



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

INFORMATIONAL LETTER

TRANSMITTAL: 08 OHIP/INF-2

DIVISION: Office of Health
Insurance Programs

TO: Commissioners of Social Services

DATE: January 28, 2008

SUBJECT: Social Security Numbers for Immigrants

SUGGESTED

DISTRIBUTION: Medical Assistance Directors
Temporary Assistance Directors
Staff Development Coordinators
Legal Staff
Fair Hearing Staff

CONTACT PERSON: Local District Liaison
Upstate: (518) 474-8887
NYC: (212) 417-4500

ATTACHMENTS: Attachment I: Social Security Administration Letter for
Immigrants Eligible for Federal Benefits

Attachment II: Social Security Administration Letter for
Immigrants Eligible for State Medicaid

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref	Misc.Ref
03 GIS MA/008 04 OMM/ADM-7 06 OMM INF-5 07 GIS MA/010	Attachments A-1 and A-2 of 04 OMM/ADM-7	18 NYCRR §360-3.2(j)	42 U.S.C. §1320b-7 42 C.F.R. §435.910		

This Informational Letter (INF) clarifies the Department's policy regarding social security number (SSN) requirements for immigrants applying for Medicaid and Family Health Plus (FHPlus) benefits. It also provides formats for two letters that social service districts must send to the federal Social Security Administration (SSA) to request SSNs for immigrants who are not authorized to work in the U.S. and who the districts have determined are otherwise eligible for federal or State Medicaid. Additionally, this INF introduces a new SSN Validation Code "N" (State Benefit Eligible Alien).

Eligibility Requirements

As part of the eligibility process for Medicaid and FHPlus, an applicant must provide or apply for an SSN.

With certain exceptions, each member of a household who is **applying** for Medicaid or FHPlus must provide or apply for an SSN. Exceptions from the requirement to furnish or apply for an SSN include pregnant women, who do not have to furnish or apply for an SSN. This exemption applies for the duration of the pregnancy and ends on the last day of the month in which the 60th day following the end of the pregnancy occurs. Immigrants who are applying for Medicaid only for the treatment of an emergency medical condition also do not have to furnish or apply for an SSN. This applies to undocumented aliens as well as temporary non-immigrants, such as visitors, students and certain others, who are lawfully admitted to the U.S. for a temporary period of time. Additionally, children under the age of one-year who are born to mothers in receipt of Medicaid are not required to provide an SSN until they turn one-year old. All other immigrants must furnish their social security number, if they have one, or apply for a social security number, if they do not have one [See 18 NYCRR §360-3.2(j)(3)(i)(b), effective April 4, 2007]. This rule applies to adult immigrants as well as immigrant children.

Federal and State Benefits

As of March 1, 2002, SSA stopped assigning SSNs to immigrants lawfully residing in the United States who did not have USCIS work authorization. These immigrants will not have an I-688B or an I-766 Employment Authorization Document (EAD). Although these immigrants are not authorized to work, they may apply for a social security number for a valid non-work reason. If an immigrant does not have permission from the USCIS to work in the United States, the immigrant may apply for an SSN only if:

- A federal law requires the qualified immigrant to have an SSN in order to receive a federally-funded benefit, including federal Medicaid, to which the immigrant has otherwise established eligibility; or
- A state law requires the immigrant to have an SSN in order to receive a state Benefit (such as State Medicaid) for which the immigrant is otherwise eligible. New York State law requires immigrants to furnish their SSN or provide documentation that they have applied for a SSN (18 NYCRR §360-3.2(j)).

Date: January 28, 2008

Trans. No. 08 OHIP/INF-2

Page No.3

The Department has developed formats for two letters for social services districts to use when requesting SSNs for immigrants who lack work authorization but are otherwise eligible for federal or State Medicaid (see Attachments I and II).

Previously, districts were directed in 04 OMM/ADM-7 to provide immigrants with a letter (Attachment A-1) on agency letterhead that would inform SSA that the named immigrant met all the eligibility requirements for Medicaid, except for possessing an SSN. **This letter is being replaced and must no longer be used.**

Districts were also directed in 04 OMM/ADM-7 to provide immigrants with an attestation form (Attachment A-2) that allowed immigrants to attest to their effort to apply for a Social Security Number. Immigrants who have applied for and been denied an SSN must provide the district with written proof from SSA that they have been denied. **Immigrants are no longer allowed to attest to their effort to obtain an SSN. Attachment A-2 of 04-OMM/ADM-7 must no longer be used.**

Note: Special rules apply to aliens who are class members in M.K.B. et al. v. Eggleston, Doar and Novello, and who apply for public assistance benefits at New York City Job Centers.

Aliens with Work Authorization but no SSN

Aliens with work authorization who lack an SSN are required to apply for a Social Security Number and card. However, the alien may work while the Social Security Number application is being processed. If the alien only needs a number for tax purposes they must apply for an Individual Taxpayer Identification Number (ITIN) with the Internal Revenue Service). The ITIN is a tax processing number and should not be considered as an equivalent to an SSN. For the purposes of Medicaid eligibility, aliens with work authorization must provide or apply for an SSN.

Aliens without Work Authorization

Local districts must provide immigrants with a letter(s) addressed to SSA for those immigrants without work authorization who appear to meet all eligibility requirements for federal or State benefits, except for the SSN requirement. The district must provide this letter to **each** immigrant who lacks work authorization and who is otherwise eligible for federal or State-funded Medicaid and advise the immigrant to submit the letter to the Social Security Administration along with the social security number application (SS-5). The district must also assist the immigrant with the social security number application.

The required letter formats are as follows:

Attachment I: Social Security Administration Letter Format for Immigrants Eligible for Federal Benefits

Districts must use the format of this letter to request an SSN for a qualified immigrant who lacks work authorization but who the district has determined to be eligible for federal Medicaid except that he or she does not have an SSN. (See 06 OMM INF-5, issued December 6, 2006, and titled "Eligibility for Federal Medicaid Based on Immigration Status and Required Documentation," for a full listing of the categories of qualified immigrants who are eligible for federal Medicaid).

Attachment II: Social Security Administration Letter Format for Immigrants Eligible for State Medicaid

Districts must use the format of this letter to request an SSN for an immigrant who lacks work authorization but who the district has determined is eligible for State Medicaid except that he or she does not have an SSN. Immigrants eligible for State Medicaid include qualified immigrants who are subject to the "federal five year ban"; that is, they are not eligible for federal Medicaid until they have resided in the U.S. with a qualified status for five years. These immigrants include lawful permanent residents, immigrants who have been battered or subjected to extreme cruelty in the U.S., parolees admitted to the U.S. for at least one year and conditional entrants. In addition, immigrants who are "Permanently Residing in the U.S. Under Color of Law" ("PRUCOL") are also eligible for State Medicaid (See 06 OMM INF-5, pages 12 to 17).

Note: Each immigrant in a household who is applying for Medicaid, or FHPlus, who also needs to apply for an SSN, must be provided a separate letter for the SSA.

Each letter addressed to SSA must be an individual-specific letter written on the district's letterhead/stationary that states the specific benefit(s) to which the immigrant has otherwise established eligibility, except for the possession of an SSN. SSA will not accept form letters.

Immigrant applicants or recipients applying for an original social security card may be issued a receipt (SSA-5028 Receipt for Application for a Social Security Number) by the local SSA office. If the applicant or recipient has not provided the local districts with his/her SSN within four months of applying for an SSN, the district must contact the applicant/recipient to determine if an SSN was issued. Upstate districts should use Anticipated Future Action Code 327 (Follow-up on Application for SSN) to monitor compliance with this requirement. The district **must not deny or delay** the Medicaid application pending issuance of the social security number. If the immigrant has applied for a SSN, but the SSN has not yet been issued, the district must authorize the immigrant for federal or State Medicaid, as appropriate, if he or she is otherwise eligible.

If an immigrant furnishes an SSN, the immigrant is not initially required to document that the SSN is correct. However, the district must continue to confirm that the SSN provided is correct by validating the number through the Welfare Management System (WMS) SSN Validation process. If the SSN does not validate through this process, the immigrant must then provide documentation of the SSN. If the immigrant is unable to document the social security number, Medicaid or FHPlus benefits may be discontinued or denied.

When an immigrant's application for an SSN is denied because of his/her immigration status (i.e., PRUCOL), there is no SSN reapplication requirement at recertification for State Medicaid benefits. The immigrant must furnish the district with documentation from SSA that indicates his or her application for a social security number was denied. An immigrant who applies for a social security number, but is denied based on his or her immigration status, has fulfilled his or her responsibility and may receive Medicaid, FHPlus or provided he or she remains financially and otherwise eligible.

If the individual's immigration status changes, district workers should advise the immigrant, at recertification, of the need to reapply for an SSN to be eligible for benefits. Attachment I and/or Attachment II of this INF should be provided to the immigrant to bring to the local SSA field office when a change in immigration status has occurred and it appears that the individual will meet all other eligibility requirements for benefits.

Additional Information:

District workers should refer to the WMS Code cards when verifying/data entering the SSN Validation Codes. District workers should use SSN Code 2 (SSN APPLIED FOR) when immigrants provide proof of application for an SSN. For immigrants who are denied an SSN by SSA solely due to their immigration status, districts should use SSN code "N" (State Benefit Eligible Alien).

Social Security Number Codes--(SSN) For WMS Data Entry

- A Validation Failed: SSN Not on SSA File
 - B Validation Failed: No Match on Name
 - C Validation Failed: No Match on DOB and Sex
 - D Validation Failed: No Match on DOB
 - E Validation Failed: No Match on Sex
 - N State Benefit Eligible Alien**
 - X SSN SSA Validation/Deceased
 - 1 SSN Present
 - 2 SSN Applied For
 - 3 SSN Applied For and Denied
 - 4 SSN Not Applied For
 - +7 SSN SSA Input
 - +8 SSN SSA Validation
 - +9 SSN Failed SSA Validation
- (+) can be data-entered or system generated

Date: January 28, 2008

Trans. No. 08 OHIP/INF-2

Page No.6

Social Security Validation Code "N"- "State Benefit Eligible Alien" has been added to the list of valid Social Security Validation Codes. SSN Validation Code "N" will be used to identify an applicant or recipient who has met all the eligibility requirements but was denied by SSA solely due to their immigration status. This new code is only valid with ACI codes B, S, G, T, or O. An entry with an invalid ACI code will generate the following error:

1372 - SS CODE IS INVALID FOR ACI CODE

The new SSN Validation code of "N" is allowed only with Case Type 16, 17, 20, 21, 24, 31, or 32. An entry with an incorrect Case Type will generate the following error:

1208 - SS CODE INVALID FOR CASE TYPE

The new Validation Code "N" will not be included in the SSA validation process and will be worker entered only. Validation code N will only be allowed if the prior validation code was "blank", "2", "3" or "4". Attempts to change any other prior entry to an "N" will generate the following error:

1211 - SS CODE NOT ALLOWED WITH PRIOR SS CODE

Deborah Bachrach
Deputy Commissioner

Attachment I (Federal Benefits)

(DRAFT) LOCAL DISTRICT LETTERHEAD

Date:

Case Number:

Case Name:

(Address of Local Social Security Office)

Dear Social Security Administration:

Pursuant to Federal law, a Social Security Number is an eligibility requirement for the receipt of Federal public benefits. (42 U.S.C. §§ 1320b-7(a)(1), (b)(1), (b)(2), (b)(4))

_____ has been deemed
(Immigrant's Name) (Date of Birth) (Sex (M/F))

otherwise eligible for benefits under one or all of the following Federal Assistance Programs:

- Temporary Assistance for Needy Families (42 U.S.C. 601 et seq.)
- Food Stamps (7 U.S.C. 2011 et seq.)
- Medicaid (42 U.S.C. 1396 et seq.)

Please assign a Social Security Number to _____ as the applicant has met all the
(Immigrant's Name)

eligibility requirements for _____,
(List the Federal Assistance Program(s) above in which Applicant Qualifies)

except for the possession of a Social Security Number.

If you have any questions regarding this request, you may contact _____

at _____.

Sincerely,

(Name)

(Title)

Attachment II (State Medicaid)

(DRAFT) LOCAL DISTRICT LETTERHEAD

Date:

Case Number:

Case Name:

(Address of Local Social Security Office)

Dear Social Security Administration:

Pursuant to New York State law, all applicants must provide or apply for a Social Security Number for receipt of New York State Medical Assistance [18 N.Y.C.R.R. § 360-3.2(j)].

Please assign a Social Security Number to _____
(Immigrant's Name) (Date of Birth) (Sex - M/F)

as the applicant has met all the eligibility requirements for State Medical Assistance, except for the possession of a Social Security Number.

If you have any questions regarding this request, you may contact _____

at _____.

Sincerely,

(Name)

(Title)