



National Indian Council on Aging

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2257-IFC
P.O. Box 8017
Baltimore, MD 21244-801

To whom it may concern:

Subject: Comments to Interim Final Rule: Medicaid Program: Citizenship
Documentation Requirements, 71 Federal Register 39214 (July 12, 2006);
File Code: CMS-2257-IFC

Thank you for the opportunity to provide comments to the interim final rule, published in the Federal Register on July 12, 2006, at Vol. 71, No. 133, amending Medicaid regulations to implement the new documentation requirements of the Deficit Reduction Act (DRA) requiring persons currently eligible for or applying for Medicaid to provide proof of U.S. citizenship and identity. The National Indian Council on Aging (NICOA) is the leading national aging organization representing and providing services to American Indian and Alaska Native Elders. Our membership and Board of Directors are very concerned about this issue and its impact on Elders needing to access health care through Medicaid.

NICOA is extremely disappointed that the interim regulations do not recognize a Tribal enrollment card or Certificate of Degree of Indian Blood (CDIB) as legitimate documents of proof of U.S. citizenship. The June 9, 2006 State Medicaid Directors (SMD) guidance indicates that the Centers for Medicare and Medicaid Services (CMS) consulted with the CMS Tribal Technical Advisory Group (CMS TTAG) in the development of this guidance. While American Indian and Alaska Native Tribal documents and CDIBs are recognized as legitimate documents for identification purposes, the CMS SMD guidance did not include Tribal enrollment cards or CDIBs as legitimate documents of proof of citizenship. Prior to the publication of the interim regulations, the National Indian Health Board (NIHB), the CMS TTAG, and the National Congress of American Indians (NCAI) requested the Secretary of the Department of Health and Human Services to exercise his discretion under the DRA to recognize

Tribal enrollment cards or CDIBs as legitimate documents of proof of citizenship in issuing the regulations. However, Tribal concerns expressed by the national Indian organizations and the CMS TTAG were not incorporated into the interim regulations. NICOA is concerned that the interim regulations place an undue burden on Tribal Elders accessing health care services available to them through Medicaid.

As Sally Smith, Chairman of the NIHB, wrote in a letter to Congressional leaders on this issue, Tribal governments find it “rather ironic that Native Americans, in the true sense of the word, must prove their U.S. citizenship through documentation other than through their Tribal documentation. This same Tribal documentation is currently recognized by federal agencies to confer federal benefits by virtue of American Indian and Alaska Native (AI/AN) Tribal governments’ unique and special relationship with the U.S. dating back to, and in some circumstances prior to, the U.S. Constitution.”

There are 563 federally-recognized Tribes in the U.S. whose Tribal constitutions include provisions establishing membership in the Tribe. The Tribal constitutions, including membership provisions, are approved by the Department of Interior. Documentation of eligibility for membership is often obtained through birth certificates but also through genealogy charts dating back to original Tribal membership rolls, established by Treaty or pursuant to federal statutes. The Tribal membership rolls officially confer unique Tribal status to receive land held in trust by the federal government, land settlements, and other benefits from the federal government. Based on heroic efforts of Indians serving in the military during World War I, the Congress in 1924 granted U.S. citizenship to members of federally recognized Tribes. To this day, Tribal genealogy charts establish direct descendancy from these Tribal members. With very few exceptions, federally-recognized Tribes issue Tribal enrollment cards or CDIBs to members and descendants of federally recognized Tribes who are born in the U.S. or to persons descended from someone who was born in the United States. Thus, Tribal enrollment cards or CDIBs should serve as satisfactory documentation of evidence of U.S. citizenship as required by the DRA.

In developing the interim regulations, the CMS might have been concerned that some Tribes issue enrollment cards to non-citizens and determined that Tribal enrollment cards or CDIBs are not reliable documentation of U.S. citizenship for Medicaid eligibility purposes under the DRA. However, members of American Indian and Alaska Native Tribes, regardless of citizenship status, are already eligible for federal public benefits, including Medicaid, under exceptions to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Title IV of the PRWORA provides that with certain exceptions only United States citizens, United States non-citizen nationals, and “qualified aliens” are eligible for federal, state, and local public benefits. Pursuant to federal regulations at 62 Federal Register 61344 (November 17, 1997) non-citizen Native Americans born outside of the United States who either (1) were born in Canada and are at least 50% American Indian blood, or (2) who are members of a federally recognized Tribe are eligible for Medicaid and other federal public benefits, *regardless of their immigration status*. The documentation required for purposes of the PRWORA is a membership card or other Tribal document demonstrating membership in

a federally-recognized Tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act. Thus, Tribal membership cards issued to members of federally-recognized Tribes, including non-U.S. citizen Tribal members, are satisfactory proof of documentation for Medicaid eligibility purposes under the PRWORA. The documentation requirements under the DRA should be the same.

The interim regulations, at 42 C.F.R. 437.407(e)(6) and (e)(8)(vi), recognize Native American Tribal documents as proof of identity. Section 437.407(e)(9) recognizes CDIBs as evidence of identity because they include identifying information such as the person's name, Tribal affiliation, and blood quantum. Since the CMS already recognizes Native American Tribal documents or CDIBs as satisfactory documentation of identity, there is sufficient basis for CMS to recognize Tribal enrollment cards or CDIBs as satisfactory documentation of primary evidence of both U.S. citizenship AND identity. The term "Native American tribal document" is found in the Department of Homeland Security, Form I-9, where Native American tribal documents suffice for identity and employment eligibility purposes. The interim regulations do not define the term "Native American tribal document" but certainly, Tribal enrollment cards or CDIBs fall within the scope of a "Native American tribal document." Thus, NICOA recommends that section 435.407 (a) of the regulations be amended to include Tribal enrollment cards or CDIBs as Tier 1 documents.

In the alternative, if CMS will not amend the regulations at 435.407(a) to include Tribal enrollment cards or CDIBs as primary evidence of citizenship and identity, NICOA recommends that the CMS recognize Tribal enrollment cards or CDIBs as legitimate documents of citizenship as a Tier 2 document, secondary evidence of citizenship. The regulations only allow identification cards issued by the Department of Homeland Security to the Texas Band of Kickapoos as secondary evidence of citizenship and census records for the Seneca and Navajo Tribes as fourth-level evidence of citizenship. However, in light of the exception found in the PRWORA, the regulations at 435.407(b) should be amended to include Tribal enrollment cards for all 563 federally-recognized Tribes as secondary evidence of U.S. citizenship.

The Senate Finance Committee in unanimously reporting out S. 3524 included an amendment to section 1903(x)(3)(B) of the Social Security Act [42 U.S.C. 1396(x)(3)(B)] to allow a "document issued by a federally-recognized Indian Tribe evidencing membership or enrollment in, or affiliation with, such tribe" to serve as satisfactory documentation of U.S. citizenship. In addition, the amendments provide further that "[w]ith respect to those federally-recognized Indian Tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, the Secretary shall, after consulting with such Tribes, issue regulations authorizing the presentation of such other forms of documentation (including Tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection." S. 3524 also provides for a transition period that "until regulations are issued by the Secretary, Tribal documentation shall be deemed satisfactory evidence of citizenship or nationality for purposes of satisfying the

requirements of section 1903 of the Act.” Although S. 3524 has not been enacted, amending the interim regulations to include Tribal enrollment cards or CDIBs as satisfactory documentation of proof of citizenship would be consistent with this recent Congressional action to clarify the DRA.

NICOA urges CMS to amend the interim regulations to address Tribal concerns by recognizing Tribal enrollment cards as Tier 1 documents, or in the alternative, Tier 2 documents. As explained above, with very few exceptions, Tribes issue enrollment cards or CDIBs to their members after a thorough documentation process that verifies the individual is a U.S. citizen or a descendant from a U.S. citizen. To the extent, the Secretary has concerns that some Tribes might issue enrollment cards or CDIBs to non-U.S. citizens, the exceptions under the PRWORA should address these concerns.

If Tribal enrollment cards or CDIBs are not recognized as proof of U.S. citizenship, either as a Tier 1 or Tier 2 document, AI/AN Medicaid beneficiaries, especially our Elders, might not be able to produce a birth certificate or other satisfactory documentation of place of birth. Many traditional AI/AN Elders were not born in a hospital and there is no record of their birth except through Tribal genealogy records. By not recognizing Tribal enrollment cards as satisfactory documentation of U.S. citizenship, the CMS is creating a barrier to AI/AN Elders access to Medicaid benefits. As you know, the Indian health care programs, operated by the IHS, Tribes/Tribal organizations, and urban Indian organizations, as well as public and private hospitals that provide services to AI/AN Elders are dependent on Medicaid reimbursements to address extreme health care disparities of the AI/AN population compared to the U.S. population. Recognizing Tribal enrollment cards or CDIBs as sufficient documentation of U.S. citizenship will benefit not only Indian health care programs but all of the health care providers located near Indian Country that provide services to AI/AN Medicaid beneficiaries, many of whom are Elders.

Thank you for your thoughtful consideration of my comments.

Sincerely,



Traci L. McClellan
Executive Director

Enclosure

Cc: Senator Jeff Bingaman
Senator Max Baucus
Senator Pete Domenici
Representative Heather Wilson
NIHB