# The Commonwealth of Kentucky kynect State-Based Marketplace



# Understanding Immigration and Eligibility Quick Reference Guide for Agents and kynectors

Kentucky's transition to a State-Based Marketplace (SBM) is pending official authorization from the Centers for Medicare & Medicaid Services (CMS). Final approval is anticipated to occur later this summer. Future updates will be shared as appropriate.

# Introduction

The **Understanding Immigration and Eligibility Quick Reference Guide** is designed to provide an overview of general immigration information as it pertains to documentation and insurance plans available as well as cover sample scenarios.

# **Table of Contents**

1.	Ge	neral Immigration Information	3
	1.1.	Immigration Status Verification	3
	1.2.	Types of Citizenship	3
	1.3.	Lawfully Present Immigrants	3
	1.4.	Lawfully Present Immigrants and Lower Costs for Insurance	3
	1.5.	Immigrant Access to Medicaid and KCHIP	4
	1.5.1.	Personal Responsibility and Work Opportunity Act	ō
	1.6.	Immigration Status and Qualified Health Plans (QHP)	3
	1.7.	Non-applicants	3
2.	Hea	alth Coverage Available to Kentucky's Immigrant Population	7
3.	Sai	nple Scenarios	7
	3.1.	Scenario 1: Rashid, Miriam, and Leila	7
	3.2.	Scenario 2: Ricky, Eva, and Karina	3
	3.3.	Scenario 3: Mei, Michael, and Lin	3
4.	Exa	amples of Documentation	9
5.	Su	bmitting Documentation1	1
6.	Ind	icating Citizenship Status in kynect12	2
7.	Un	documented Individuals (Not eligible/Not qualified immigrants)1	5
8.	Ad	ditional Resources1	5

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# General Immigration Information

# 1.1. Immigration Status Verification

Citizenship or valid U.S. immigration statuses are eligibility factors required by law for enrollment in government funded health programs. An Individual's immigration status is verified through an electronic immigration status verification system, also known as SAVE, when possible. If the data cannot be confirmed by electronic matches, then the Individual must submit appropriate verification documents.

# **1.2. Types of Citizenship**

There are two types of citizens: naturalized citizens and derived citizens.

# Naturalized Citizen

• An Individual who was not born in the U.S. nor acquired U.S. citizenship automatically through their relationship to a U.S. citizen.

# **Derived Citizen**

• An Individual who derives U.S. citizenship through their relationship to a U.S. citizen by operation of law.

# 1.3. Lawfully Present Immigrants

- i. In order to enroll in Qualified Health Plans (QHPs) on kynect health coverage, an Individual must be a U.S. citizen or be lawfully present in the United States.
- ii. The term "lawfully present" includes immigrants who have:
  - a. "Qualified" immigration status with a waiting period
  - b. "Qualified" immigration status without a waiting period (see <u>Section 1.5.</u> for additional information)
  - c. Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking)
  - d. Valid non-immigrant visas
  - e. Legal status conferred by other laws (temporary Resident status, LIFE Act, Family Unity Individuals)

# 1.4. Lawfully Present Immigrants and Lower Costs for Insurance

i. If an Individual is a lawfully present immigrant, then they are eligible to enroll in QHPs on kynect health coverage. They may also be eligible for lower costs on monthly premiums and lower out-of-pocket costs based on their income.

# 1.5. Immigrant Access to Medicaid and KCHIP

- i. There are "qualified" and "not qualified" immigrants.
- ii. Individuals who are "qualified immigrants" are generally eligible for Medicaid in Kentucky and Kentucky Children's Health Insurance Program (KCHIP) coverage if they meet the income eligibility rules.
- iii. The term "qualified immigrant" includes:

Lawful Permane (LPR/Green C		As	ylees	Re	fugees
Cuban/Haitia	n entrants		the U.S. for at one year		entrant granted re 1980
Battered nor spouses, childre		their spouse, parent or inc pending ap	rafficking and child, sibling, or lividuals with a plication for a afficking visa		vithholding of ortation
	Member of recognized Ir American Inc Cana	idian tribe or dian born in	Islands, Mic Palau who ar of the U.S territories (r Compact of Fr	the Marshall cronesia, and re living in one S. states or eferred to as ree Association migrants)	

# 1.5.1. Personal Responsibility and Work Opportunity Act

The Personal Responsibility and Work Opportunity Act (PRWORA) contains a 5-year ban where some qualified immigrants entering the U.S. on or after August 22, 1996 are ineligible for public benefits for the first 5 years after securing the qualified immigrant status. Once an Individual meets qualified immigrant status, if the Individual is not subject to the 5-year ban and no exemption reason is met, then they may be eligible for Medicaid or KCHIP.

#### The following qualified immigrants are subject to the 5-year ban and cannot receive Medicaid (except for Emergency Time-Limited MA) until the ban has been met:

- Immigrants lawfully admitted for permanent residence ON or AFTER August 22, 1996.
- Immigrants paroled in the U.S. under Section 212(d)(5) of the Immigration and Nationality Act (INA) for a period of one year. If U.S. Citizenship and Immigration Services (USCIS) document I-94 indicates the individual will be in the U.S. for at least one (1) year, eligibility may potentially start after parolee status is granted.
- Immigrants who are verified by the Office of Refugee Resettlement (ORR) to be victims of human trafficking, and eligible relatives that have a final, non-appealable, legally enforceable order of deportation or exclusion entered against them.
- Immigrants who are battered or subjected to extreme cruelty in the U.S.

#### The following qualified immigrants are NOT subject to the 5-year ban and MAY receive Medicaid from their date of entry:

- Children under the age of 19 who meet qualified immigrant criteria OR are lawfully present.
- Immigrants lawfully admitted for permanent residence before August 22, 1996.
- Afghan and Iraqi immigrants who are granted special immigration status under Section 1059 of the National Defense Authorization Act (NDAA) of 2006 or Section 1244 of the NDAA of 2009 are treated in the same manner as refugees admitted under Section 207 of the Immigrations and Nationality Act.
- Refugees who were admitted under Section 207 of the INA and asylees who were granted asylum under Section 208 of the INA.
- Children under the Child Citizenship Act of 2000, who automatically acquire citizenship on the date that all of the following requirements are satisfied: a. At least one parent is a U.S. citizen whether by birth or naturalization; b. The child is under 18 years of age; and c. The child is residing in the United States in the legal and physical custody of the citizen parent pursuant to the lawful admission for permanent residence.
- Immigrants who are verified by the Office of Refugee Resettlement (ORR) to be victims of human trafficking, and eligible relatives.
- Immigrants granted status as Cuban or Haitian entrant (as defined by Section 501 (e) of the Refugee Assistance Act of 1980) whose I-94 is annotated with the word "refugee".
- Immigrants granted status as a Cuban or Haitian refugee who present an I551 with a category status of 'CU6' (for Cuban refugee), 'HA6' (for Haitian National paroled under Haitian Refugee Fairness Act), or 'RE6' (Refugee who entered the U.S. on or after April 1, 1980).
- Immigrants admitted as an Amerasian immigrant under Section 584 of the Foreign Operations Export Financing and Related Programs Appropriation Act of 1988 (letter coded AM-1, Am-2, AM-3, AM-6, AM-7, and AM-8).
- Immigrants whose deportation is being withheld (I-94 annotated with the words political asylees) under Section 243 (h) of the INA or after April 1, 1997, the renumbered Section 241 (b) of the INA.
- Permanent Resident immigrants who are veterans honorably discharged for reasons other than immigration status, their spouses, or unmarried dependent children.
- Permanent Resident immigrants who are on active duty, other than active duty for training in the Armed Forces of the United States and fulfills the minimum active duty service requirements established in 38 U.S.C. 5303A(d), their spouses or unmarried dependent children.
- Immigrants who are granted conditional entry pursuant to Section 203(a) (7) of the INA as in effect prior to 4/1/1980.

# 1.6. Immigration Status and Qualified Health Plans (QHP)

- i. In addition to the "qualified immigrant" list above in <u>Section 1.5.</u>, the list of "lawfully present" Individuals include:
  - Individuals with valid non-immigrant status (includes worker visas (such as H1, H-2A, H-2B), student visas, and other visas, and Residents of Micronesia, the Marshall Islands, and Palau)
  - b. Temporary Protected Status (TPS)
  - c. Deferred Enforced Departure (DED)
  - d. Deferred Action Status
  - e. Lawful Temporary Resident
  - f. Administrative order staying removal issued by the Department of Homeland Security
  - g. Resident of American Samoa
  - h. Applicant for any of these statuses:
    - Adjustment to LPR Status
    - Temporary Protected Status with Employment Authorization
    - Special Immigrant Juvenile Status
    - Victim of Trafficking Visa
    - Asylum\*
    - Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention Against Torture (CAT)
  - i. With Employment Authorization:
    - Registry Applicants
    - Order of Supervision
    - Applicant for Cancellation of Removal or Suspension of Deportation
    - Applicant for Legalization under IRCA
    - Legalization under the LIFE Act

**Exception:** Individuals granted deferred action under the Deferred Action for Childhood Arrivals (DACA) program are not eligible to enroll in Medicaid or KCHIP. They may be eligible for Emergency Time Limited Medicaid and beginning November 1, 2024 DACA individuals will be able to enroll in QHPs with APTC.

\*Applicants for asylum who have been granted employment authorization or are under the age of 14 and had an application pending for at least 180 days are eligible to enroll in kynect health coverage.

# 1.7. Non-applicants

Households can identify Individual members as non-applicants and they:

- i. Are not required to disclose their citizenship/immigration status;
- ii. Are required to enter relevant Individual information in order to determine household eligibility such as income and tax filing relationship statuses.

# 2. Health Coverage Available to Kentucky's Immigrant Population

The table below is an overview of health insurance programs available to immigrants in Kentucky.

	Refugees, Asylees and Other Humanitarian Immigrants		Immigrants" ents (Green Card Holders) Children Under Age 19	Other Lawfully Present Individuals	Undocumented Individuals	DACA Immigrants
Medicaid*	Yes	Yes, After 5 years	Yes, 5-year bar does not apply	Yes, if under 19 years old	No	No
KCHIP (Pregnant Persons)	Yes	Yes, 5-year bar does not apply	Yes, 5-year bar does not apply	Yes, if under 19 years old	No	No
KCHIP (Children)	Yes	No	Yes, 5-year bar does not apply	Yes, if under 19 years old	No	No
Time-Limited Emergency Medicaid	No	No	No	Yes, with letter from doctor/nurse stating emergency condition	Yes, with letter from doctor/nurse stating emergency condition	Yes, with letter from doctor/nurse stating emergency condition
Pregnancy Presumptive Eligibility Medicaid (PE)	Yes	Yes	Yes	Yes	Yes	Yes
Hospital Presumptive Eligibility Medicaid (PE)	Yes	Yes	Yes	No	No	No
Qualified Health Plan (QHP)	Yes	Yes	Yes	Yes	No	No, Before Nov 1, 2024 Yes, After Nov 1, 2024
Advance Premium Tax Credit (APTC)	Yes**	Yes**	Yes**	Yes**	No	No, Before Nov 1, 2024 Yes, After Nov 1, 2024**

To show how this table can be used while working with Individuals, the next section provides sample scenarios of different citizenship and immigration statuses. Review each scenario and the eligibility results to confirm your understanding of how Immigration statuses affect eligibility for health coverage in Kentucky.

# 3. Sample Scenarios

# 3.1. Scenario 1: Rashid, Miriam, and Leila

- i. Rashid and Miriam are married and live in Kentucky.
- ii. Rashid became a citizen last year.
- iii. Miriam is applying to become a Lawful Permanent Resident; Rashid submitted a visa petition for Miriam last year which was approved in February.
- iv. Leila was born in Kentucky last month and is enrolled in Medicaid.
- v. Rashid and Miriam file taxes jointly and claim Leila as a dependent.
- vi. Rashid and Miriam are applying for coverage.

Eligibility Based only on Citizenship/Immigration Status:

Individual	E	ligibility Base	ed only on Citiz	zenship/Imm	igration Stat	us
	Applying for coverage	Citizen	Immigration status	Subject to the 5 year ban	Satisfied the 5 year ban	May be eligible for:
Rashid	Yes	Yes	N/A	N/A	N/A	Medicaid or QHP Enrollment
Miriam	Yes	No	Applying for Lawful Permanent Resident; Approved Visa Petition	N/A	N/A	QHP Enrollment
Leila	No	Yes	N/A	N/A	N/A	Already enrolled in Medicaid;

# 3.2. Scenario 2: Ricky, Eva, and Karina

- i. Ricky and Eva are not married but live together with their daughter, Karina.
- ii. Ricky is undocumented and not applying for coverage.
- iii. Karina was born in Kentucky and is a U.S. citizen.
- iv. Eva has Deferred Action for Childhood Arrivals (DACA), and she plans to file federal taxes and will claim Ricky and Karina as dependents.
- v. Ricky and Eva are applying for coverage for Karina.

Eligibility Based only on Citizenship/Immigration Status:

Individual	Eligik	oility Based onl	y on Citizenshij	o/Immigration S	Status
	Applying for coverage	Citizen	Immigration status	Residency for QHP enrollment	May be eligible for:
Ricky	No	N/A	N/A	N/A	N/A
Eva	Yes	N/A	N/A	Yes	QHP APTC Enrollment beginning November 1, 2024
Karina	Yes	Yes	N/A	N/A	Medicaid, KCHIP, or QHP Enrollment

# 3.3. Scenario 3: Mei, Michael, and Lin

- i. Mei (33 years old) lives with her son, Michael (5 years old), and her father Lin (72 years old) in Kentucky.
- ii. She has been a Lawful Permanent Resident (LPR) for 6 years.
- iii. Michael is a citizen and is enrolled in his father's employer sponsored health insurance (Michael does not live with his father).
- iv. Lin has been an LPR for 2 years; he has not worked the 40 quarters and is not enrolled in Medicare.
- v. Mei will claim Michael and Lin as tax dependents.
- vi. Mei and Lin are applying for coverage.

Individual	E	ligibility Bas	ed only on Citi	zenship/Imm	igration Stat	us
	Applying for coverage	Citizen	Immigration status	Subject to the 5 year ban	Satisfied the 5 year ban	May be eligible for:
Mei	Yes	No	LPR	Yes	Yes	Medicaid or QHP Enrollment
Michael	No	Yes	N/A	N/A	N/A	N/A
Lin	Yes	No	LPR	Yes	No	QHP Enrollment

Eligibility Based only on Citizenship/Immigration Status:

# 4. Examples of Documentation

Please refer to the table below for documents that support citizenship/immigrant status information.

Required Documentation for:	Documentation Type
Immigration Status	<ol> <li>Permanent Resident Card, "Green Card" (I-551)</li> <li>Reentry Permit (I-327)</li> <li>Refugee Travel Document (I-571)</li> <li>Employment Authorization Card (I-766)</li> <li>Machine Readable Immigrant Visa (with temporary I-551 language)</li> <li>Temporary I-551 Stamp (on passport or I-94/I-94A)</li> <li>Arrival/Departure Record (I-94/I-94A)</li> <li>Arrival/Departure Record in foreign passport (I-94)</li> <li>Foreign Passport</li> <li>Certificate of Eligibility for Nonimmigrant Student Status (I-20)</li> <li>Certificate of Eligibility for Exchange Visitor Status (DS2019)</li> <li>Notice of Action (I-797)</li> <li>Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada</li> <li>Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)</li> <li>Office of Refugee Resettlement (ORR)</li> <li>Office of Refugee Resettlement (ORR)</li> <li>Document indicating withholding of removal</li> <li>Administrative order staying removal issued by the Department of Homeland Security</li> <li>Resident of American Samoa card</li> <li>Alien number (also called alien registration number or USCIS number) or 1-94 number</li> </ol>
Citizenship	<ol> <li>U.S. Passport</li> <li>Certificate of Naturalization (DHS Forms N-550 or N-570)</li> </ol>

· · · · ·	
	<ol> <li>Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)</li> </ol>
4	4. Certification of Birth issued by the Department of State (Form DS 1350,
	FS-240 or FS-545)
	5. U.S. birth certificate
	<ol><li>U.S. Citizen I.D. card (DHS Form I-197 or I-179)</li></ol>
7	<ol><li>The SAVE database confirms citizenship for naturalized citizens</li></ol>
8	<ol><li>American Indian Card, Form I-872, issued by the Department of</li></ol>
	Homeland Security with the classification code "KIC"
g	9. Final adoption decree
1	0. Evidence of Civil Service employment by the U.S. government before
	June 1976
1	1. Official military record of service showing a U.S. place of birth
	2. Northern Mariana Identification Card, Form I-873
	3. U.S. hospital birth record on hospital letterhead that was created at
	least 5 years before the initial Medicaid application date and indicates a
	U.S. place of birth
1	4. Life, Health or other insurance record showing a U.S. place of birth that
'	was created at least 5 years before the initial application date
1	15. Religious records recorded in the U.S. within three months of the birth
	6. Early school records
	7. Birth records of citizenship filed with Vital Statistics within five years of
	the birth
1	8. Federal or State census record showing U.S. citizenship or a U.S.
	place of birth for persons born 1900 through 1950. The applicant or
	· · · · · · · · · · · · · · · · · · ·
	worker completes Form DC-600, Application for Search of Census
	Records and Proof of Age. In remarks, state U.S. citizenship data
	requested for Medicaid eligibility. This form is on the U.S. Census
	website at <u>http://www.census.gov</u>
1	19. Institutional admission papers from a nursing home, skilled nursing
	care facility or other institution that was created at least 5 years before
	the initial Medicaid application date and indicates a U.S. place of birth
2	20. A medical (clinic, doctor, or hospital) record created at least 5 years
	before the initial Medicaid application date that indicates a U.S. place of
	birth unless the application is for a child under age 5
2	21. Indian tribal records. Forward this type verification to the Medical
	Support and Benefits Branch for approval by the Department for
	Medicaid Services
2	22. Notarized statements may be accepted for citizenship verification only
	when no other documentation is available. Naturalized citizens are
	permitted to utilize this process as well. Procedures are as follows:
	Written notarized statements MUST be signed under penalty of
	perjury, from two Individuals of which only one can be related;
	<ul> <li>These two Individuals MUST have personal knowledge of</li> </ul>
	the events establishing the applicant's claim of citizenship.
	At least one statement must contain information regarding
	why other documentation is not available;
	<ul> <li>The person signing the notarized statement must provide</li> </ul>
	proof of their own citizenship and identity.
	proof of their own outlenship and luchtity.

**Please note:** If Individuals need help finding serial numbers or information on the document, check on the back of the document. Some older documents may not list serial numbers. Please refer to section 5 for more information on submitting documentation.

# 5. Submitting Documentation

If verification with SAVE or other data sources fails, Individuals might be required to submit verification documents. When submitting the documentation, the Individual may choose any of the following options:

- i. Online (encouraged method)
  - kynect.ky.gov
- ii. In Person
  - By visiting a local DCBS office
- iii. Mail/FAX paper applications
  - By mailing application to: PO Box 2104 Frankfort, Kentucky 40602
  - By FAX: 1-502-573-2005

**Please note:** When Individuals provide a copy of a Green Card, a copy of both front and back is needed to capture all the required information.

# 6. Indicating Citizenship Status in kynect

When applying for benefits in kynect, immigrants must indicate they are not U.S. citizens.

- i. During the *Household Member Details* section of the kynect application, the immigrant must mark if they have an SSN or if they do not have an SSN due to immigration status.
- ii. The immigrant must then select whether or not they are a Resident.

	Yes No
hy	doesn't this individual have a SSN?
•	Is not eligible to receive a SSN
0	Applied for SSN
0	Newborn without SSN
0	Does not have an SSN and may only be issued an SSN for a valid non-work reason
0	Refuses to provide an SSN
0	Refuses to obtain an SSN because of a well-established religious objective
0	I do not have an SSN or unable to locate SSN Card

iii. The immigrant must then enter their ethnicity and race information along with the programs for which they would like to apply.

American Indian or Alaskan Native   Asian   Black or African American   Native Hawaiian/Othor Pacific Islandor   White   Unknown   Is this individual Hispanic/Latino?    Yes   No   We have to ask for ethnicity and race to assure that program benefits on distributed without regard to roce, color, or national origit, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.   Program Solection  What programs would this individual like to apply for?   What programs would (KCHIP/Qualified Hoalth Plan with payment assistance (APTC))	Sele	ct this individual's raco(s)
Black or African American   Native Hawaiian/Other Pacific Islander   White   Unknown   Is this individual Hispanic/Latine?    Yes   No   We have to ask for othnicity and race to assure that program benefits are distributed without regard to race, color, or redistributed origin, but you don't have to answer. Your answer won't effect how many benefits you get or how soon you get them.   Program Selection  What programs would this individual like to apply for?		American Indian or Alaskan Native
Native Hawaiian/Other Pacific Islander   White   Unknown   Is this individual Hispanic/Latino?  Yes No We have to ask for athnicity and race to assure that program benefits are distributed without regard to race, color, or you get them. Program Selection What programs would this individual like to apply for?		Asian
White   Unknown   Is this individual Hispanic/Latino? •   Yes No   Yes No   We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.   Program Selection   What programs would this individual like to apply for? •		Black or African Amorican
Unknown  Is this individual Hispanic/Latino?  Yes No  We have to ask for othinicity and race to assure that program benefits are distributed without regard to race, color, or notional origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.  Program Selection  What programs would this individual like to apply for?  ()		Native Hawaiian/Other Pacific Islander
Is this individual Hispanic/Latino?  Yes No We have to ask for othnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them. Program Selection What programs would this individual like to apply for?		White
Yes     No       We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.       Program Selection       What programs would this individual like to apply for?		Unknown
or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.  Program Selection What programs would this individual like to apply for?	Is th	
What programs would this individual like to apply for? ①		or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon
	Prog	gram Selection
Modicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)	Who	at programs would this individual like to apply for?
	~	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
V QHP (Medical and Dental Insurance plans without payment assistance)	~	P QHP (Medical and Dental Insurance plans without payment assistance)

iv. Next, the immigrant must select that they are not a U.S. citizen.

Is this individual a U	S. Citizen or a U.S National? 🛈		
Yes	No		
Cancel		Save	

v. During the *Member Details* section of the kynect application, the immigrant must fill out the following questions:

some appli detai later	fields may be op cation process an Is may prevent th date.	as many fields from your immigration document ional. Entering all of your document information d helps make sure your eligibility results are corr e need to return to your application to provide ado NNING have an eligible immigration status?	ensures a quick, smooth ect. Entering all available
۲	Yes		
ō.	I would like to	continue the application without answering thi	s question.
	Yos	NNING have an alien sponsor? No	
Has C	OPPRESS. 1	NING lived in the United States since August 22,	1996?
	Yos	No	
	RISTOFER MANNI	No NG or any other household member an honoral of the military? ① No	bly discharged veteran or
activ	RISTOFER MANNI e-duty member	NG or any other household member an honoral of the military? ①	ely dischargod voteran or
activ	RISTOFER MANNI e-duty member Yos	NG or any other household member an honoral of the military? ① No	ely dischargod voteran or
activ Immig Sta	RISTOFER MANNI o-duty mombor Yos rant Typo	NG or any other household member an honoral of the military? ① No ①	ely discharged veteran or
activ Immig Stai	RISTOFER MANNI o-duty member Yos rant Typo rt Typing	NG or any other household member an honoral of the military? ① No ①	ely discharged voteran or
activ Immig Stai Stai	RISTOFER MANNI o-duty member Yos rant Typo rt Typing ration Document Typ rt Typing date did you obtain y	NG or any other household member an honoral of the military? ① No ①	ely discharged voteran or
activ Immig Star Star Star Star	RISTOFER MANNI o-duty member Yos rant Typo rt Typing ration Document Typ rt Typing date did you obtain y	NG or any other household member an honorate of the military? () No ()	oly dischargod voteran or
activ Immig Stai Stai Stai	RISTOFER MANNI o-duty member Yos rant Typo rt Typing ration Document Typ rt Typing date did you obtain y ? 1/dd/yyyy Tho Namo and	NG or any other household member an honoral of the military? No No our current immigration.	

# 7. Undocumented Individuals (Not eligible/Not qualified immigrants)

- i. Undocumented Individuals are Individuals who lost permission to remain in the U.S. or entered the U.S. without permission.
- ii. They are not eligible to purchase qualified health plans and are not eligible for Medicaid.
  - Resources for health care for undocumented Individuals:
    - a. Emergency Medicaid
    - b. Health care from Federally Qualified Health Centers (FQHCs) and other programs available regardless of status

# 8. Additional Resources

iii.

Individuals have access to the below resources to find more information on immigration and eligibility:

Resource	Description	Link
DCBS Website	The DCBS website has links to policy documents, program information, and other resources to assist Individuals with eligibility.	https://chfs.ky.gov/agenci es/dcbs/Pages/default.as px
KHBE Website	The KHBE website has a repository of training and supplemental materials as well as instructions on how to reach a kynector to assist with enrollment.	KHBE.ky.gov
Employment Authorization Document Codes	Agencies may reference the Employment Authorization Document Codes to help in determining an Individual's eligibility.	Employment Authorization Document Codes