



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JON S. CORZINE
Governor

CLARKE BRUNO
Acting Commissioner

ANN CLEMENCY KOHLER
Director

MEDICAID COMMUNICATION NO. 06-08

DATE: November 21, 2006

TO: CWA Directors
ISS Area Supervisors
Statewide Eligibility Determination Agency

SUBJECT: Revisions to Medicaid Communication # 06-05
Medicare Beneficiaries Exempt from Citizenship Documentation
and Certification Format for Identity Requirement Under the
Deficit Reduction Act (DRA)

As you are aware, the Deficit Reduction Act requires that, as of July 1, 2006, all U.S. citizens and nationals applying for, or renewing, Medicaid coverage to provide documentation of their citizenship status.

Medicaid Communication # 06-05 sets out the groups of individuals who are exempt from this requirement. Please note that in addition to those groups of individuals, **Medicare** beneficiaries are also exempt from the citizenship documentation requirement. Therefore, it is important photocopies of the applicant's Medicare card should be retained in the case record as evidence that additional citizenship documentation is not required.

Also, enclosed is the Certification Format for Identity Requirement under the DRA. This certification needs to be completed by the parent or guardian if they do not have the required identity documents for their child(ren) when applying for Medicaid or NJ FamilyCare.

Should you have any questions, please contact your field representative assigned to your county at 609-588-2556.

Sincerely,

A handwritten signature in black ink that reads "Ann Clemency Kohler".

Ann Clemency Kohler
Director

ACK:p
Enclosure

C: Fred M. Jacobs, M.D., J.D., Commissioner
Kathleen M. Mason, Assistant Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Greg Fenton, Acting Director
Division of Developmental Disabilities

William Ditto, Director
Division of Disability Services

Kevin Martone, Assistant Commissioner
Division of Mental Health Services

Eileen Crummy, Director
Division of Youth and Family Services

Certification Format for Identity Requirement under the DRA

Certification of Identity

I, _____, hereby certify to the following statements:
(name of parent or guardian)

1. I am the parent or guardian of _____

(names of children as they appear on their birth certificates)

2. _____ was born on _____ in _____.
(Name of child #1) (date of birth) (place of birth)

_____ was born on _____ in _____.
(Name of child #2) (date of birth) (place of birth)

_____ was born on _____ in _____.
(Name of child #3) (date of birth) (place of birth)

_____ was born on _____ in _____.
(Name of child #4) (date of birth) (place of birth)

_____ was born on _____ in _____.
(Name of child #5) (date of birth) (place of birth)

_____ was born on _____ in _____.
(Name of child #6) (date of birth) (place of birth)

3. I am applying for Medicaid/NJ FamilyCare coverage for _____

(child(ren)'s name(s))

4. I have provided accurate information regarding the child(ren) on the Medicaid/NJ FamilyCare application.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment.

Signature of parent or guardian