainian parolees who entered the United States with parole between February 24, 2022 – Sept 30, 2023, their date of eligibility is May 21, 2022, or their date of parole, whichever is later. For eligible Ukrainian parolees who enter the United States with parole between October 1, 2023 – Sept 30, 2024, their date of eligibility is April 24, 2024, or their date of parole, whichever is later.

2. Temporary Protected Status (TPS): Ukrainian nationals (and individuals having no nationality who last habitually resided in Ukraine) are eligible to apply for TPS. This includes Ukrainians granted TPS or have pending applications for TPS and who have been granted employment authorization. The TPS designation is effective **April 19, 2022 and will remain in effect through October 19, 2023**.

3. Refugees: Some Ukrainian nationals may be granted refugee status and resettled into the U.S. are eligible for full Medicaid or CHIP benefits, without application of the five-year waiting period, if they otherwise meet all other Medicaid eligibility requirements.

4. Lawfully Residing Individual: Children under age 19 and pregnant women who are in one of the lawfully residing noncitizen groups (see M0220.314) and meet the definition of a lawfully residing noncitizen for Medicaid and FAMIS/FAMIS MOMS coverage may be eligible for assistance.

5. Emergency Services: Ukrainian noncitizens who do not qualify for full Medicaid benefits based on their immigration status may be eligible for "emergency services Medicaid" if they meet all other eligibility requirements. An individual eligible only for emergency Medicaid is permitted to enroll in Marketplace coverage if they meet all Marketplace eligibility requirements.

Ukrainian parolees will generally have foreign passports with a DHS stamp admitting them with a PAR, DT, or UHP Class of Admission (COA). DHS will be using the existing COA code DT and PAR for some Ukrainians who were paroled into the U.S. Additional COA code(s) will be programmed into Hub logic in early fall of 2022.

If an individual has attested to eligible immigration status and is found otherwise eligible for Medicaid, but verification of that status cannot be obtained, do not deny or delay coverage. Enroll the individual and give a 90-day reasonable opportunity period.

# APPENDIX 5: EMERGENCY SERVICES NONCITIZENS ENTITLEMENT AND ENROLLMENT PRIOR TO JULY 1, 2022

Last Appendix Revision Date: July 2022

## A. Policy

Unqualified noncitizens, and qualified noncitizens eligible for emergency services only are eligible for Medicaid coverage of emergency medical care only. This care must be provided in a hospital emergency room or as an inpatient in a hospital.

## B. Entitlement – Enrollment Period

If the applicant is found eligible and is certified for emergency services, eligibility exists only for the period of coverage certified by the eligibility worker or DMAS staff on the Emergency Medical Certification form #DMAS Form 2019NR.

Once an eligibility period is established, additional requests for coverage of emergency services within six months will not require a new Medicaid application. However, each request for Medicaid coverage of an emergency service or treatment requires a new, separate certification and a review of the noncitizen's income and resources and any change in situation that the noncitizen reports.

With the exception of dialysis patients, an emergency services noncitizen must file a new Medicaid application after the six-month eligibility period is over if the individual receives an emergency service and wants Medicaid coverage for that service.

DMAS will certify dialysis patients for up to a one year period of services without the need for a new Medicaid application. However, due to edits in MMIS, only one six-month certification period at a time can be entered. The worker must manually enter the second certification period of up to six months (as certified by DMAS) after the first period expires.

The dialysis patient must reapply for Medicaid after his full certification period expires.

## C. Enrollment Procedures

Once an emergency services noncitizen is found eligible for coverage of emergency services, enroll the individual in the eligibility and enrollment system using the following data:

1. **Country of Origin** – In this field, Country of Origin, enter the code of the client's country of origin.
2. **Citizenship Status** – In this field, Citizenship Status code, enter:
    - A = Emergency services noncitizen (Alien Chart codes B2, C2, C3, CC2, D2, E2, F3, G3, H3, I2, codes J3 through V3, Z2) other than dialysis patient

- D = Emergency services noncitizen who receives dialysis
- V = Visitor, non-immigrant noncitizen (Alien Chart codes W1, W2, W3)

The Alien Codes Chart is found in Appendix 5 to this subchapter.

**NOTE**: Foreign visitors are not usually eligible for Medicaid because usually they do not meet the Virginia state residency requirement.

3. **Entry date** – **THIS FIELD MUST BE ENTERED**. Enter the date on which the noncitizen entered the U.S., except for asylees and deportees. For asylees, enter the date asylum was granted. For deportees, enter the date deportation withholding was granted.
4. **App Dt** – In this field, application date, enter the date of the noncitizen's Medicaid application upon which the eligibility coverage period is based.
5. **Covered Dates Begin** – In this field, coverage begin date, enter the begin date of the emergency service(s).
6. **Covered Dates End** – In this field, coverage end date, enter the date when the noncitizen's emergency service(s) ends. When the emergency service(s) received was related to labor and delivery, the end date includes the day of discharge even though it is not counted to determine the length of stay for certification purposes.
7. **AC** – Enter the code applicable to the noncitizen's covered group.

## D. Notices

Appropriate notice must be sent to the applicant of the status of his application and the duration of his eligibility.

The USCIS requires that all benefit applicants who are denied benefits based solely or in part on the SAVE response be provided with adequate written notice of the denial as well as the information necessary to contact USCIS, so that the individual may correct his records in a timely manner, if necessary. The fact sheet, "Information for Applicants: Verification of Immigration Status and How to Correct Your Record with USCIS" (Form # 032-03-0427-00) must be included with the Notice of Action when benefits are denied, including the approval of emergency-services-only Medicaid coverage, and with the Advance Notice of Proposed Action when benefits are subsequently cancelled based on the results of a SAVE inquiry. The fact sheet is available at https://fusion.dss.virginia.gov/Portals/[bp]/Files/SAVE/Inform%20for%20Applicants%20Verification%20of%20Immigration%20Status.pdf?ver=2019-05-29- 135745-363.

A Medicaid card will not be generated for an individual enrolled as an emergency services noncitizen.

The agency must contact the provider(s) and supply the eligibility dates and

Medicaid number for billing purposes by sending a copy of the completed Emergency Medical Certification #DMAS Form 2019NR, to the provider(s).

# M0320 Changes

| Changed With | Effective Date | Pages Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | Section M0320.400 |
| TN #DMAS-38 | 4/1/26 | Section M0320.400; M0320.502 |
| TN #DMAS-37 | 1/1/26 | Page 11 |
| TN #DMAS-35 | 7/1/25 | Sections .400 and .500 |
| TN #DMAS-34 | 1/1/25 | Pages 11, 27, 32, 34; Pages 32a and 34a are added |
| TN #DMAS-33 | 10/1/24 | Pages 1, 5, 27, 37 |
| TN #DMAS-32 | 7/1/24 | Pages 24-26a, 29 |
| TN #DMAS-29 | 10/1/23 | Pages 1, 25, 26, 26a, 27, 28 |
| TN #DMAS-27 | 4/1/23 | Pages 11, 24, 25, 27 |
| TN #DMAS-26 | 1/1/23 | Page 11 |
| TN #DMAS-24 | 7/1/22 | Pages 2, 30, 31, 33 |
| TN #DMAS-23 | 4/1/22 | Page 27 |
| TN #DMAS-22 | 1/1/22 | Pages 11, 26a, 27 |
| TN #DMAS-20 | 7/1/21 | Pages 24, 26-29 |
| TN #DMAS-19 | 4/1/21 | Pages 26a, 29 |
| TN #DMAS-18 | 1/1/21 | Pages 11, 22, 26, 27 |
| TN #DMAS-17 | 7/1/20 | Pages 24. 25. 26, 27<br>Page 26a was added as a runover page. |
| TN #DMAS-15 | 1/1/20 | Pages 11, 26, 27, 29 |
| TN #DMAS-14 | 10/1/19 | Page 40 |
| TN #DMAS-13 | 7/1/19 | Pages 1, 24-27 |
| TN #DMAS-11 | 1/1/19 | Pages 2a, 11, 35, 37 |
| TN #DMAS-10 | 10/1/18 | Page 1; 1a added as a runover page |
| TN #DMAS-9 | 7/1/18 | Page 2, 17 |
| TN #DMAS-7 | 1/1/18 | Page 2, 3, 4, 11, 26-27. |
| TN #DMAS-4 | 4/1/17 | Page 26 |
| TN #DMAS-3 | 1/1/17 | Pages 11, 27, 29, 40, 41, 44, 45, 52 |
| TN #DMAS-2 | 10/1/16 | Pages 4, 15, 16, 18, 20, 22, 30, 33,<br>Pages 39- 41, 43-45, 48, 51, 52, 55 |
| TN #DMAS-1 | 6/1/16 | Table of Contents, page i<br>Pages 1, 11, 25-27, 46-49;Page 50 is a runover page. |
| TN #100 | 5/1/15 | Pages 6, 11, 24, 25-27, 29-30 |
| TN #99 | 1/1/14 | Page 11 |
| TN #98 | 10/1/13 | Pages 1, 54, 55. |
| UP #9 | 4/1/12 | Pages 11, 26, 32, 34-37, 45, 46, 55 |
| TN #97 | 9/1/12 | Table of Contents; Pages 1-56 (all pages) |
| UP #6 | 4/1/12 | Pages 11, 12, 46a |
| TN #96 | 10/1/11 | Table of Contents; Pages 46f-50b; Page 50c deleted |
| TN #95 | 3/1/10 | Pages 11, 12, 42c, 42d, 50, 53, 69<br>Pages 70, 71; Page 72 added. |
| TN #94 | 9/1/10 | Pages 49-50b |
| UP #3 | 3/1/10 | Pages 34, 35, 38, 40, 42a, Pages 42b, 42f |
| TN #93 | 1/1/10 | Pages 11-12, 18, 34-35, 38<br>Pages 40, 42a-42d, 42f-44, 49; Pages 50c, 69-71 |
| UP #2 | 8/24/09 | Pages 26, 28, 32, 61, 63, 66 |
| Update (UP) #1 | 7/1/09 | Pages 46f-48 |
| TN #91 | 5/15/09 | Pages 31-34<br>Pages 65-68 |

| Changed With | Effective Date | Sections Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | M0320.400 |
| TN #DMAS-38 | 4/1/26 | M0320.400 |
| TN #DMAS-35 | 7/1/25 | M0320.400<br>M0320.500 (formatting only) |

# Virginia Medical Assistance Eligibility Manual Chapter M03

**Section Revision Date October 2026**

**M0320.000 AGED, BLIND & DISABLED GROUPS**

**M0320.400 MEDICAID WORKS**

**A. Policy**

The Appropriations Act of 2006 authorized an amendment to the Virginia State Plan for Medical Assistance that allows disabled (including blind) individuals to work and earn higher income while retaining Medicaid coverage. This program is called MEDICAID WORKS and includes individuals:

- at least age 16 *(no upper age limit)* **and**
- who have countable income less than or equal to 138% FPL **and**
- who have countable resources less than or equal to $2,000 for an individual and $3,000 for a couple; **and**
- who are working or have a documented date for employment to begin in the future.
- Current participation in the Social Security Administration (SSA) programs Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) will satisfy the condition for disability. Any applicant without SSA documentation of disability should be evaluated by the state's Disability Determination Services program before eligibility can be established.

These individuals can retain Medicaid coverage as long as they remain employed, and their Countable earned income is less than or equal to $6,250 per month. MEDICAID WORKS is Virginia's Medicaid Buy-In (MBI) program.

**B. Relationship Between MEDICAID WORKS and 1619(b) Status**

An individual with SSI or eligible for Medicaid as a Qualified Severely Impaired Individual (QSII) (1619(b)) must meet the 138% FPL income requirement for entry into MEDICAID WORKS and should not be discouraged from enrolling in MEDICAID WORKS. An individual who meets the criteria for 1619(b) status and the 138% income limit may choose to participate in MEDICAID

WORKS because of the higher resource limit. SSI or eligible for Medicaid as a Qualified Severely Impaired Individual (QSII) (1619(b)) individuals are not automatically enrolled in Medicaid Works. They must be evaluated according to the non-financial and financial requirements used for all MEDICAID WORKS applicants and enrollees.

Individuals may have their Social Security payments stop when their earnings are above the SSI threshold or SGA level. If the client would otherwise be eligible for a cash benefit if not for their earnings and has not had a determination of medical improvement following a Continuing Disability Review (CDR), they are still considered disabled for Medicaid Works purposes. Individuals receiving 1619(b) Medicaid protections who request enrollment in Medicaid Works are considered disabled but must have their income and resources evaluated according to the guidelines for initial eligibility.

### C. Nonfinancial Eligibility

The individual must also meet the following additional non-financial criteria:

- The individual must be competitively employed in an integrated setting. Work must occur in a work setting in the community or in a personal business alongside people who do not have disabilities. Work performed in a supervised sheltered workshop designed to provide employment opportunities for individuals with disabilities or similar setting is not considered competitive employment in an integrated setting. Contact a Regional Medical Assistance Program Consultant if there is a question about whether the employment meets the criteria for MEDICAID WORKS.

- The individual must receive pay at the minimum wage or at the prevailing wage or "going rate" in the community, and the individual must provide documentation that payroll taxes are withheld. Self-employment must be documented according to the policy contained in S0820.210.

- The individual must establish a Work Incentive (WIN) Account at a bank or other financial institution, such as a checking or savings account which can be established prior to the application date. The individual must provide documentation for the case record designating the account(s) as a WIN Account. The account must either be a new account or an existing account with only earned income deposited into it. Increases in an enrollee's Social Security Disability benefits resulting from employment as a MEDICAID WORKS participant OR because of a COLA adjustment to the Social Security Disability benefits may also be deposited into the WIN account and will be excluded as described in M0320.400 D.3.b.3) if the increase is regularly deposited upon receipt into the WIN account. The WIN account cannot contain the individual's other Social Security benefits. The individual must provide statements from the institution where the account is held at application and renewal.

- If there is only one disabled individual on a jointly held account, we presume

that all the funds in the account belong to that individual. A previously established ABLE account can be used as a WIN account.

## D. Financial Eligibility

### 1. Assistance Unit

#### a. Initial eligibility determination

To qualify for MEDICAID WORKS, the individual must meet the assistance unit policy and procedures in chapter M05 that apply to ABD non-institutionalized individuals. Individuals receiving SSI or who have 1619(b) status must also meet the income requirement for entry into MEDICAID WORKS.

Income from a non-ABD spouse, non-applicant/member ABD spouse, or parents is not considered deemable income and is not counted for the initial eligibility determination for individuals requesting to participate in MEDICAID WORKS.

Resources from the individual's spouse with whom he lives or, if under age 21, the individual's parents with whom he lives, must be deemed available.

#### b. Ongoing eligibility

Once the individual is enrolled in MEDICAID WORKS, **the individual is treated as an assistance unit of one**. Spousal and parental resources and income are disregarded for ongoing enrollee eligibility.

Note: Children and non-spouse dependents are not included in the assistance unit when determining eligibility for MEDICAID WORKS.

### 2. Resources

#### a. Initial eligibility determination

For the initial eligibility determination, the resource limit is $2,000 for an individual and $3,000 for a couple. Resources must be evaluated for all individuals, including SSI recipients and QSII/(1619(b) individuals, who wish to qualify for MEDICAID WORKS. The resource requirements in chapter S11 and Appendix 2 to chapter S11 apply for the initial eligibility determination. The individual's countable, nonexempt resources must be verified. All countable resources, must be added together to determine if the individual's countable resources are within the limit. WIN accounts and other non-countable resources are excluded from the resource determination.

#### b. Ongoing eligibility

Once the individual is enrolled in MEDICAID WORKS, the following resource policies apply:

1) For earnings accumulated after enrollment in MEDICAID WORKS, up to the

current 1619(b) income threshold amount will be disregarded if deposited and retained in the WIN Account. The 2024 1619(b) threshold amount is $45,976 (decreased from the 2023 amount). The 2025 1619(b) threshold amount is $59,755. *The 2026 1619 (b) threshold is $63,537.*

2) Resources accumulated while in MEDICAID WORKS and held in Internal Revenue Service (IRS)-approved retirement accounts, medical or health savings accounts, medical reimbursement (flex) accounts, education accounts, independence accounts, and other similar State-approved accounts are excluded. Examples of these accounts include Archer Medical Savings Accounts, 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans. The account must be designated as a WIN Account to be excluded. Resources accumulated while in MEDICAID WORKS and held in IRS-approved accounts that have been designated as WIN Accounts are also excluded in all future Medicaid determinations for former MEDICAID WORKS enrollees. The account must be exclusively used to hold resources accumulated while in MEDICAID WORKS (including interest) for the exclusion to continue. Resources can be spent however the individual chooses. Transfer of assets policy does not apply to Medicaid Works.
3) Resources can be spent however the individual chooses. Transfers will be evaluated to determine if a penalty should be calculated if the individual applies for (or is receiving) LTSS.
4) For all other resources, the resource requirements in chapter S11 and Appendix 2 to chapter S11 apply. All of the individual's countable, nonexempt resources must be verified and evaluated. All nonexempt resources must be added together to determine if the individual meets the Medicaid resource requirements. The resource limit for resources not excluded in 1) or 2) above is $2,000 for an individual. Accounts are also excluded in all future Medicaid determinations for former MEDICAID WORKS enrollees. The account must be exclusively used to hold resources accumulated while in MEDICAID WORKS (including interest) in order for the exclusion to continue.
5) For all other resources, the resource requirements in chapter S11 and Appendix 2 to chapter S11 apply. All the individual's countable, nonexempt resources must be verified and evaluated. All nonexempt resources must be added together to determine if the individual meets the Medicaid resource requirements. The resource limit for resources not excluded in 1) or 2) above is $2,000 for an individual.

**3. Income**

**a. Initial eligibility determination**

For the initial eligibility determination on or after January 15, 2025, the limit for total countable income (unearned and earned) is less than or equal to 138% of the FPL ($1,801 per month for an individual or $2,434 when the applicant has an ABD

spouse who is also applying for or covered by Medicaid). Use the rules in chapter M08 to determine income in the month of application. (see M0320.101).

**b. Ongoing eligibility**

Once the individual is enrolled in MEDICAID WORKS, the following income policies apply:
1) The income limit for earned income is $6,250 per month ($75,000 per year) (no change for 2025) if the funds are deposited in a WIN Account. The policy for determining countable earned income is contained in subchapter M0820.
If the individual is self-employed, net earnings from self-employment (NESE) must be demonstrated through documentation of Internal Revenue Service (IRS) filings, quarterly estimated taxes, business records, and/or business plans. The individual's signed allegation of self-employment is acceptable if no other evidence of NESE can be obtained. Follow the policy in M0820.220 to determine NESE.

2) The income limit for unearned income remains less than or equal to 138% of the FPL. The policy for determining countable unearned income is contained in subchapter M0830.

3) Any increase in an enrollee's Social Security Disability benefits resulting from employment as a MEDICAID WORKS participant OR because of a COLA adjustment to the Social Security Disability benefits will not be counted as long as the increase is regularly deposited upon receipt into the individual's WIN account.

**4. Income Exceeds 138% FPL at Eligibility Determination**
Spenddown does not apply to the Medicaid Works covered group. Therefore, admission into MEDICAID WORKS is not available to individuals whose income exceeds 138% of the FPL. Evaluate the individual's eligibility in all other Medicaid covered groups.

**G. Safety Net**

Resources held in the WIN Account that are accumulated from the enrollee's earnings while in MEDICAID WORKS will be disregarded up to the 1619(b) threshold amount for this eligibility determination.

If found eligible and enrolled in another Medicaid covered group, the individual shall have a "safety-net" period of up to one year from MEDICAID WORKS termination and enrollment in another group to dispose of these excess resources before they are counted toward ongoing eligibility. If the individual resumes working within the safety-net period, he may be re-enrolled in MEDICAID WORKS provided that all eligibility requirements are met, except that the resources in the WIN Account are disregarded up to the 1619(b) threshold amount. If the individual wishes to be re-enrolled in MEDICAID WORKS after the one-year safety net period, any resources retained in the WIN Account remain exempt. **Resources accumulated while in MEDICAID WORKS and retained in an IRS approved account described in M0320.400 D. 2. b. 2) that has been designated as a WIN Account are excluded in all future Medicaid determinations for former MEDICAID WORKS enrollees.**

## H. Benefit Package

Individuals enrolled in MEDICAID WORKS are entitled to the standard benefits available to full-benefit Medicaid enrollees (see Chapter M18). Medicaid Works members cannot be enrolled in Developmental Disabilities (DD) waivers or CCC Plus waivers, but the waiver slot will be held for up to six months if a DD Waiver recipient wants to try transitioning to Medicaid Works. Waiver slots are not held for CCC Plus recipients since there is no waiting list for CCC Plus waiver services. Participants can receive personal care services as a service provided by the assigned MCO plan. **No medical screening is required, and MEDICAID WORKS enrollees do not have a patient pay responsibility.** Intensive Behavioral Dietary Counseling is also covered for MEDICAID WORKS enrollees when a physician determines that the service is medically necessary.

## I. Entitlement and Enrollment

Entitlement for MEDICAID WORKS is dependent upon meeting the requirements listed above. All requests for Medicaid Works should be evaluated and documented even if a member is currently eligible for Medicaid under another full or limited coverage category.

There is no retroactive coverage under MEDICAID WORKS. The application date to be used for the Medicaid Works determination in the Virginia Case Management System (VaCMS) is the date the member requested a Medicaid Works determination. The request may be in writing or by phone, but must be documented in the case comments. Coverage shall begin on the first day of the month following the month in which all requirements are met. If the applicant has a future start date for employment, the effective date of eligibility shall be no earlier than the first day of employment. However, unless employment begins on the first day of the month, MEDICAID WORKS enrollment will begin on the first of the following month. If the person is already enrolled in Medicaid, a new application is not required. Appendix D should be completed to gather additional information on resources. If the person is not currently enrolled in Medicaid, a full application is necessary.

The Aid Category for MEDICAID WORKS is **059**. Use the following procedures to enroll the individual in VaCMS:

<u>New Application – Applicant is Disabled and enrolled in Medicaid</u>

1. For the month of application and any retroactive months in which the person is eligible, enroll the individual in the appropriate AC in a closed period of coverage, beginning the first day of the month in which eligibility exists. The cancel date is the last day of the month in which the MEDICAID WORKS request was received. Use Cancel Code 042.
2. Reinstate the individual's coverage in MEDICAID WORKS using AC 059 beginning the first day of the following month (the first day of the month following the month in which the MEDICAID WORKS request is received). Use the same application date (the actual date of the initial application) that was used for the month of application.

DMAS approval is not required for participation in MEDICAID WORKS; however, information must be sent to DMAS after the individual is enrolled for tracking purposes. Use the MEDICAID WORKS Email Cover Sheet available at Medical Assistance Forms, and **email** it together with the following information to DMAS at **MedicaidWorks@dmas.virginia.gov**:

- Documentation of the MEDICAID WORKS request,
- the Work Incentive Account (WIN) information (a bank account statement or verification from the bank that the account was opened), and
- a pay stub showing current employment or an employment letter with start date or self-employment document(s) to verify employment.

Current Enrollee

1. Cancel current coverage using Cancel Code 042.
2. Reinstate in AC 059 beginning the first day of the following month. **Use the date the MEDICAID WORKS request for the application date**.

Send a Notice of Action to the applicant/recipient advising him of his eligibility and acceptance into MEDICAID WORKS. Do not send the Advance Notice of Proposed Action when a recipient moves to MEDICAID WORKS, because his Medicaid coverage has not been reduced or terminated.

Eligibility for MEDICAID WORKS continues as long as the enrollee continues to:

- be employed,
- meet the definition of disability or blindness,
- meet the age limitation, and
- does not exceed the income and resource limits for MEDICAID WORKS.

The MEDICAID WORKS enrollee continues to meet the disability criteria unless SSA has completed a Continuing Disability Review and has determined that the individual no longer has a disabling condition. The fact that the MEDICAID WORKS enrollee is earning over the SSA substantial gainful activity amount has no bearing on whether the disability criteria is met. In addition, an individual can still be considered disabled by SSA and not receive a monthly payment. After checking the disability status and termination date by electronic sources and if the enrollee's disability status remains unclear, contact a Regional Medical Assistance Program Consultant for assistance.

The individual's continuing eligibility must be determined at least every 12 months.

If the individual is no longer eligible for MEDICAID WORKS, evaluate the individual to determine if the individual remains eligible in any other covered group. **The policy in M0320.400 G. above must be reviewed to determine whether the resource exclusion safety net rules apply.** If the individual is not eligible for Medicaid in any other covered group, coverage shall be cancelled effective the first of the month following the expiration of the 10-day advance notice.

**M1130 Changes**

| Changed With | Effective Date | Pages Changed |
|---|---|---|
| TN #DMAS-40 | 10/1/26 | Section M1130.740, page 78 |
| TN# DMAS-35 | 7/1/25 | Table of Contents page ii, Pages 24, 26, 34, 74 |
| TN# DMAS-31 | 4/1/24 | Table of Contents pages i, ii, Page 59 |
| TN #DMAS-28 | 7/1/23 | Page 66 and 73 |
| TN #DMAS-27 | 4/1/23 | Table of Contents, page ii<br>Pages 77, 78<br>Page 77b added |
| TN #DMAS-23 | 4/1/22 | Table of Contents, pages i, ii<br>Pages 47, 48, 79<br>Page 48a was added.<br>Page 48b was added as a runover page<br>Page 78 is a runover page. |
| TN #DMAS-20 | 7/1/21 | Table of Contents, page ii<br>Pages 5, 73, 74<br>Page 74a was added as a runover page. |
| TN #DMAS-18 | 1/1/21 | Pages 31, 33, 34 |
| TN #DMAS-17 | 7/1/20 | Table of Contents, page ii<br>Pages 73, 74<br>Page 5 is a runover page. |
| TN #DMAS-12 | 4/1/19 | Page 13 |
| TN #DMAS-9 | 7/1/18 | Pages 1, 3 |
| TN #DMAS-7 | 1/1/18 | Pages 45,78-79 Appendix 1, pages 3,5 |
| TN #DMAS-5 | 7/1/17 | Pages 13, 15, 78, 79<br>Page 14 is a runover page. |
| TN #DMAS-3 | 1/1/17 | Table of Contents, page ii<br>Page 76<br>Page 77 is a runover page.<br>Pages 78 and 79 were added. |
| TN #DMAS-1 | 6/1/16 | Pages 4, 14, 15 |
| TN #100 | 5/1/15 | Pages 13, 15, 21, 31, 33, 34<br>Pages 16 and 32 are runover pages. |
| UP #9 | 4/1/13 | Table of Contents, page ii<br>Pages 5, 62<br>Pages 62a was added. |
| TN#97 | 9/1/12 | Page 14 |
| Update #7 | 7/1/12 | Page 24 |
| TN #96 | 10/1/11 | Table of Contents, page ii<br>Pages 4, 73, 74<br>Appendix 1, pages 1-14<br>Appendix 2, page 1<br>Appendix 4, pages 1-8 added |
| TN #95 | 3/1/11 | Pages 28, 29, 33 |
| TN #94 | 9/1/10 | Pages 20, 20a, 28-29a |
| TN #93 | 1/1/10 | Pages 63-65<br>Pages 70, 74, 75 |
| TN #91 | 5/15/09 | Page 13 |

# M1130.740 ACHIEVING A BETTER LIFE EXPERIENCE (ABLE) ACCOUNTS

**A. Policy**

The federal Stephen Beck, Jr. Achieving a Better Life Experience Act (ABLE Act), was enacted by Congress on December 19, 2014 and approved by the Virginia General Assembly and Governor in 2015. An ABLE account is a type of tax-advantaged account that an eligible individual can use to save funds for the disability related expenses of the account's designated beneficiary, who must be blind or disabled by a condition that began before the individual's *46th* birthday *(effective 1/1/26)*.

Funds retained in these accounts are not considered to be resources for Medicaid.

In Virginia, the qualified ABLE program is operated by the Virginia529 program and can be contacted Toll-Free: 1-844-NOW-ABLE (1-844-669-2253).

An eligible individual can be the designated beneficiary/account owner of only one ABLE savings trust account, which must be administered by a qualified ABLE program.

The designated beneficiary is the eligible individual who established and owns the ABLE account. To be an eligible individual, he or she must be:

- Eligible for Supplemental Security Income (SSI) based on disability or blindness that began before age *46*;
- Entitled to disability insurance benefits, childhood disability benefits, or disabled widow's or widower's benefits based on disability or blindness that began before age *46*; or
- Someone who has certified, or whose parent or guardian has certified, that he or she:
    - Has a medically determinable impairment meeting certain statutorily specified criteria; or is blind; and,
    - The disability or blindness occurred before age *46.*

NOTE: A certification that someone meets disability requirements for the ABLE program does not replace a disability determination from either SSA or DDS in determining whether someone meets the Medicaid definition of a disabled individual.

ABLE accounts are not subject to estate recovery.

***Note:*** *Prior to 1/1/2026, the ABLE disability onset had to begin before the age of 26. Effective 1/1/2026, eligibility expanded to include individuals with a disability that began before age 46.*

# Subsection M1450.630: Penalty Period Calculation

Last Subsection Revision Date: October 2026

## A. Policy

When a transfer of assets affects eligibility, the penalty period begins when the individual would otherwise be eligible for Medicaid payment for LTSS (long term services and support) if not for the penalty period. The penalty period includes the fractional portion of the month, rounded down to a day. Penalty periods for multiple transfers cannot overlap.

As long as an individual in a penalty period meets a full or limited-benefit Medicaid covered group and all non-financial and financial requirements for that covered group, he is eligible for all services covered under that group EXCEPT the Medicaid payment of LTSS. Individuals in nursing and other medical facilities or who have been screened and approved for HCBS (home and community-based services), meet the 300% SSI covered group during a penalty period because they meet the definition of an institutionalized person. *However, those individuals in the community that have only been screened, and an asset transfer penalty period is determined, cannot be evaluated under the 300% covered group. They cannot start LTSS until they attain full coverage under another full coverage covered group.*

An individual with a penalty period who does not meet the 300% SSI covered group may meet other covered groups. See M1450.630 B.5.

***NOTE: Effective 07/01/26, no patient pay deductions shall be permitted for medical or remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period. See M1470.230 C.3.***

## B. Penalty Begin Date

For individuals not receiving LTSS at the time of transfer, the penalty period begins the first day of the month in which the individual would otherwise be eligible for Medicaid payment for LTSS, except for the imposition of a penalty period. This includes the retroactive application period for nursing facility patients who have been in the facility during the retroactive period.

*If the individual is not able to start LTSS because they cannot be evaluated under the 300% covered group and are residing in the community, and they subsequently attempt later, either through another application, screening, or by being admitted to a nursing facility, the look back period is based on the date of the current determination.*

For individuals who are receiving Medicaid payment for LTSS at the time of transfer, the penalty period begins the month following the month of transfer unless the transfer occurred during the COVID-19 Emergency continuous eligibility period. See M1520.200.

1. **Medicaid LTSS Not Received at Time of Transfer**

   If the individual is not receiving Medicaid-covered LTSS at the time of the asset transfer, the penalty period begins the first day of the month in which the individual would otherwise be eligible for Medicaid payment for LTSS but for the application of the penalty period, as long as the date does not fall into another period of ineligibility imposed for any reason.

   *If they are residing in the community and not in a nursing facility, they cannot be evaluated for coverage under the 300% covered group. The penalty cannot be imposed until they are eligible for full coverage in another covered group. Undue Hardship consideration must still be offered per guidance in M1450.700 A.*

2. **Receiving Medicaid LTSS Services at Time of Transfer**

   If the individual is receiving Medicaid LTSS at the time of the asset transfer, the penalty period begins the first day of the month following the month in which the asset transfer occurred as long as the individual would otherwise be eligible for Medicaid payment for LTSS but for the application of the penalty period.

   A referral to the DMAS Enrollee Audit Unit (RAU) must be made for the months in the penalty period during which the individual received Medicaid LTSS services. See Chapter M17 for instructions on RAU referrals.

3. **Penalty Periods Cannot Overlap**

   When multiple asset transfers result in multiple penalty periods, the penalty periods cannot overlap. One penalty period must be completed prior to the beginning of the next penalty period.

4. **Nursing Facility**

   If the individual in a nursing facility meets all Medicaid eligibility requirements, he is eligible for Medicaid payment of all other covered services.

5. **HCBS, PACE, Hospice**

   a. **Transfer Reported at Application**

      If the individual has been screened and approved for or is receiving Medicaid HCBS, PACE, or hospice services, he cannot be eligible for Medicaid in the 300% of SSI covered group or for the Medicaid payment of LTSS in any other covered group. The individual's Medicaid eligibility in other covered groups must be determined. His penalty period cannot be imposed unless and until he is (1) eligible for Medicaid in a full-benefit covered group other than the 300% of SSI covered group, (2) he meets a spenddown and would otherwise

be eligible for the Medicaid payment of LTSS, or (3) he is admitted to a nursing facility.

An individual outside a medical facility (i.e., living in the community) does not meet the definition of an institutionalized person if he is not receiving Medicaid covered HCBS, PACE or hospice services. Therefore, an individual for whom a penalty period is imposed cannot be eligible for Medicaid unless the individual is eligible for Medicaid outside the 300% SSI covered group.

*If the individual is not able to start LTSS because they cannot be evaluated under the 300% covered group and are residing in the community, and they subsequently attempt later, either through another application, screening, or by being admitted to a nursing facility, the look back period is based on the date of the current determination. Undue Hardship consideration must still be offered per guidance in M1450.700 A.*

Any penalty periods imposed under the rules effective April 17, 2018 through October 1, 2022 are valid and continue until the penalty period is exhausted.

**b. Transfer Reported After Eligibility is Established**

If it is reported or discovered that an individual receiving *HCBS* services in the 300% of SSI covered group made an uncompensated asset transfer prior to beginning HCBS, determine a penalty period. Evaluate for another covered group prior to cancelling. His penalty period cannot be imposed unless and until he is (1) eligible for Medicaid in a full-benefit covered group other than the 300% of SSI covered group, (2) he meets a spenddown and would otherwise be eligible for the Medicaid payment of LTSS, or (3) he is admitted to a nursing facility.

A referral to the DMAS Enrollee Audit Unit (RAU) must be made for the months in the penalty period during which the individual received Medicaid LTSS services. See Chapter M17 for instructions on RAU referrals.

**6. Penalty Period Imposed by Another State**

If the individual has completed an asset transfer penalty period in another state, a penalty period is not imposed by Virginia Medicaid for the same uncompensated transfer.

If an individual has relocated to Virginia and reports they have an active asset transfer penalty period in another state, he must complete the penalty period before being eligible for Medicaid payment of LTSS services. The eligibility worker must contact the previous state to find out the length of penalty period and time remaining. The remaining penalty period cannot be imposed unless and until the

person is: 1) eligible for Medicaid in a full-benefit covered group other than the 300% of SSI covered group or; 2) meets a spenddown and would otherwise be eligible for the Medicaid payment of LTSS services or; 3) is admitted to a nursing facility. The individual's Medicaid eligibility in any other covered group(s) must be determined.

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# SECTION M1460.200: DETERMINATION OF COVERED GROUP

Last Section Revision Date: October 2026

## A. Overview

An individual in LTC who meets the Medicaid non-financial eligibility requirements in M1410.010 must also meet the requirements of at least one covered group in order to be eligible for Medicaid and Medicaid payment of LTC services.

1. **Covered Groups Eligible for LTC Services**

   The covered groups whose benefit packages include long-term care services are the following groups:

   All categorically needy (CN) full benefit covered groups for ABD and F&C:

   - SSI Recipients; see M0320.101 and M1460.201
   - "Protected" covered Groups; see M0320.200
   - MAGI Adults; see M04
   - ABD 80% FPL; see M0320 and M1460.210
   - MEDICAID WORKS; see M0320.400
   - 300% SSI; see M0320.500 , M0330.500, and M1460.220
   - IV-E Foster Care and Adoption Assistance; see M0330.105
   - Individuals Under Age 21; see M0330.107
   - Special Medical Needs Adoption Assistance; see M0330.108
   - Former Foster Care Children Under Age 26 Years; see M0330.109
   - Low Income Families With Children (LIFC); see M0330.200
   - Child Under Age 19 (FAMIS Plus); see M0330.300
   - Pregnant Women and Newborn Children; see M0330.400
   - Breast and Cervical Cancer Prevention Treatment Act (BCCPTA); see M0330.700

   All medically needy (MN) covered groups

   - ABD Individuals; see M0320.701
   - December 1973 Eligibles; see M0320.702
   - Pregnant Women; see M0330.801
   - Newborn Children Under Age 1; see M0330.802
   - Children Under Age 18; see M0330.803
   - Individuals Under Age 21; see M0330.804
   - Special Medical Needs Adoption Assistance; see M0330.805

Medicaid will not pay for the following for MN individuals:

Services in an intermediate care facility for the intellectually disabled (ICF-ID)

Services in an institution for the treatment of mental disease (IMD)

Community Living Waiver (formerly Intellectual Disabilities Waiver) services

Family and Individual Supports Waiver (formerly Individual and Family Development Disability Support (DD) Waiver) services

**2. Applicants Who Do Not Receive Cash Assistance**

**a. Child Under Age 18**

MAGI methodology is not applicable to F&C children needing LTC services. If the applicant is a child under age 18, determine the child's eligibility in the F&C 300% SSI group, using the covered group policy in subchapter M0330 and the financial eligibility policy and procedures in this subchapter. The resource requirement for the F&C 300% SSI covered group does **NOT** apply to children under age **18.**

*Newborns in the NICU for more than 30 days meet the definition of institutionalization and do not require a screening. They are evaluated under the 300% SSI covered group. (Note: These applications often come directly from hospitals while the child is in the NICU.)*

If the child's income exceeds the limit for the F&C 300% SSI group, determine the child's eligibility in an MN covered group.

**NOTE**: A child who is age 18, 19 or 20 meets an MN covered group if he is blind, disabled, pregnant, in foster care, adoption assistance, or institutionalized in a nursing facility. An individual age 21 or older, must meet the pregnant, aged, blind or disabled definition in order to meet an MN covered group.

**b. Individual Age 18-19**

If the individual is age 18 but under age 19, first determine the individual's eligibility in the F&C Child Under 19 or Pregnant Woman covered groups using MAGI income methodology in Chapter M04. If the individual's income exceeds the limits for F&C coverage, he must be determined disabled to meet the ABD 300% SSI covered group. Follow the procedures in M0310.112 for making a disability referral.

**c. Individual Age 19 or Older**