

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Children's Health Insurance Program Reauthorization Act of 2009  
(CHIPRA) and Medicaid - Newborns & Citizenship

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to provide Local Departments of Social Services (LDSS) with information and instructions concerning two provisions in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. These provisions along with provisions in place prior to CHIPRA, help ensure immediate coverage for newborns born to mothers who, at the time of birth, are enrolled in Medicaid.

**The CHIPRA provisions:**

- Eliminate the Medicaid requirement that, in order to receive coverage under Medicaid, newborns coming home from the hospital must live with the mother, remain a member of the mother's household, and the mother remain eligible for Medicaid (or would remain eligible if still pregnant).
- Amend the citizenship documentation requirements added by the Deficit Reduction Act of 2005 (DRA) to provide that children who were initially eligible for Medicaid as a deemed newborn shall be considered to have provided satisfactory documentation of citizenship and identity when their eligibility is renewed on their first birthday.

Prior to the enactment of CHIPRA, the Department extended coverage to newborns born to women covered by Medicaid until the end of the month of the child's first birthday. The child was not required to remain a member of the mother's household, nor was the mother required to remain eligible for Medicaid in order for the newborn to receive the Medicaid extension through the first year of life. Because we have these existing requirements, this CHIPRA provision does not require any change in policy or procedures for local districts.

**Citizenship and Identity Documentation Requirements of Children Born to Mothers Enrolled in Medicaid**

Section 1903(x) of the Social Security Act was amended by Section 211 of CHIPRA to provide that individuals who are initially eligible for Medicaid as a deemed newborn are considered to have provided satisfactory documentation of citizenship and identity (by virtue of being born in the United States) and **will not be required to further document citizenship or identity at any subsequent Medicaid eligibility redetermination.**

Prior to CHIPRA, a child enrolled as a deemed newborn was required to provide documentation of citizenship and identity at the point of Medicaid eligibility redetermination when the child turned one year old, in accordance with the Deficit Reduction Act of 2005. CHIPRA repeals this requirement retroactive to July 1, 2006.

LDSS must retain a copy of the proof of the newborn's automated Medicaid enrollment or a copy of the Medicaid history screen of the mother's Medicaid coverage at the time of the birth, as documentation to meet the requirements as stated above. Correspondence from managed care plans or the hospital, such as the face sheet, may also serve as documentation. A district worker must make a notation in the case record that the child has been deemed to have provided satisfactory citizenship and identity due to his or her mother's Medicaid coverage at the time of birth. Information linking the mother to the child should also be maintained.

#### **Establishing Medicaid Coverage for an Unborn/Newborn**

LDSS are reminded that as stated in 00 OMM/INF-01, the LDSS must accept verbal (including telephone) or written notification from medical providers about a pregnancy. Notification received from a hospital, Medicaid Obstetrical and Maternal Services (MOMS) provider, Managed Care Organization (MCO) or any other medical provider constitutes sufficient notification to add an unborn to the case. If the notification is verbal, an appropriate notation must be made in the case record with the name of the person contacting the agency, the medical provider that individual represents, and the date.

Notification received from any one of the medical providers mentioned above constitutes sufficient notification to establish Medicaid eligibility and the one year extension from the child's date of birth. **Verification of the infant's name, date of birth, Social Security Number (SSN) or other demographic data is not required to provide Medicaid coverage until the end of the month in which the child's first birthday occurs.**

Information about the birth may also be received from the mother, as well as certain adult members of the newborn's family or household for an established case, provided that there is a medically verified unborn on the case. Any official government, medical or church record continues to be acceptable verification of birth, when verification is needed (i.e., there is no medical verification of either pregnancy or birth). If the unborn is already on the case, any contact from the mother, child's father, grandparent, aunt, uncle, sibling over age 18, or an adult within the mother's household must be accepted as sufficient notification to establish Medicaid eligibility for the child with the one year extension from the date of birth. This notification may be verbal (including telephone) or written notice, and is sufficient to establish Medicaid eligibility for the child and the one year extension. If the notification is verbal, an appropriate notation must be made in the case record with name of the person contacting the agency, his/her relationship to the child, and the date.

Please direct any questions to the Local District Support Unit at 518-474-8887 Upstate and 212-417-4500 for NYC.