

**OTHER ELIGIBILITY REQUIREMENTS
CITIZENSHIP AND IMMIGRATION STATUS**

UNDOCUMENTED/ILLEGAL ALIENS

TREATMENT OF AN EMERGENCY MEDICAL CONDITION

Description: An immigrant is here illegally or is undocumented if s/he entered the United States in a manner or in a place so as to avoid inspection, or was admitted on a temporary basis (certain non-immigrants) and the period of authorized stay has expired.

Policy: Medicaid shall be provided for the care and services necessary for the treatment of emergency medical conditions to otherwise eligible illegal or undocumented aliens.

References:

SSL Sect	122 131-k
Dept. Reg.	360.3.2(f)(2)
ADMs	04 ADM-7 92 ADM-10 88 ADM-47 88ADM-22 88 ADM-4 88ADM-1
GISs	10 MA/012 08 MA/009 07 MA/ 017

Interpretation: If otherwise eligible, an A/R cannot be denied Medicaid coverage for treatment of an emergency medical condition because of his/her immigration status.

The term emergency medical condition is defined as: “a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) placing the patient’s health in serious jeopardy;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.”

Care and services related to an organ transplant procedure are not included in the federal definition of treatment for an emergency medical condition.

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Medicaid is available for emergency services provided to undocumented/illegal or certain non-immigrants from the time that the individual is first given treatment for an emergency medical condition until such time as the medical condition requiring emergency care is no longer an emergency. If an eligible individual receives treatment for an emergency medical condition and continues to receive care after the emergency ceases, Medicaid coverage for such care is not available.

When an enrollee is eligible for Emergency Services Only, Medicaid no longer covers the costs for or the transportation to rehabilitation services (including physical, occupational and speech therapies). This is because these services do not fall under the definition of treatment of an emergency medical condition.

NOTE: Until formally notified to do otherwise, chemotherapy and radiation therapy are to be considered as emergency medical services.

Current Medicaid policy states that certain types of care provided to chronically ill persons are beyond the intent of the federal and State laws which allow Medicaid to pay for the treatment of medical emergencies. Such care includes:

- alternate level of care in a hospital,
- nursing facility services, and
- home-care (including but not limited to, personal care services, home health services and private duty nursing).

NOTE: A women with a medically verified pregnancy is not required to document citizenship or immigration status for the duration of her pregnancy, through the last day of the month in which the 60-day postpartum period ends.

Verification:

Temporary non-immigrants and undocumented aliens applying for coverage for the treatment of an emergency medical condition must complete the appropriate MEDICAID APPLICATION and sign the DOH 4471, "Certification of Treatment of Emergency Medical Condition".

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The DOH-4471 certification form must be signed by the A/R. If the A/R is unable to sign, his or her authorized representative may sign on the behalf of the A/R. The form is not valid without the required signature of the A/R or his/her authorized representative. Signing the form authorizes the local department of social services to request information regarding the emergency medical treatment. It also gives the physician or facility permission to provide such information.

The treating physician must complete the DOH-4471 and sign and date the form. The physician must, in all cases, make the decision as to whether or not the medical treatment is for an emergency medical condition. The physician must complete the entire form, sign and date the certification and return it to the local department of social services.

The local district maintains this certification form in the applicant's case record, the local district notifies the provider of the acceptance/denial of the application, and furnishes the provider with the individual's CIN number when appropriate.

The DOH-4471 has space to accommodate up to four coverage periods ("FROM____TO____ Date(s)" of Treatment/Hospital Stay) that may be entered by the provider. A new DOH-4471 certification form must be completed, dated and signed by the A/R, or the A/R's authorized representative, and by the treating physician and submitted for subsequent or continuing treatment of an emergency medical condition.

Each person's "emergency" is unique and the coverage period under the definition of emergency medical condition is limited and date specific. Therefore, Medicaid coverage for the emergency care must be a specific period of time in the past (i.e., at least one day prior to the initial Medicaid application date or one day prior to the Transaction Date for recipients in need of continuing care for the treatment of the emergency medical condition).

Medicaid payment for emergency services is limited to the day treatment was initiated and the following period of time in which the necessity for emergency services exists (e.g., the date of admission through the date of discharge from the hospital).

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The DOH-4471 form has space to accommodate up to four coverage periods (From-To Date(s) of Treatment/Hospital Stay). Each “From-To” date(s) must be entered in the Welfare Management System (WMS) as a separate coverage period, and each coverage period requires a separate Client Notification System (CMS) note (upstate). For any subsequent treatment/hospital stay or continuing treatment for an emergency medical condition, a new DOH-4471, form must be completed, dated, and signed by the A/R, or the A/R’s authorized representative, and by the treating physician.

The maximum period of time for which “emergency treatment” (coverage code “07”) may be entered from one submission of the DOH-4471 is 90 days. This can be a combination of retroactive, current, and prospective coverage. A new DOH-4471 must be obtained from a physician at least once 90 days, in order to continue the Medicaid coverage. Future (prospective) coverage may not exceed 60 days.

Category 5: Undocumented Aliens

Category	Documentation	WMS ACI code	Federal Financial Participation (FFP)	Social Security Number (SSN) Requirement
<p>Undocumented Aliens: (Undocumented aliens do not have the permission of the USCIS to remain in the U.S. They may have entered the United States legally but have violated the terms of their status, e.g. over-stayed a visa, or they may have entered without documents.)</p>	<p>Undocumented aliens are unable to provide documentation of immigration status; therefore, absent any documentation they are eligible only for the treatment of an emergency medical condition. Undocumented children may be eligible for CHPlus. Undocumented pregnant women continue to be eligible for pre-natal care.</p>	<p>E Only eligible for treatment of an emergency medical condition</p>	<p>YES</p>	<p>NOT Required</p>