



Top Ten List: Coverage of COVID Testing and Treatment for Immigrants

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States have numerous options to increase access to health coverage and COVID-19 testing and treatment. While recent federal legislation did not change eligibility requirements for immigrants in Medicaid and CHIP, states also have options for providing testing and treatment in those programs.

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- 1. States can provide coverage for COVID testing to immigrants in the new “uninsured” Medicaid eligibility category:** The [Families First Coronavirus Response Act](#) (§ 6004(a)(3)) created a new, optional Medicaid eligibility group for uninsured individuals. Coverage is limited to COVID testing, and does not include treatment. States can provide this testing to individuals with certain [qualifying](#) immigration statuses, including refugees, asylees, Legal Permanent Residents who have had status for five years, and others, regardless of income. States can implement this option through the [template State Plan Amendment](#) for COVID.
- 2. States can provide Medicaid and CHIP coverage to lawfully present children and pregnant women:** States also have the option to provide Medicaid and [CHIP](#) coverage to lawfully-residing children and pregnant women. “Lawfully-residing” includes a broader range of immigration statuses than the “[qualifying](#)” statuses. [Many states](#) have already taken up this option. States that have not adopted this option can submit a State Plan Amendment to expand coverage.
- 3. States can accept attestation of immigration status for presumptive eligibility determinations:** States can use presumptive eligibility to enroll individuals more quickly during the pandemic. [Presumptive eligibility](#) allows individuals to immediately enroll in Medicaid without verifying certain eligibility criteria. States can [choose](#) not to ask about immigration status, or may accept attestation of immigration status for purposes of the presumptive eligibility determination, as [New Mexico](#) has done. States may not require verification of immigration status for a presumptive eligibility determination. Presumptive eligibility lasts until the day the individual is enrolled in Medicaid or on the last day of the month following the month in which the presumptive eligibility decision was made, whichever comes first.

4. **States can extend Medicaid’s reasonable opportunity periods to verify immigration status:** States can make it easier for immigrants to enroll in Medicaid by extending the “reasonable opportunity” period for verifying immigration status. States must provide Medicaid coverage during the reasonable opportunity period if an individual has attested to a qualifying immigration status. The [template State Plan Amendment](#) for COVID includes an option for states to extend the length of the reasonable opportunity period beyond the usual 90-days. Moreover, [CMS guidance](#) (question 35) clarifies that individuals enrolled in Medicaid during the reasonable opportunity period are covered by the maintenance of effort provision of the [Families First Coronavirus Response Act](#) (§ 6008).
5. **Emergency Medicaid is still available and not subject to public charge:** Federal law provides emergency Medicaid to individuals who would otherwise be eligible for comprehensive Medicaid if they had a qualifying immigration status. Individuals are [not required](#) to provide documentation of immigration status or Social Security Numbers to receive emergency Medicaid. Emergency Medicaid is limited to treatment for an emergency medical condition which should include testing and treatment for individuals exhibiting COVID-19 symptoms. Some states, such as [Michigan](#), [Washington](#), [Massachusetts](#), and [New York](#) have [defined](#) testing and treatment for symptoms of COVID-19 as emergency services within their emergency Medicaid programs. Further, the [public charge rule](#) is clear that emergency Medicaid will not count towards a public charge determination.
6. **Services remain available at Community Health Centers:** Immigrants can continue to access services at [community health centers](#) and at a reduced cost or free of charge depending on their income. However, people should call first to find out the availability of COVID-19 screening and testing at their local health center.
7. **State health programs that conduct testing do not count towards public charge:** The public charge rule only counts certain federally-funded public benefits. State-funded public health programs or public health departments that provide COVID testing or treatment will not count towards the public charge determination.
8. **Hospitals may provide free testing and treatment for uninsured individuals.** The Families First and CARES Acts provide additional funding to [hospitals](#) to pay for coronavirus testing and treatment for uninsured individuals.¹
9. **COVID testing and treatment do not count towards public charge:** USCIS posted an [alert](#) clarifying that it will not consider testing or treatment for COVID, as well as any eventual vaccine, in a public charge determination, even if paid for by Medicaid.

¹ As of May 13, 2020, we are waiting for HRSA to provide guidance clarifying the verification and reporting process for undocumented individuals.

Furthermore, if the COVID pandemic has caused an individual's employer to shut down, the individual can submit a statement with their adjustment of status application explaining the impact. USCIS will consider those statements in evaluating the totality of the circumstances.

- 10. States should provide public messaging in multiple languages to clarify where immigrants can receive testing & treatment for free:** As NHeLP has [emphasized](#), federal and state agencies should ensure that vital public health information is available to individuals with limited English proficiency. Translated materials should be released in tandem or in close proximity to the release of English language materials, and interpreting services should be available at no cost to the patient throughout testing and treatment services. States can get [reimbursed](#) for language services provided in Medicaid and CHIP.