

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is entered into by the _____ County Department of Social Services (hereafter referred to as "DSS") and _____ (hereafter referred to as "Entity").

WHEREAS federal Medicaid law at 42 U.S.C. Section 1396b(x)(1) provides that persons who declare themselves to be citizens or nationals of the United States must present satisfactory documentary evidence of citizenship or nationality;

WHEREAS federal Medicaid law at 42 U.S.C. Section 1396b(x)(3) and regulations at 42 C.F.R. Section 435.407 and Department of Health directive 08 OHIP/INF-1 specify the types of documents that are satisfactory documentary evidence of citizenship or nationality and identity;

WHEREAS federal Medicaid law at 42 U.S.C. Section 1396b(x)(4) provides that persons declaring to be citizens or nationals of the United States must be provided at least the same reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality as 42 U.S.C. Section 1320b-7(d)(4)(A)(i) and (ii) requires to be afforded to persons declaring not to be citizens or nationals of the United States;

The Entity agrees to certify seeing original or certified copies of identity and/or citizenship documents, as requested by an applicant or recipient of Medicaid/Family Health Plus. The designated employee or agent of the Entity must make photocopies of such documents and annotate on the copy the date, his or her name, and a statement that she or he saw the original or a document certified by the issuing agency. The Entity is not required to keep any documents on file. Both the original and copied documents must be returned to the applicant.

Attached to this MOU is the "Identity and Citizenship or Immigration Status Requirements for the Medical Assistance Program", form DOH-4418. The DOH-4418 is a list of documents that may be used to prove identity/citizenship. The Entity should inquire whether *any* of these documents are available to the applicant and use the most reliable, available document as proof of identity and citizenship.

The Entity and DSS agree as follows:

Information concerning Medicaid applicants and recipients, including their names and addresses, is confidential and may be used or disclosed only for purposes of establishing Medicaid eligibility or for another purpose that is directly related to the administration of the Medicaid plan, as provided by 42 U.S.C. § 1396a(a)(7), 42 C.F.R. Sections 431.200 et seq. and Social Services Law § 367-b(4).

The unauthorized release of information collected can result in termination of this agreement for violation of the confidentiality requirements cited above and in Section 136 of the Social Services Law and can result in potential legal action. The Entity must ensure that all persons designated to carry out the obligations described in this memorandum of understanding, sign a copy of the attached Confidentiality Agreement.

This MOU may be amended or terminated only by the written agreement of all parties.

Provider Representative Signature

DSS Representative Signature

Print Name

Date

Print Name

Date

Title

Title