



MEDICAID ELIGIBILITY FOR "DEFERRED ACTION" IMMIGRANTS

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ISSUE

This report addresses Medicaid eligibility for immigrants with Deferred Action for Childhood Arrival (DACA) status.

SUMMARY

Federal Centers for Medicare and Medicaid Services (CMS) [guidance](#) prohibits Medicaid eligibility for immigrants with deferred action status under DACA. However, the Department of Social Services (DSS) notes that these individuals may qualify for limited emergency Medicaid services available to those who meet certain income and asset limits, regardless of legal immigrant status.

DACA AND MEDICAID

In 2012, the U.S. Department of Homeland Security (DHS) implemented a new process that allows certain individuals who arrived in the United States as children and meet specific criteria to request "deferred action" (i.e., a prosecutor's discretionary determination to defer an individual's removal from the United States). This process, referred to as DACA, grants two-year, renewable deferrals and makes the individual eligible for work authorization. For more information on DACA, see [OLR Report 2012-R-0411](#).

CMS determined that neither Medicaid nor the Children's Health Insurance Program (CHIP) cover individuals with deferred action status under DACA, stating that the reasons DHS adopted DACA did not pertain to Medicaid or CHIP eligibility. DHS stated that DACA's purpose was to ensure governmental resources for the removal of individuals are focused on higher priority cases (e.g., danger to national security).



LIMITED EMERGENCY MEDICAID SERVICES

Federal Law

With certain exceptions, the federal government does not provide Medicaid reimbursement for services provided to (1) undocumented immigrants or (2) qualified immigrants (i.e., non-U.S. citizens with permission to live or work in the United States) who have lived in the U.S. for less than five years ([8 USC §§ 1613, 1621](#)). However, federal law requires Medicaid reimbursement for services provided to such individuals for treatment of an emergency medical condition, as long as the person meets other Medicaid eligibility requirements and the treatment is not related to organ transplant ([42 USC § 1396b\(v\)](#)). Federal law defines “emergency medical condition” 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 (1) placing the patient’s health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.”

Connecticut

DSS’ Uniform Policy Manual (UPM) states that “a medical condition is considered an emergency when it is of such severity that the absence of immediate medical attention could result in placing the patient’s health in serious jeopardy. This includes emergency labor and delivery, and emergencies related to pregnancy, but does not include care or services related to an organ transplant procedure” ([UPM 3000.01](#)). According to DSS staff, in practice, the agency reviews services received during the emergency to ensure they were necessary and makes the determination on a case-by-case basis.

HYPERLINKS

CMS, *Individuals with Deferred Action for Childhood Arrivals (August 28, 2012)*, <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-12-002.pdf>, last visited November 19, 2015.

DSS, *UPM3 – Technical Eligibility Requirements, Procedural Eligibility Requirements*, <http://www.ct.gov/dss/cwp/view.asp?a=2352&q=527792>, last visited November 19, 2015.

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