

Center for Medicaid & State Operations

CMSO Informational Bulletin

DATE: January 27, 2010

TO: CMS Associate Regional Administrators – Medicaid

FROM: Cindy Mann, Director
Centers for Medicaid and State Operations (CMSO)

SUBJECT: Individuals arriving from Haiti for medical attention

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In response to the current earthquake disaster in Haiti we are providing the following information for you to share with your State Medicaid Agencies. The following questions and answers apply exclusively to people arriving in the United States from Haiti as a result of the earthquake and subsequent humanitarian disaster.

1. Should we expect survivors of the earthquake in Haiti to arrive in the U.S. seeking medical care?

Yes. As of this writing, individuals have already been transported by air by the Department of Defense to U.S. hospitals that have agreed to voluntarily accept these individuals and provide critical care. It is unknown how long this activity will continue.

2. Are all of these individuals Haitian nationals?

No. Many of individuals being brought to U.S. hospitals are U.S. citizens. Some Haitian nationals are arriving. Some have been granted humanitarian parole status under the Cuban-Haitian Entrant program in order to receive necessary medical care, others have been granted visitors visas.

3. Where are these individuals being transported?

Individuals may arrive at any U.S. medical facility that has agreed to accept them, but several cities have been targeted to receive individuals from Haiti based on the medical facilities available and the presence of a substantial Haitian population that can provide community support to the evacuees. These cities are: Miami, Orlando, Atlanta, the Washington DC metro area, New York, Philadelphia and Boston.

4. What if the U.S. citizens who arrive are unable to document their citizenship status?

Individuals who declare U.S. citizenship must be provided with a reasonable opportunity to document their citizenship. Eligibility for Medicaid may not be denied or delayed during the reasonable opportunity period for individuals who are otherwise eligible for Medicaid. Please refer to the December 28, 2009 State Health Official Letter CHIPRA #11.

5. Are the U.S. citizens being transported to U.S. hospitals eligible for Medicaid?

These persons may be eligible if they meet all factors of eligibility under the State Medicaid program. These persons should apply for Medicaid in the State in which they reside, which generally would be the State in which they intend to stay.

6. May Haitian individuals admitted on humanitarian parole qualify for Medicaid?

Yes. Individuals granted humanitarian parole are ordinarily non-qualified aliens ineligible for any benefits as non-qualified aliens. However, the Refugee Education and Assistance Act of 1980 permits Cubans and Haitians who have been granted humanitarian parole to be provided benefits as Cuban/Haitian Entrants. Therefore, Haitians granted humanitarian parole because of the earthquake are qualified aliens exempt from the 5-year waiting period, and if otherwise eligible, may receive all Medicaid services available under the State plan. The emergency services restriction affecting some non-citizens does not apply.

7. Are there any other Haitian nationals arriving who do not have humanitarian parole status?

Yes. Children who are U.S. citizens or are being brought in as parolees may be accompanied by an adult who has been granted a B2 visitor visa.

In addition, there is a possibility that Haitian nationals may arrive via private or commercial transportation. The number of such individuals is unknown, and is expected to be small. The immigration status of such individuals is also unknown.

8. Are people on B2 visitor visas eligible for Medicaid?

Individuals admitted on B2 visas are not considered qualified aliens, nor are they considered lawfully residing in the U.S. under section 214 of CHIPRA due to the nature of their admission.

9. What if the eligible individual, either U.S. citizen or Haitian national, has a home in a U.S. State other than where the hospital is located?

Although hospitalized in one State due to the emergency situation, a person may well intend to return to his or her home State where he or she maintains a residence or is part of a household where he or she previously resided. In such cases, the person may be considered a resident of the home State and an application may be filed in the home

State by a responsible party acting on behalf of the individual. The individual's temporary absence from the home State for the purpose of receiving medical care should not affect Medicaid eligibility.

10. Are individuals considered residents of the State where they are hospitalized?

Possibly. States are responsible for determining the residency of Medicaid applicants. States may not impose any durational requirements on individuals in order to consider them State residents. An address is not required to establish State residency.

11. What other factors must be considered in establishing Medicaid eligibility for individuals evacuated from Haiti for medical care?

All factors of eligibility must be met, including status as a child, pregnant woman, parent, a person over 65 years old or a disabled person.

12. How may States expedite eligibility determinations for applicants who claim disability as a basis for eligibility?

If a determination of disability is required to determine eligibility for Medicaid, States must follow the regulation at 42 CFR 435.540 defining disability and the regulation at 42 CFR 435.541 providing procedures for determining disability. In most cases, the definition of disability will be the same as that used in the Supplemental Security Income (SSI) program. In circumstances in which States make disability determinations based on the requirements of the SSI program there are some provisions that could be the basis for finding that the individual is presumptively disabled (20 CFR 416.934). These impairments include the following:

- Amputation of a leg at the hip;
- Allegation of total deafness;
- Allegation of total blindness.

In other circumstances, the State may also make a presumptive disability finding based on the criteria in 20 CFR 416.933. In this case, the finding is made by the State entity responsible for determining disability for Medicaid purposes, based on medical evidence in the State's possession, if it is expected that when the full evaluation of all evidence (including the vocational factors) is made disability will be found to exist. Once a finding of presumptive disability is made, eligibility may be granted to those otherwise eligible pending the completion of the full disability determination.

13. What if a person is incapacitated and cannot apply for Medicaid?

Someone acting responsibly on behalf of the individual may apply on the individual's behalf as per 42 CFR 435.907.

14. For individuals who are eligible, will Medicaid cover all of these services?

For adults, all medically necessary services available under the State plan or approved waivers are covered. All of the State's existing limitations on services and payment policies are applicable. For individuals under the age of 21, all medically necessary

services including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are coverable under the Medicaid program. If the person is being treated in a State that is not their state of residence, the individual's home State would pay to the same extent that it would pay for services furnished within its boundaries if the conditions in 42 CFR 431.52 are met.