

August 9, 2006

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-2257-IFC
P.O. Box 8017
Baltimore, MD 21244-8017

**RE: Medicaid Citizenship Documentation Interim Final Rule,
71 Fed.Reg. 39214 (July 12, 2006)**

To the Centers for Medicare and Medicaid Services:

Thank you for the opportunity to submit comments about the Medicaid Citizenship Documentation Interim Final Rule, published in the Federal Register on July 12 to implement section 6036 of the Deficit Reduction Act of 2005 (DRA). The Coalition on Human Needs is an independent alliance of national organizations including service providers, religious organizations, policy experts, labor, civil rights, and other advocates on behalf of low-income and vulnerable Americans. We focus on federal policies and their impact on people in need.

We believe strongly that the Interim Final Rule fails to utilize practical alternatives allowable under the DRA to lessen the danger that **citizens** unable to produce a narrow set of documents will face delays or denials of Medicaid coverage. The members of the Coalition on Human Needs have long-time experience in serving families stricken by poverty, disability, or disaster. We know that people in the throes of crisis or long-term difficulties find it extremely difficult to secure and save documents like birth certificates or passports. Ensuring that the 10 million vulnerable U.S. citizens subject to this Rule get the care they are eligible for and badly need requires CMS to accept readily available and reliable proofs of citizenship. If CMS does not expand the needlessly restrictive documentation requirements in the Interim Final Rule, we are convinced that many thousands of eligible citizens will be wrongly denied Medicaid coverage.

We urge CMS to revise the Interim Final Rule in the following ways:

Documentary evidence of citizenship should be broadened beyond the Interim Final Rule's requirement of originals and certified copies. 42 CFR 435.407(h)(1) Several of the comments below provide alternatives to this too narrow requirement. Requiring originals or certified copies adds greatly to

the burden of applicants, beneficiaries, and the state, and makes wholly inaccurate the estimate in the Interim Final Rule that compliance will take only 10 minutes for applicants or beneficiaries and five minutes for the state. For people who do not now possess the documents, tracking them down and getting them to the Medicaid office will take hours or more likely days. In our member organizations' experience, such a time and transportation burden will mean that eligible working poor families and/or people with disabilities will be denied coverage.

Citizen applicants and beneficiaries should receive benefits once they declare citizenship and meet eligibility requirements. Nothing in the DRA requires CMS to prevent states from approving or renewing eligibility until documentary evidence such as a birth certificate is supplied. We urge CMS to revise 42 CFR 435.407(j) to state that applicants who declare they are U.S. citizens or nationals and who meet the state's Medicaid eligibility criteria are eligible for Medicaid and that states must provide coverage during a period in which they have a "reasonable opportunity" to secure the required documents. The need for this change is urgent: current beneficiaries asked to provide documents with very little notice may be dropped from ongoing necessary medical treatment. People newly applying because of a serious medical condition may face dangerous delays in treatment. If they receive care without Medicaid coverage, even later eligibility may not forestall aggressive payment collection efforts that damage the family's credit.

Children eligible for federal foster care payments should be exempt from the requirement to produce documentation of citizenship. 42CFR 435.1008 exempts from the documentation requirements citizen children who are eligible for Medicaid through their receipt of Supplemental Security Income (SSI). The rationale for exempting child SSI recipients is expressed in the DRA, which authorizes the Secretary to exempt individuals who have already produced citizenship documents to establish eligibility for other programs. Such a rationale applies equally to the one million children receiving foster care assistance under Title IV-E. State child welfare agencies do verify the citizenship status of children qualifying for IV-E foster care. There is no justification for requiring repeated documentation to enroll or continue these children in the Medicaid program. CMS should exempt IV-E-eligible children from the documentation requirements. Children in foster care are disproportionately likely to suffer mental or physical disabilities or illnesses. The American Academy of Pediatrics Committee on Early Childhood, Adoption and Foster Care has recommended immediate medical screening for children going into foster care because of their greater likelihood of health problems. Failure to ensure immediate and continued access to medical care both threatens the health of children in foster care and acts to discourage adults from becoming foster

parents. The system relies on foster parents who are prepared to help children suffering from health problems, but can only do so with access to Medicaid.

Infants whose U.S. hospital delivery costs were paid by Medicaid should be exempt from citizenship documentation requirements. 42

CFR 435.407(a) should be amended to specify that record of payment by a state Medicaid agency for the birth of a child in a U.S. hospital is acceptable documentation of identity and citizenship. Children born in the United States are by law U.S. citizens.