Medicaid and Migrant and Seasonal Farmworkers

What is Medicaid?

Medicaid is a federal government-provided health insurance program for low-income individuals and their families. Each state administers its own Medicaid plan with different eligibility requirements, coverage and procedures. Medicaid is funded jointly by federal and state governments. Currently, each state receives varying levels of federal funds. Provisions of the Patient Protection and Affordable Care Act (ACA), which will go into effect in 2014, will alter Medicaid by expanding, simplifying and standardizing eligibility and income requirements.

Who is eligible for Medicaid?

Applicants for Medicaid must meet certain criteria. While current categorized requirements and income limits will change as ACA implementation moves forward, two sets of criteria will remain:

- **Immigration status**\(^1\) - Applicants are not eligible for Medicaid unless they are US citizens or fall within another eligible immigrant category, such as lawful permanent residents (LPRs), asylees/refugees, and certain survivors of trafficking or domestic violence who have approved or pending applications for adjusted immigration status, among others.\(^2\) Further, to be eligible for Medicaid, many “qualified immigrants” must have held their qualified status for five years unless they entered the country before August 22, 1996. The five-year ban does not apply to some categories of immigrants, such as refugees/asylees and those serving in the military. States have the option to provide Medicaid to children under 21 and pregnant women who are otherwise eligible

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\(^1\) For a summary of Immigrant eligibility and restrictions for Medicaid and other public benefits, please visit the US Department of Health and Human Services: [http://aspe.hhs.gov/hsp/immigration/restrictions-sum.shtml](http://aspe.hhs.gov/hsp/immigration/restrictions-sum.shtml)

except for the five-year ban, and may also provide prenatal care to pregnant women regardless of immigration status. Under CHIPRA, the Children’s Health Insurance Program Reauthorization Act of 2009, states were given the option to provide Medicaid and CHIP to children and/or pregnant women who are “lawfully residing” in the US and otherwise eligible for Medicaid and CHIP. CHIPRA’s lawfully residing definition is more expansive than the eligible immigrant categories described above.

- **State residency** – Applicants must be residents of the state in which they are applying for Medicaid. Residency is defined as a person living in the state with the intention to remain there permanently or for an indefinite period.

**What services are covered under Medicaid?**

Coverage varies by state. Generally, hospital inpatient and outpatient services, as well as emergency care, health and dental care, psychiatric services, clinic services, family planning, medical transportation and medication are covered.

**When does Medicaid coverage begin?**

Medicaid coverage concludes at the end of the month in which a person’s circumstances changed (such as a move to a different state, income increase or another change that takes one out of the eligibility group).

**What counts as an emergency medical condition for Emergency Medicaid coverage?**

The federal definition of an “emergency medical condition” requires an onset of a medical condition (including emergency labor and delivery) manifested 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.


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4 42 CFR § 440.255
What happens to Medicaid under the ACA in 2014?

The ACA expands Medicaid coverage to non-disabled, childless adults and standardizes income requirements to include all eligible individuals with incomes below 138% of the federal poverty level (FPL). For three years, beginning in 2014, the federal government will cover 100% of states’ expansion costs. After 2016, the portion of federal funding will be gradually reduced to 90% in 2020. The US Supreme Court, as part of its ruling on the constitutionality of the ACA, struck down the provisions of the law that mandated states to expand Medicaid. Instead, states have the option to accept federal funding to expand Medicaid or to maintain current Medicaid requirements. According to the Centers for Medicare and Medicaid Services (CMS), states can initially expand and then later decide to opt-out or, conversely, may decline expansion in 2014 and then later opt-in. Although the expansion does not go into effect until 2014, some states (Connecticut, DC, Minnesota and Washington, among others) have either already implemented or are in the process of implementing expanded Medicaid. Other changes to Medicaid mandated by the ACA are unaffected by the Supreme Court decision, including increases in primary care provider payment rates, reductions in disproportionate share hospital (DSH) payments, and expansion of Medicaid for children between the ages of 6 to 18 in households with income up to 138% FPL.

What are some barriers to Medicaid coverage for migrant and seasonal farmworkers?

- **Lack of portability** – For many migrant farmworkers, Medicaid coverage ends when they move away from a state. It may be difficult for farmworkers to complete applications and receive coverage in the short time they are living and working in a state. Two states have implemented creative solutions to this problem: the Texas Migrant Care Network provides portable Medicaid coverage for farmworkers; Wisconsin offers Medicaid reciprocity for migrant farmworkers who are already covered in other states.
- **Categorical requirements** – Many farmworkers are single men with no dependents. Currently, they do not meet the categorical requirements for Medicaid coverage in most states. This will change in 2014 in states that choose to expand Medicaid coverage under the ACA.
- **Income and asset eligibility requirements** – Proof of income and/or asset calculations, which may not account for fluctuating income (as found in agriculture), may create barriers for farmworkers applying for Medicaid.
- **Application process** – The application process itself presents significant challenges to farmworkers who are applying either for themselves or on behalf of an eligible family member. Barriers to enrollment include language access issues, transportation, time off

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work to complete the application, and fears concerning confidentiality and immigration status of family members.