

August 11, 2006

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The Honorable Michael O. Leavitt
Secretary of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: File Code CMS-2257-IFC

Dear Secretary Leavitt:

Thank you for the opportunity to provide comments in response to the CMS interim final rule published in the Federal Register on July 12, 2006 regarding the responsibility of states in implementing the Medicaid citizenship documentation requirements under the Deficit Reduction Act (DRA) of 2005. We hope that these comments will be constructive and informative as you continue to work on the development of a final rule.

The LA Health Collaborative is a partnership of nearly 70 private and public organizations dedicated to preserving and improving Los Angeles County's health care safety net. The Collaborative includes health care providers, local government agencies, health insurers, business groups and patient advocacy groups.

Given the scope of the DRA legislation, and the large and diverse Medicaid population served by the members of the Collaborative, the new citizenship verification rule will have a significant impact on patients and providers. In fact, an estimated 8 million Californians could be affected by the new proposal in the first year after its implementation.

Unfortunately, many Medicaid recipients who are legitimate U.S. citizens do not have the proper documentation to comply with the new CMS rule. One study found that 8 percent of U.S. born low-income adults report that they do not have a U.S. passport or birth certificate in their possession. If this figure is applied to California, approximately 650,000 citizens across the state may lack proper documentation. In addition, the high cost of obtaining these documents, which can range from \$97 for a passport to \$255 for a Certificate of Citizenship, could serve as a significant barrier for the low-income Medicaid population in complying with this new requirement. This potential drop in Medicaid membership would have a drastic economic impact on California, as the Medicaid program was responsible for \$39.6 billion in state economic benefit in 2004.

We applaud the agency's recent decision to exclude Supplemental Security Income (SSI) recipients from the rule, as this will protect 8 million of the most vulnerable Americans whose livelihood hinges on Medicaid services. In addition, the increased flexibility that CMS offered in the area of data matching will significantly ease the efforts of state agencies in complying with this policy. While these changes represent significant progress, we continue to have serious concerns that the directives included in the July 12th rule could create major barriers to providing quality patient care, while saddling local governments with tremendous financial and administrative burdens that threaten to erode our critical health care safety net in Los Angeles County.

Please find attached comments and recommendations that we are confident will significantly ease the implementation of the Medicaid citizenship verification requirement while still upholding the original intent of the law. In addition to the seven recommendations outlined in this letter, we have also attached more detailed comments on the impact of this rule on naturalized citizens. While these comments do not reflect the opinion of the entire LA Health Collaborative membership, we have listed the steering committee members and other organizations that have endorsed these recommendations below. If you have any questions or seek additional clarification regarding these comments, please feel free to contact LA Health Action Director Yolanda Vera at (213) 928-8600.

AltaMed Health Services Corporation	Los Angeles Area Chamber of Commerce
Community Clinic Association of Los Angeles County	Los Angeles County Medical Association
Community Health Councils, Inc.	Maternal and Child Health Access
COPE Health Solutions	National Health Foundation
Hospital Association of Southern California	Neighborhood Legal Service of L.A. County Health Consumer Center
L.A. Care Health Plan	Service Employees International Union, Local 660
LA Health Action	

By: *Yolanda Vera*
Yolanda Vera

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**LA Health Collaborative Selected Member Comments on July 12, 2006 Medicaid
Citizenship Verification Rule: File Code CMS-2257-IFC**

1. Medicaid applicants should not be denied enrollment during the eligibility determination period.

The Deficit Reduction Act (DRA) legislation itself did not direct states to deny eligibility for applicants until they produced the required documentation. However, the July 12, 2006 interim final rule, like the June 9th guidance letter, states that applicants “should not be made eligible until they have presented the required evidence.” As a result, applicants who do not immediately have access to the necessary documentation to prove their citizenship could be excluded from critical health services during the waiting period.

CMS should allow States to provide immediate coverage to applicants who act in good faith to provide necessary documentation during the “reasonable opportunity period.” This coverage should also be extended in cases where documents cannot be found, and as a result, the applicant requires State assistance. For those already enrolled in Medicaid who are renewing their application, the statute does allow continued coverage. Applicants should receive this same benefit.

This year, some 10 million U.S. citizens are expected to apply for Medicaid coverage and will be impacted by this requirement. Given that most of these applicants will be children, pregnant women and parents, delaying health coverage would certainly have a negative impact on these vulnerable populations.

2. An exemption should be made for Title IV-E foster care children.

The interim final rule requires Title IV-E foster care children to provide documents verifying citizenship when renewing or applying for Medicaid coverage. However, this requirement is unnecessary, as Section 6036 of the DRA only applies to individuals who have declared that they are U.S. citizens. Specifically, the requirement applies to an individual “who declares under section 1137(d)(1)(a) [of the Social Security Act] to be a citizen or national of the United States for purposes of establishing eligibility for [Medicaid] benefits.” Children receiving Title IV-E benefits who are eligible for Medicaid make no such declaration, and thus should be exempted from the requirement.

This rationale can be applied to SSI recipients, who also face no requirement of citizenship declaration in the SSI application process, and therefore should not be subject to the provisions of section 6036. Fortunately, the interim rule did make such an exemption for SSI recipients.

The interim rule also creates duplication in the process of citizenship verification. Federal law already requires state child welfare agencies to verify citizenship of children in determining Title IV-E eligibility. The new documentation requirement will now delay the enrollment process, as government workers will have to assist foster children in locating and obtaining documents. Unfortunately, abused and neglected children often face substantial barriers in obtaining documentation, as parents are often unable or unwilling to sign legally binding citizenship declarations. Furthermore, the reluctance of CMS to accept written affidavits, which could help speed the eligibility determination for foster children, acts as an additional challenge for this population. Thus, at the least, Title IV-E recipients should be considered Medicaid-eligible immediately and therefore receive health coverage during the reasonable opportunity period that is allowed for presentation of documentation.

Los Angeles County currently has over 20,000 children living out of home in the foster care system that could be impacted by this requirement. These children are often in much poorer health when compared to their peers, and would be placed at great risk if faced with delays in necessary medical coverage.

3. Allowance should be included for acceptance of fax and photocopies of citizenship and identity documents.

The rule specifies that only original documentation or certified copies can be accepted. However, this requirement was not included in the original DRA statute. Allowing fax and standard photocopies can provide time and monetary savings for applicants and will remove the burden of handling original documents for the state. Most applicants and recipients will understandably be hesitant to send vital documents such as passports, driver's licenses or Certificates of Citizenship through the mail, as these items could be lost or expose applicants to the threat of identity theft. Instead, many applicants will have to request certified copies of these documents through state agencies, creating a costly and time-consuming burden on citizens who can least afford them. Since many individuals will choose to submit documentation in person, the rule hampers the efforts of states to encourage applications through the Internet or by mail, which would cut down on costly face-to-face interviews with eligibility workers.

Furthermore, the hierarchy of documentation imposes additional burdens on low-income individuals who are less likely to have passports, and thus must produce birth certificates in most cases. Unfortunately, thousands of older Americans will face difficulty in obtaining birth certificates, especially if they were born outside the state. In addition, many elderly African Americans and persons born in rural areas may have never been issued a birth certificate, further complicating the process. In California, this could be especially burdensome, as a large number of Medicaid recipients have moved to the state from other parts of the country.

4. The estimate for the time needed for recipients to comply with the rule is unrealistic.

The July 12, 2006 rule estimates that “it would take an individual 10 minutes to acquire and provide to the State acceptable documentary evidence and to verify the declaration.” For most enrollees and applicants, the time needed to comply with this requirement would be much greater. Even in a situation where an applicant has all the necessary documentation readily available, it is unlikely that he or she would be willing to send the original documents through the mail. In Los Angeles County, estimates suggest that up to 1.5 million more people each year will chose to conduct their application and renewal process in person as a result of the original documentation requirement. For many low-income families, who have limited transportation options and rigid work schedules, appearing in person to obtain documentation would present a major time and monetary burden.

Furthermore, applicants and enrollees who do not have original documents readily available will likely have to make written and telephone requests to obtain certified copies or present the material in person. These tasks will likely require hours, not minutes. For example, in California, it can take an average of four weeks to get a certified copy of a birth certificate. To obtain a passport, an individual would have to appear in person to apply, and then wait six weeks for processing.

Naturalized citizens, especially children who receive derivative citizenship through their parents, also face significant hurdles in complying with these requirements in a timely manner. Such children do not receive any of the primary (or secondary) evidence of citizenship. Therefore, their parents must apply for a Certificate of Citizenship or U.S. passport as proof of citizenship, both of which are costly and take time to obtain. One solution would be to accept an affidavit signed by the parent, accompanied by documents proving that the parent's citizenship qualifies the child for derivative citizenship.

5. Exemptions should be allowed for those applying for Medicaid or receiving coverage under Section 1115 waivers, including Family Planning Waivers.

In California, family planning services are offered to low-income residents under the Family Planning, Access, Care and Treatment (PACT) program under a Section 1115 waiver. The program provides critical services such as contraception, cervical cancer screening, and testing and treatment of sexually transmitted diseases. Like children under the Title IV-E foster care program, recipients of care under a Section 1115 waiver make no declaration of citizenship. Thus, patients enrolled in the Family PACT program should not be affected by the DRA requirements since, as previously mentioned, section 6036 of the Act only applies to individuals who have declared that they are U.S. citizens.

6. Exemptions should be allowed for pregnant women, infants, and breast and cervical cancer patients who receive presumptive eligibility.

The rule does provide some relief for documentation requirements for infants born to Medicaid recipients, as a child is automatically deemed eligible “on the date of birth and remains eligible as categorically needy for one year so long as the woman remains eligible as categorically needy and the child is member of the woman’s household.” However, children born to non-qualified aliens are not eligible for this coverage. Since children born in the U.S. are automatically granted citizenship, they should be deemed to have satisfied the citizenship verification requirement immediately. Furthermore, for those infants whose birth was covered by Medicaid, the state agency’s record of payment should suffice as satisfactory documentary evidence of citizenship and identity.

As you know, certain low-income pregnant women in California qualify for presumptive eligibility (PE), making them immediately eligible for Medicaid benefits. By creating the PE provision, CMS acknowledged that certain medically vulnerable populations should not go through the normal time-consuming, burdensome application process. Under PE requirements in California, a pregnant woman would have up to two months to complete the full Medicaid application. Given the challenges imposed by the new citizenship verification rules, that time frame should be extended. At a minimum, CMS should consider pregnant women who qualify and receive PE as Medicaid “recipients,” whose identity and citizenship should only be documented at the time of eligibility re-determination.

Breast and cervical cancer patients should also benefit from this distinction. The entire purpose of applying PE to breast and cervical cancer patients is to expedite critical cancer treatment. If a delay is caused by an inability to establish citizenship, the very essence of the benefit is lost.

7. Federal grant assistance should be provided to states to offset the cost of outreach.

The DRA fails to provide additional grants for state outreach efforts beyond the standard federal matching formula. Given the potential costs incurred as a result of these new requirements, many states will face additional financial hardships at a time when most are struggling to balance their budgets. According to 42 USC 1320b-7(d), the federal government should pay for the costs that states incur in obtaining documentation of status, including citizenship status.

The concern over lack of funding is elevated by the uncertainty surrounding the level of assistance that is expected of state agencies in helping beneficiaries comply with the documentation requirements. While Sec. 436.407 (g) of the July 12th rule requires States to assist citizens who may not be able to comply with the rule due to “incapacity of mind or body,” the rule provides no clarification as to what type of assistance is appropriate.

For example, if an individual is unable to communicate with an outreach worker, they will certainly need substantial assistance beyond just locating necessary documents. However, the provision fails to provide a definition or examples of types of assistance that are appropriate.

In addition, the regulation is unclear as to what qualifies an applicant as incapacitated. For example, if an applicant is homeless but mentally capable, this individual may not be considered incapacitated, yet likely faces tremendous challenges in complying with the documentation requirement. The rule remains vague on the definition of incapacitation and should be broadened to include homeless and mentally ill patients that need assistance, yet are not technically incapacitated.

DETAILED COMMENTS ON THE IMPACT ON NATURALIZED UNITED STATES CITIZENS

Under the interim final rule, the acceptable citizenship documents for virtually all naturalized United States citizens are limited to a U.S. passport, certificate of naturalization, or certificate of citizenship.¹ Unlike U.S. born citizens, naturalized citizens are not allowed to use affidavits. Moreover, state Medicaid agencies are not allowed to verify citizenship with U.S. Citizenship and Immigration Services (CIS) in the Department of Homeland Security (DHS), which has the capacity to verify naturalized citizenship status, just as it currently verifies the immigration status of all Medicaid applicants and recipients who declare that they have satisfactory immigration status pursuant to Section 1137(d) of the Social Security Act (“Act”). For naturalized citizens, the acceptable documentation is far more limited than allowed by the Social Security Administration for purposes of obtaining a Social Security number (SSN) card.²

This limitation on acceptable citizenship documents will be extremely problematic for the numerous naturalized citizens who are likely to lack these documents. The number of naturalized citizens has been growing far more rapidly than the number of native-born U.S. citizens. Between 1990 and 2004, the number of naturalized citizens increased from 8 million in 1990 to more than 13.1 million according to U.S. Census Bureau estimates. Moreover, in 2004, 1.328 million naturalized citizens had incomes below the poverty level and 17.2% lacked health insurance.³

A significant number of naturalized citizens are likely to lack a U.S. passport or certificate of citizenship/naturalization because children under age 18 who derive their citizenship through the naturalization and/or citizenship status of their parent(s) do not receive any of these documents when they become citizens. The interim final rule fails to take into account that lawful permanent resident children under age 18 and foreign-born adopted children typically do not file a separate naturalization application to become U.S. citizens. Instead, they derive their citizenship through the naturalization/citizenship of their parents. Unlike their parents who receive a certificate of naturalization, a child who receives derivative citizenship must apply to CIS (formerly INS) for a certificate of citizenship as documentary evidence of citizenship. Most children who receive derivative citizenship do not immediately apply for a certificate of citizenship, and many, if not most, never have done so. In all likelihood, Medicaid-eligible individuals are less likely to have obtained a certificate of citizenship given the relatively high cost of obtaining one. Any naturalized citizen who lost a certificate of naturalization/citizenship also will face major difficulties in obtaining a replacement certificate.

As explained in greater detail below, a U.S. passport, certificate of naturalization, or certificate of citizenship all will be difficult, time-consuming, and costly for Medicaid eligible individuals to obtain, all of which means that limiting acceptable citizenship documentation to these three documents will be a major barrier to the receipt of Medicaid benefits to numerous naturalized

citizens. The relatively high cost of obtaining such documents most likely will prevent many of them from receiving needed Medicaid benefits. For Medicaid applicants who ultimately obtain and present such documents, the interim rule will significantly delay their receipt of Medicaid benefits. This is because, under the interim rule, applicants who declare U.S. citizenship, will not receive Medicaid benefits until after they had submitted satisfactory documentary evidence of citizenship.

Below is a detailed explanation of the difficulty and cost of obtaining a certificate of citizenship, certificate of naturalization, and U.S. passport. It is noteworthy that it will take naturalized citizens who must obtain them far more time than the five minutes to acquire and provide acceptable documentation to a state, as estimated by the Centers for Medicaid and Medicare Services (see 71 Federal Register 39220). Moreover, it will be even more complicated for child protective agencies to obtain such acceptable documents for Title IV-E foster children because their natural parents often times are not cooperative or even impossible to locate in cases where parents abandon their children and then move out-of-state.

Certificate of Citizenship: The current application fee for a certificate of citizenship, which is the only permanent record of citizenship for persons who derived/acquired U.S. citizenship through parent(s) is \$255 (\$215 for an adopted child). There are additional costs associated with obtaining such a certificate, including the cost of passport photos, a certified foreign birth certificate, if necessary, and travel to and from the CIS office for a required in-person interview by CIS officer. An applicant literally may have to travel hundreds of miles to the nearest CIS office because there only are 79 CIS (formerly INS) offices, excluding those located in Puerto Rico and U.S. territories. The vast majority of states have a single CIS office, and there are not any CIS states located in Alabama, Mississippi, North Dakota, or South Dakota. Including travel costs, the total cost of obtaining a certificate of citizenship easily can exceed \$500.

The high cost of obtaining a certificate of citizenship can prevent very low income individuals from obtaining one, thereby, also preventing them from receiving Medicaid benefits. It will be especially costly for low-income families with children. While there is no cost for a legal immigrant family, headed by two parents, with three children to document their satisfactory immigration status for Medicaid eligibility purposes, it would cost them \$765 alone in application fees to obtain a certificate of citizenship for each child after having paid a combined total of \$800 in naturalization application fees for the parents. It is noteworthy that, if the children had become naturalized citizens, they still would have qualified for Medicaid as qualified aliens, provided that they met the five-year residency requirement.

Besides the high cost of obtaining a certificate of citizenship, Medicaid applicants will be penalized by the long time that it takes to obtain one. It currently can take nearly two years to obtain a certificate of citizenship, depending upon the CIS office. As of July 17, 2006, the Phoenix office was interviewing persons who submitted applications on September 30, 2004. In

California, the backlog extends back to March 1, 2005 for the Fresno office and January 5, 2006 for the Los Angeles office. As noted earlier, under the interim final rule, an otherwise eligible Medicaid applicant will not be provided Medicaid benefits until they have submitted satisfactory documents.

Certificate of Naturalization: The current application fee for a replacement certificate of naturalization (or citizenship) is \$220, and there is an additional cost of passport photos that must be submitted with an application. It can take over one year to obtain a replacement certificate of naturalization. In fact, given the long delay, CIS' A Guide to Naturalization recommends that naturalized citizens apply for a U.S. passport to more quickly obtain documentation of citizenship.

U.S. Passport: In lieu of obtaining a certificate of citizenship/naturalization, naturalized citizens, including those who received derivative citizenship, may obtain a U.S. passport as proof of U.S. citizenship. However, the U.S. Passport Agency in the Department of State verifies citizenship independent of DHS, and its passport records are not linked to automated DHS data bases, including not the System for Alien Verification for Entitlements (SAVE) database used to verify eligibility for public assistance entitlements and employment. Moreover, U.S. passports expire. Therefore, many naturalized citizens do not apply for passports unless needed for foreign travel, and low-income Medicaid eligible individuals, especially those with major health problems, are far less likely to travel outside of the country, and, therefore, also are far less likely to have U.S. passports.

The application fee for a passport, which has a normal processing time of six weeks, is \$97 (\$82 if under age 16). The cost of an expedited passport, which is processed within two weeks, is an additional \$60 plus overnight delivery fees. There is an additional cost of passport photos that must be submitted with an application. In addition for children under age 18, parents will incur additional costs associated with travel to a passport-issuing office because children must appear in person. For child protective agencies, obtaining a passport will be even more complicated as they will have to show legal guardianship and make arrangements for foster children to appear in person.

In practice, it will be difficult and also take time for Medicaid applicants and recipients to prepare and submit passport applications. In fact, it may not be possible for most naturalized citizens who lost their certificates of naturalization (or citizenship) to obtain a U.S. passport. According to passport application instructions, a certificate of naturalization or certificate of citizenship must be submitted with a passport application. Although it is not explained in the application instructions, the U.S. Passport Agency will provide a passport with an expiration date of approximately one year to a naturalized citizen who submits a "letter of verification" issued by DHS or a U.S. District Court indicating that he/she is a naturalized citizen. Many naturalized

citizens, however, will not be able to obtain such letters. This is because DHS no longer issues letters of verification except on a very limited emergency case-by-case basis due to concerns that such letters are vulnerable to document fraud, and because the U.S. District Court only issues letters for persons who naturalized before October 1994. Moreover, a receipt for a replacement certificate of naturalization application is required to obtain a letter of verification as well as a U.S. passport, adding \$220 to the cost of obtaining a passport. In practice, it is highly unlikely that Medicaid applicants and recipients will know how to obtain a passport without a certificate of naturalization. This is because the U.S. Passport Agency does not publicize how to do so, and DHS and U.S. District Courts do not publicize how to obtain a letter of verification that is needed to obtain a passport without a certificate of naturalization.

In sum, limiting acceptable citizenship documents for naturalized citizens to a U.S. passport, certificate of naturalization, or certificate of citizenship inappropriately will greatly delay or prevent the receipt of Medicaid benefits to a large number of naturalized citizens. In turn, this would result in higher uncompensated health costs for health providers, especially for public hospitals and other safety net providers. Obtaining such documents will be especially burdensome for child protective agencies responsible for IV-E foster children.

Recommended Changes

The interim final rule should be revised to provide Medicaid applicants and recipients, as well as state and local Medicaid agencies, with more options for documenting satisfactory citizenship status. First and foremost, the rule should be revised to allow any method for verifying citizenship that is acceptable for proving citizenship for purposes of obtaining a Social Security number (SSN) card under the Social Security Administration's (SSA) Program Operations Manual System (POMS) guidelines. States then would be allowed to verify citizenship status against DHS' SAVE data base – the same verification system currently used by states to verify satisfactory immigration status, as required under Section 1137(d) of the Social Security Act, and the same data base used by many employers to verify work authorization for new job hires.

SSA allows staff to query SAVE in recognition of the fact that DHS has citizenship data for all naturalizations from 1906 to present and that what matters is whether an individual actually is a U.S. citizen, not whether someone has a citizenship document. Because the automated SAVE data base is not wholly reliable, POMS guidelines require that DHS be requested to manually verify citizenship when an automated SAVE records match does not verify satisfactory citizenship or immigration status.

The interim final rule should provide citizens with the same protections afforded to legal immigrants. Low-income naturalized citizens who lack a passport, certificate of naturalization, or certificate of citizenship, therefore, should not be required to undergo the major cost and time

of obtaining such documents when their citizenship can be verified by DHS. Enabling states to use any method for documenting citizenship that is acceptable for SSN purposes also would greatly simplify implementation of the new citizenship requirements for states. Instead of developing new internal instructions, states would be able to take advantage of the detailed POMS instructions already developed by SSA. This is especially justified because, under the interim final rule, SSA guidelines already, in effect, are being used to verify citizenship in states in which Supplemental Security Income (SSI) recipients receive Medicaid by virtue of receipt of SSI.

Second, the rule should be revised to exempt Title IV-E recipients from the DRA’s citizenship documentation requirements. The declaration of citizenship and satisfactory immigration status requirements in Section 1137(d) of the Social Security Act (“Act”) do not apply to Title IV-E. Under section 1903(a)(10)(A)(i)(1) of the Act, all children receiving Title IV-E assistance are entitled to Medicaid benefits, and do not separately apply for Medicaid. Moreover, since Section 1137(d) was added to the Act in 1986, foster children never have been required to declare whether their citizenship or satisfactory immigration status for Medicaid purposes for practical as well as statutory reasons – foster children, especially very young children cannot be expected to know their citizenship or immigration status.

State and local agencies which administer Title IV-E already establish whether the citizenship or immigration status of children make them eligible for Federal financial participation. They should not be required to apply two sets of standards – one for Title IV-E and another for Medicaid. Nothing in the DRA’s legislative history suggests that Congress intended that be done. Doing so would impose unnecessary increased administrative costs and burdens on Title IV-E agencies in California because the interim rule’s citizenship documentation procedures vary from those currently used. In Los Angeles County, both citizenship and immigration status may be verified using SAVE and secondary verifications with DHS because abusive parents may not cooperate in presenting citizenship or immigration documents.

Third, states should be allowed to verify citizenship status using SAVE, including through secondary verifications with DHS, as explained in the previous recommendation on allowing any documentation that is accepted by SSA.

Fourth, the interim final rule should be revised to allow states to accept copies of a U.S. passport, certificate of naturalization, or certificate of citizenship. The validity of copies can be verified with the U.S. Passport Agency or DHS, if necessary. It would ease the burdens on low-income Medicaid applicants and recipients of having to obtain replacement documents as well the administrative burdens on state and local Medicaid agencies. It is highly unlikely that applicants and recipients will mail important original documents, which means that they, instead, would present documents in person, greatly increasing traffic at offices. There would be an especially huge workload increase in states, such as California, where mail-in applications currently are

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used for Medicaid re-determinations of eligibility.

Fifth, the interim final rule should be revised to allow states to accept signed affidavits submitted by naturalized citizens accompanied by copies of any supportive documents and/or information, such as the date of naturalization, alien registration number, and, in the case of persons who received derivative citizenship, information on their parent's naturalization. It is noteworthy that, unlike affidavits submitted by persons born in the U.S. who lack birth records, all naturalization cases can be verified by DHS. Yet, the interim final rule inappropriately precludes the use of affidavits by persons born outside the U.S.

Sixth, the interim final rule should be revised to allow states to accept a letter of verification or any other official document from the Department of Homeland Security (DHS) or a U.S. District Court indicating that a person is a naturalized citizen. The rule should allow an individual to use any official government document indicating citizenship status. Such documents should be considered secondary evidence of citizenship.

Finally, the interim final rule should be revised to permit states to begin providing coverage to applicants based on their sworn declaration of U.S. citizenship, and to afford them a reasonable opportunity to provide the necessary documentation, just as Federal law and regulations now provides for non-citizens who declare that they have a satisfactory immigration status. There is no justification for treating citizens more restrictively than non-citizens in this situation. It is especially unfair to treat citizens worse when it is far simpler for non-citizens to demonstrate their satisfactory immigration status than for citizens to demonstrate their citizenship under the interim final rule.

¹ The only other possible citizenship documents are a U.S. Citizen Identification Card issued from 1960 to April 1983 to naturalized citizens living near the Canadian or Mexican borders or evidence of U.S. Civil Service employment before June 1, 1976, both of which will not be possessed by the vast majority of naturalized citizens.

² See Social Security Administration's (SSA) Program Operations Manual (POMS) Section RM 00203.310 Evidence of U.S. Citizenship for an SSN Card

³ Source: U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2004"