

Immigrants, Refugees and SAVE



Updated 2/26

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Immigrants

- **5 Year Ban/Waiting Period**
 - **Applies to Adults only with Legal Status as outlined in Program Manuals**
 - **No ban for children, pregnant women, EMA only applicants**
 - **Case head does not have to receive benefits on case**

Immigrants (continued)

➤ **Special Categories**

➤ **Cuban/Haitian Entrants—11 on Alien Page**

➤ **Eligible for benefits—even if status later changes**

➤ **Iraqis and Afghans with Special Immigration Status**

➤ **SI COA code; treated as refugees; 04 code on Alien Page**

➤ **Refugees—04 on Alien Page**

➤ **Asylees—05 on Alien Page**

➤ **Battered Aliens**

➤ **See BC 4.3.4 and FS 3.12.1.1 for processing details**

40 Work Quarters

- Legal permanent resident non-citizens who have worked for 40 qualifying quarters are eligible for FoodShare. There is no time limit on this category of eligibility.
- A qualifying quarter includes:
 - One worked by a parent of a non-citizen before the immigrant reached his or her eighteenth birthday, including those quarters worked before the non-citizen was born;
 - One worked by a spouse of a non-citizen during their marriage if the non-citizen remains married to the spouse or the spouse is deceased.

- Each person in the applying food unit is considered an applicant. Therefore, each spouse can claim the quarters of the other spouse, and the children can claim the quarters worked by their parents. An individual can only earn four quarters per year. If both spouses worked in the same quarter, this would count as one quarter – an individual cannot earn two quarters in the same quarter.
- Count both qualifying quarters of work covered by Title II of the Social Security Act, and qualifying quarters of work not covered by Title II. Beginning 1/1/97, a quarter in which the immigrant received federal means-tested assistance is not counted as a qualifying quarter.
- Use mainframe screen DXQR to request a history and DXQC to view the request a few days later.

DXQR

QUARTER COVERAGE REQUEST

01/31/20 11:08

XDA681 P UNGER

SSN: _

LAST NAME

MIDDLE INITIAL

FIRST NAME

DATE OF BIRTH: _ _ _

SEX: _

CATEGORY OF ASSISTANCE: _

NEXT TRAN: _

PARMS: _____

Dreamers / Deferred Action

- **Individuals under age 31 in 2012 who entered the US without documentation prior to age 16 and meet other immigration rules pertaining to criminal charges, schooling, military**
- **Will receive a work permit, SSN**
- **Eligible only for EMA or BC Prenatal**
- **NO FS ELIGIBILITY**
- **In the process of being phased out.**

BadgerCare Plus Prenatal

- **Pregnancy coverage for immigrants ineligible for regular BC+ based on immigration status.**
- **60 day Emergency BadgerCare extension period beyond end of pregnancy.**
- **Special considerations if immigrant has current coverage under other health insurance.**
- **Eligibility begins in month of pregnancy report; no backdating. EMA can be backdated for those needs.**

Newborn Adds for BC+ Prenatal

- **End date pregnancy on Pregnancy Page but DO NOT end date page**
- **Build a newborn page**
 - **Mark Y to *Was this child's mother eligible for any non-CARES MA at the time of the child's birth?***
 - **Choose Categorically Needy in response to *If yes above, was eligibility categorically or medically needy?***

Newborn Adds for BC+ Prenatal (continued)

- **Update AP page, creating referral to CS as appropriate**
- **Continue through the person add driver flow**
- ****Change program request dates to DOB for newborn** Be careful that there is not a pending FoodShare application.**
- **Answer the “non-CARES MA” question as Y**
- **Make sure newborn opens as MAGB**
- **Run with dates backwards to open from DOB forward**
- **Supplement FS as appropriate**
- **Complete AEMA 60 day manual extension in Fwd Health for mother. The interface is supposed to take care of this for you.**

Navigation Menu

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Newborn

Cancel

Effective Period

* Begin Month: / End Month: / Last Updated:

Delete Reason:

Details

* Individual:

* Was this child's mother eligible for any non-CARES MA at the time of the child's birth?

If yes to above, was eligibility categorically or medically needy?

* Has this child been continuously living with his/her mother since birth?

Enter New Begin Month: /

Individual Updated on or before / /

Cancel

SSN Requirements for Newborns

- **Do not require SSN for CEN(s) for BadgerCare Plus coverage (SSN due after child turns 13 months old)**
- **SSN due before child turns 6 months old for CTS**
- **All individuals requesting FoodShare must provide an SSN or be willing to apply for one, unless the person refuses to obtain one for religious reasons or the individual is a child younger than 13 months old.**
- **If an application for an SSN has been filed with SSA, the member must provide the SSN to the agency by the time of the next FoodShare renewal, or eligibility will be terminated. In addition, if eligibility for another program pends for provision of an SSN and the SSN application date on file is six months old or older, eligibility for FoodShare will also pend.**
- **SSN or proof that client has applied for SSN for child NECESSARY for CC**

EMA

Emergency Medical
Assistance for Immigrants

A decorative graphic consisting of a solid teal horizontal bar that spans the width of the page. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including teal and white, creating a layered, stepped effect.

Who Qualifies for EMA?

- Documented immigrants who have not been in the US for at least 5 years
- Undocumented immigrants
- **US CITIZENS ARE NOT ELIGIBLE FOR EMA or EMERGENCY ONLY SERVICES**

Two Categories of Eligibility

BadgerCare Plus Family

- Children
- Parents/Caretakers
- Pregnant women
 - YEOHCs

Single Adults are not eligible unless disabled.

EBD

- Must meet EBD requirements of age (65) or disability
- Requires MADA if not already determined disabled

Non-Financial Eligibility

- The only failure code in CWW will be 039 (immigration status), which will be found in the non-financial category on the Eligibility Summary screen
 - Client must be elderly, disabled, pregnant, a minor child, or caretaker of a minor child.
 - Single adults are not eligible unless found disabled.
 - If they claim disability, an MADA must be filed.
 - For EBD categorical eligibility, must verify assets.
- * * It is **NOT** our job to verify the emergency or the need for coverage. * *

Manual Program

- All new certifications for EMA/Emergency Services Only coverage are manual certifications (F10100, formerly 3070s).
- If a client has a previous record in Forward Health, you can build off that and complete an electronic certification.
- AE is certification code used.
- If a client has no previous record, fax in the 3070 request using the CARES assigned MA ID number.
- Authorize for period of emergency only, 1 year for dialysis or asthma patients.

Deeming Income for FoodShare

- **When an ineligible immigrant is part of a household, their income is deemed to the household**
- **Take their income, subtract a 20% earned income deduction, and then divide by the number of total people in group, then multiply by the number of eligible members**
- **Shows on budget pages/CWW does the math for you**

Refugees

- **Eligible for both FS and MA**
- **Special Considerations**
 - **An immigrant admitted as a Refugee or Asylee may remain eligible for BC+ even if their immigration status later changes.**
 - **Please apply for a Social Security Number online with the client if they are in the office.**
 - **Must use CWW or SAVE to verify immigration status. CWW works only for medical cases.**
 - **NOTE: if client just arrived, SAVE might not be updated yet.**
 - **Alien page code for Refugees is 04.**
 - **Alien page code for Asylees is 05.**

Refugees (continued)

- **Other Considerations (Dane County)**
 - **Client will have an appointment with W2 for Refugee Cash Assistance (RCA).**
 - **RCA payment will need to be manually budgeted on IM case as does not update in system—W2 worker will give you this information.**
 - **Please e-mail unger.paul@danecounty.gov so that he can pull the case into his caseload.**

Refugees (continued)

➤ **Special considerations**

- **If multiple individuals from same family (adults) apply, make sure to check if in same HH and PPE together.**
 - **They may receive multiple RCA payments, but be ONE FS group.**
 - **So, individual cases for MA, and all together for FS, if applicable.**

VERIFICATION

- **May use SAVE to verify immigration status for documented non-citizens. Can use CWW to verify if HealthCare is requested.**
- **Client may provide immigration paperwork OR their numbers for use in accessing CWW or SAVE for verification.**
- **Passports, I-94's, Alien Cards or documents from INS may work.**
- **ALWAYS enter code from SAVE on Alien Page, use SV for verification code. If run in SAVE, print and send the results to scan.**
- **Cuban and Haitian entrant response must go through SAVE. You will need a document to submit.**
- **Documents will be needed for secondary verification.**

https://prd.cares.wisconsin.gov/ - CARES Worker Web - Immigrant / Refugee Information - Internet Explorer

CARES Worker Web User ID: XDA681 User Name: P UNGER Quick Select: CASE/RFA Go Help Logout

PRODUCTION Primary Person: PRECIOUS COLEMAN 21F PP Case: 1162261111 Status: Open Mode: Ongoing 04/03/2019

▶ Action Items (3) ▶ Documents (0) ▶ Discrepancies (0) ▶ Work Items (0)

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 - Employment
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 - BC+ Tax Deductions
 - Expenses

Immigrant / Refugee Information Cancel [] Reset []

Immigrant / Refugee Information

Effective Period

* Begin Month: MM / YYYY End Month: MM / YYYY Last Updated:

Delete Reason: [] []

Individual Information

* Individual: []

Immigrant Document Information

Document Type: [] Verify []

Immigration Results

Elig. Statement: I-551 (Permanent Resident Card)
I-571 (Refugee Travel Document)
I-766 (Employment Authorization Card)
I-94 (Arrival/Departure Record)

Lawful Presence: I-94 (Arrival/Departure Record)in Unexpired Foreign Passport
Machine Readable Immigrant Visa (w Temporary I-551 Language)
Naturalization Certificate
Temporary I-551 Stamp (on passport or I-94)
Unexpired Foreign Passport

Additional Information

* Registration Status: []
Default []
Document not Provided []
Undocumented []

* Country of Origin: [] from SAVE: [SAVE Website](#)

Date Status Granted: MM / DD / YYYY []

Arrival Date: MM / DD / YYYY []

* Does individual have an Employment Authorization Document: []

* Does individual have a sponsor? []

Continuously present in US since before 8/22/96? []

Verification: []

* Did individual meet the work quarters? []

Verification: []

* Has this person met military service requirements? []

Verification: []

* Is the Individual an adult member (born prior to 05/08/1975) of Hmong or highland Laotian tribe, or spouse or unremarried surviving spouse of the member? []

* Is the Individual unmarried dependent child of Hmong / highland Laotian tribe or dependent is under 18 years or full time student and under age 22? []

Health Care Reasonable Opportunity Period

As you can see, there are quite a few different codes. Each code has its own questions to complete. You also need all of the requested information for each code. It will not work without everything requested. So, unless you have the document, front and back, you may want to use SAVE...

Applicant Information and Requested Benefits

*First Name ⓘ *Last Name ⓘ Middle Name ⓘ

ex. Susan ex. Hernandez Diaz ex. Rose

Given Name Family Name or Surname

*Date of Birth ⓘ

ex. MM/DD/YYYY

*Please select all the benefits the applicant is requesting.

Medical Driver License Food Stamps Commercial License Energy Assistance Airport Badges Military Service

NINETEEN LETTER NAME Required

Please fill out as many enumerators as are available to you. The more information provided, the higher chances of returning a verification result on initial verification.

Alien Number ⓘ

ex. 123456789

SEVIS Identifier ⓘ

ex. 1234567890

I-94 Number (I-94#) ⓘ

ex. 12345678911

Passport Number ⓘ

ex. 12EJ3456789

Naturalization/Citizenship Number ⓘ

ex. S1234567

Step 2: Enter Information & Select Benefits

Enter all applicable information in the initiate case form. First Name, Last Name, Date of Birth, at least one enumerator, and a benefit selection are all required.

Unlike previous versions of SAVE, the updated system will be enumerator-based, rather than document-based. This means you may

Alien Number ⓘ

2344

Alien Number must be 8 or 9 digits.

SEVIS Identifier ⓘ

3456324565

I-94 Number (I-94#) ⓘ

34567890987

send as many enumerators as are available, regardless of document type, which increases the chance of receiving an affirmative response at initial verification. Additionally, we removed the expiration date field because it is no longer required when creating a case.

Some primary enumerators (A-Number, I-94 Number, and, Passport Number) have conditional fields where you can enter additional enumerators that you may have.

If the system cannot confirm a status, the system returns “Institute Additional Verification” in a yellow box, prompting you to escalate the case to a manual verifier to determine applicant status.

SAVE Response



Institute Additional Verification

SAVE was unable to verify the applicant's status on electronic initial verification. There may have been an issue electronically locating the records or additional verification may be required due to conflicting data or the nature of the applicant's status. This is not a final response and should not be used to determine benefit eligibility. Please Institute Additional Verification so SAVE can conduct more research and return the correct status.

Additional Information

Case Verification Number

201911309244VN

Special Comments

Enter any additional comments here

You may enter up to 400 characters

Additional Requests

- Citizenship Status
- Cuban/Haitian Entrant
- Cuban/Haitian Immigration Details
- Fraud
- Immigration Status Details
- Immigration Status as of 8/22/1994
- VIKRA

Upload a document

Drag file to upload

or

Upload File

Agency Submitted Details

Full Name

etofrstg@QouUT etoelastXXXBGoKJ

Date of Birth

01/09/1934

Alien Number

999123124

Document Description

Other

Requested Benefits

Driver License

Agency Requests

Affidavit of Support EAD

Institute Additional Verification

Close Case

Close and Start New Case

- You will see the above message if SAVE can not identify the individual based on the information submitted.
- You will need to upload the documents that you have received.
- The documents will be examined and the answer will be entered in SAVE.
- The worker will need to check SAVE in a few days for the response.



Additional Information

Case Verification Number

2018177163907YY

Special Comments

Enter any additional comments here

You may enter up to 400 characters

Additional Requests

Cuban/Haitian Entrant

Upload a document

Drag file to upload

or

Upload File



Institute Additional Verification

Agency Submitted Details

Full Name

Date of Birth

Alien Number

Document Description

Requested Benefits

Medicaid

- The client's information will appear in the gray box on the right.
- Any comments or concerns can be entered in the box marked "Special Comments."
- Save whatever paperwork that you want to upload to your computer.
- Click "Upload File" and it will take you to the documents in your computer.
- Click the file and it will appear in the "Drag File to Upload" box.
- Hit "Institute Verification."
- Check back a few days later for your result.



WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-10110 (03/2018)

MEDICAID / BADGERCARE PLUS ELIGIBILITY CERTIFICATION

MAE

INSTRUCTIONS: Fax both sides of the completed form to 808-221-8815 or mail to ForwardHealth, Eligibility Unit, PO Box 7638, Madison, WI 53707.

SECTION 1 – AGENCY CONTACT INFORMATION

Agency Number []	Site Code []	Worker ID []
Worker Contact Information Name: [] Phone: []		I need but unable to process in: <input type="checkbox"/> CARES <input type="checkbox"/> Portal <input type="checkbox"/> WISACWIS

SECTION 2 – CASE HEAD/PRIMARY PERSON INFORMATION

Name (last, first, MI) []		Member ID []
CARES Case Number []	Residence County []	
Mailing Address. Same as Residence Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In Care of []		In Care of []
Street Address (or P.O. Box if mailing address) []		Street Address []
City []	State []	Zip Code []
City []	State []	Zip Code []

SECTION 3 – CASE MEMBER(S)

1. Name (last, first, MI) []		Member ID []
SSN <input type="checkbox"/> New <input type="checkbox"/> Change []	Date of Birth <input type="checkbox"/> New <input type="checkbox"/> Change [] (mm/dd/ccyy)	Gender []
Eligibility From Date [] (mm/dd/ccyy)	Eligibility To Date [] (mm/dd/ccyy)	Med Stat []
Cancel Date [] (mm/dd/ccyy)	Date of Death <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove [] (mm/dd/ccyy)	
2. Name (last, first, MI) []		Member ID []
SSN <input type="checkbox"/> New <input type="checkbox"/> Change []	Date of Birth <input type="checkbox"/> New <input type="checkbox"/> Change [] (mm/dd/ccyy)	Gender []
Eligibility From Date [] (mm/dd/ccyy)	Eligibility To Date [] (mm/dd/ccyy)	Med Stat []
Cancel Date [] (mm/dd/ccyy)	Date of Death <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove [] (mm/dd/ccyy)	
3. Name (last, first, MI) []		Member ID []
SSN <input type="checkbox"/> New <input type="checkbox"/> Change []	Date of Birth <input type="checkbox"/> New <input type="checkbox"/> Change [] (mm/dd/ccyy)	Gender []
Eligibility From Date [] (mm/dd/ccyy)	Eligibility To Date [] (mm/dd/ccyy)	Med Stat []
Cancel Date [] (mm/dd/ccyy)	Date of Death <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove [] (mm/dd/ccyy)	

Waiver Cost Share

Waiver Cost Share Group B Waiver Cost Share Group B Plus

MAE

Begin Date	End Date	Amount
____ (mm/dd/yyyy)	____ (mm/dd/yyyy)	____

Institutional Medicaid Liability

Institutional Patient Liability

Begin Date	End Date	Amount
____ (mm/dd/yyyy)	____ (mm/dd/yyyy)	____

Premium Owed

BadgerCare Plus Medicaid Purchase Plan

Begin Date	End Date	Amount
____ (mm/dd/yyyy)	____ (mm/dd/yyyy)	____

Note: Cost share, liability, and premium amounts cannot be increased retroactively. Timely notice must be given when any of these increases.

Comments

I certify that this certification represents the official authorized action of the Wisconsin Department of Health Services in accordance with Wis. Stat. §§ 49.95, 49.96, 49.47, and 49.665.

SIGNATURE – Person Submitting This Certification

Date Signed

OPERATIONS MEMO 19-J3

- The purpose of the Ops Memo was to correct certain errors in the verification of citizenship, identity and immigration status.
- Once verified, these three things should not be verified again. Do, however, make sure that we have whatever CARES is coded with.
- We will need to reverify immigration status at review for children, youths and pregnant women coded 20 (Lawfully Residing).
- We will also need to verify any reported changes in an immigrant's status.
- The reverification should only occur at application, renewal or a report that indicates someone may no longer be lawfully residing.
- If an individual has declared a registration status of 09-Undocumented or 10-Illegal Alien, workers should enter a registration status verification code of NV-Not Verified. This verification code will not result in a verification-related failure on the Notice of Decision or the Pending/Not Verified page. NQ has been disabled.

Reasonable Opportunity Period (ROP)

- Applicants otherwise eligible for health care and for whom immigration status has not yet been verified will be granted up to 95 days of eligibility to allow a reasonable opportunity period for verification of immigration status.
- This includes verification of information needed to determine their eligibility as a qualifying immigrant, such as military service or the date of arrival in the U.S.
- The reasonable opportunity period applies to any individual requesting health care benefits at application or renewal, or when adding an individual to a health care case and verification is needed of the person's immigration status - if that individual has provided a declaration of satisfactory immigration status.

- Applicants otherwise eligible for health care and for whom immigration status has not yet been verified will be granted up to 95 days of eligibility to allow a reasonable opportunity period for verification of immigration status.
- Please see a lead or contact the Problem Resolution Team if you have questions.