



Covering Undocumented Young Adults in Medi-Cal

December 13, 2019

By Garrett Hall

California is preparing to extend Medi-Cal eligibility to low-income undocumented young adults starting January 1, 2020. This ITUP blog highlights the expansion opportunity as well as potential challenges in bringing eligible young adults into coverage, including an intensely negative and complex federal immigration climate.

New Eligibility for Young Undocumented Adults

The 2019-20 state budget, enacted on June 27, 2019, included \$98 million in state funds to expand full-scope coverage in Medi-Cal, California's Medicaid program, to undocumented young adults ages 19-25 starting January 1, 2020.

Under existing federal and state law, undocumented, low-income Californians are eligible to receive restricted scope Medi-Cal, sometimes also referred to as emergency or pregnancy Medi-Cal but are not eligible for "full-scope" Medi-Cal. Restricted scope Medi-Cal covers limited services such as emergency medical care, pregnancy-related services, and long-term care when needed. By contrast, full-scope Medi-Cal covers comprehensive benefits like those under job-based coverage. For more information on this Medi-Cal expansion, see the ITUP publication: [Final 2019-20 State Budget Continues the Move Toward Universal Coverage](#).

The extension of Medi-Cal to undocumented young adults follows California's 2016 action to extend state-supported Medi-Cal to low-income, undocumented children ages 0-18. Federal Medicaid matching funds are not available for full-scope coverage of certain immigrants and undocumented populations. States choosing to provide such coverage must use state funds. For more information on existing programs and eligibility, see the ITUP publication, [Health Care Programs for California Immigrants](#).

The state estimates that approximately 90,000 undocumented young adults will be eligible for full-scope Medi-Cal in the first year. This includes 75 percent, or approximately 68,000 enrollees, who will transition from restricted scope Medi-Cal.¹

The Medi-Cal expansion to undocumented young adults will include three groups:

- **New enrollees:** Young adults ages 19-25 who are income-eligible for Medi-Cal but were previously ineligible for full-scope Medi-Cal coverage because of their immigration status.
- **Transition enrollees:** Young adults ages 19-25 currently enrolled in restricted scope Medi-Cal who will transition to full-scope coverage.²
- **Lawfully Present Immigrant (LPI) Children Aging in to Eligibility:** Children ages 0-20 with LPI status are already eligible for state-supported full-scope Medi-Cal, and when they turn 21 years of age in January 2020 and thereafter, they will be treated similar to the transition enrollee population.³



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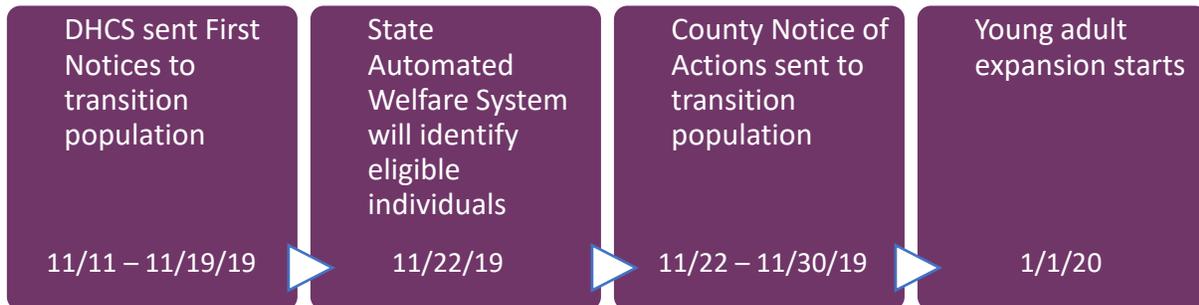
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State Enrollment Efforts

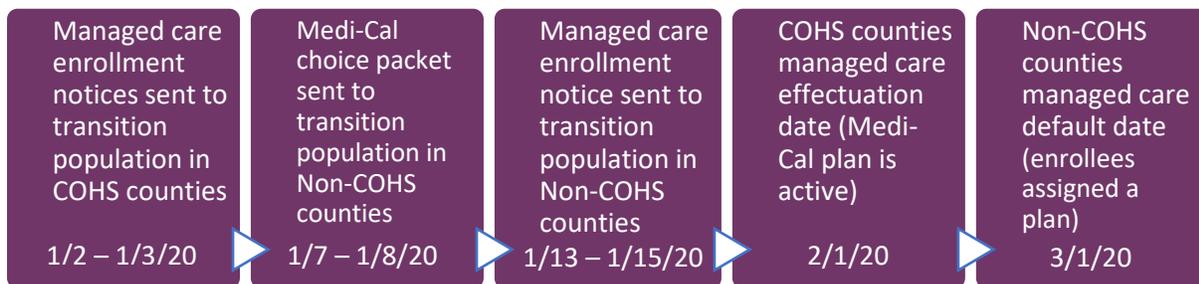
The Department of Health Care Services (DHCS) is modeling the implementation of the young adult expansion on the state’s 2016 outreach efforts to enroll undocumented children in full-scope Medi-Cal.⁴ Fortunately, most eligible young adults are already in restricted scope Medi-Cal.⁵

DHCS will transition young adults with active, restricted scope Medi-Cal as of January 1, 2020 to full scope Medi-Cal through county enrollment systems. DHCS intends for the transition process to be transparent to these individuals, and they will not have to submit a new application. However, if they receive a renewal packet for restricted scope Medi-Cal eligibility, they must provide the county with any requested information.

Pre-expansion timeline:



Post-expansion timeline for County Organized Health System (COHS) counties and Non-COHS counties:



Potential Barriers to Enrollment

Policymakers and stakeholders supporting the expansion are concerned about potential barriers to enrolling newly-eligible young adults, including the negative federal immigration climate, which has resulted in fear and confusion among many immigrant communities, creating a chilling effect on enrollment in health care and other public benefit programs.⁶ Public reporting surrounding federal policy proposals such as the proposed “public charge” rule, which was temporarily blocked by a federal judge just days before it was scheduled to take effect, appear to be keeping some California immigrants from enrolling in programs for which they are eligible, including state-supported Medi-Cal.



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Public charge is a term used in current federal immigration law referring to a person who federal officials determine is likely to become primarily dependent on the government for support as determined by their use of specified public benefits. Although state-funded Medicaid is not a benefit considered under federal public charge rules (existing or proposed), many providers and community agencies emphasize that immigrants are reporting confusion around the complexity of federal rules, and fear associated with the overall negative immigration climate. For more information on Public Charge, see the ITUP publication: [Final Federal Rule on Immigrants and Public Charge Fact Sheet](#).

Young adults have also traditionally been a difficult population to reach for health insurance coverage. They may not view coverage as a high priority because of perceived good health status, limited incomes, and the cost of health insurance coverage.⁷ The Affordable Care Act (ACA) allows young adults ages 19-25 to remain on their parent's coverage.

In addition, California adopted the ACA Medicaid expansion for adults up to 138 percent of the federal poverty level (incomes up to \$17,237 for an individual or \$35,535 for a family of four) except for undocumented adults. These policies corresponded with a 17.3 percent improvement in young adults' insurance rates in California between 2009 and 2018, although undocumented adults were left out of these benefits.⁸

How it Worked for Undocumented Children

In 2015, California enacted Senate Bill [\(SB\) 75](#) (Committee on Budget and Fiscal Review-Health, Chapter 18, Statutes of 2015) extends full-scope Medi-Cal coverage to undocumented children ages 0-18. California also enacted [SB 4](#) (Lara, Chapter 709, Statutes of 2015) requires DHCS to develop outreach strategies in collaboration with counties, health plans, advocates, and the legislature.

Following the requirements in SB 4, DHCS and stakeholders engaged in extensive outreach to enroll eligible children, a broader statewide effort than is currently contemplated for outreach to undocumented young adults. State-based foundations, advocates, and other partners initiated the following to maximize the enrollment of undocumented children:

- Providing grants to multilingual and multi-ethnic media,
- Supporting county social service agencies with trainings to support the expansion, including the importance of cultural competency, addressing immigration fears and coordinating with community-based organizations and children's coverage programs, and
- Helping newly enrolled children and their families get health care services by providing them with post-enrollment navigation support.⁹

Following these outreach efforts, the number of uninsured, non-citizen children dropped from 16.8 percent in 2015 to 6.3 percent in 2016.^{10,11} The latest data for 2018 reveals that 1.7 percent of California non-citizen children were uninsured.^{12,13}



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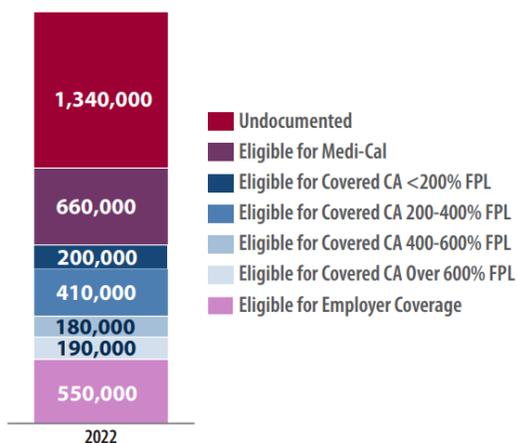
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Looking Ahead

The expansion of Medi-Cal to undocumented young adults continues California’s progress toward universal coverage for all Californians, despite the limitations and restrictions of federal Medicaid.

As the Figure below illustrates, extending state-supported Medi-Cal, and finding effective outreach strategies to encourage and support undocumented Californians in signing up for the new state coverage programs, will continue to be a critical element in reaching the remaining uninsured. For more information on the uninsured, see the ITUP publication [Snapshot: Remaining Uninsured in California](#).

Figure 4. Uninsured Californians Under Age 65, 2022 Projections



Source: UCLA- UC Berkeley CalSIM version 2.7, Nov. 2019. Chart prepared by Insure the Uninsured Project.

¹ California Department of Finance, [2019-20 Health and Human Services Agency Budget Summary](#), May 2019

² Health4All Young Adults, [Medi-Cal Expansion Program for All Young Adults in California](#), November 5, 2019 presentation.

³ Department of Health Care Services, [Young Adult Full Scope Expansion Eligibility and Enrollment Plan](#), November 4, 2019 presentation.

⁴ Department of Health Care Services, [Young Adult Full Scope Expansion Webinar](#), September 2019.

⁵ Health4All Young Adults, [Medi-Cal Expansion Program for All Young Adults in California](#), November 5, 2019 presentation.

⁶ Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, Stephen Zuckerman, [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefits in 2018](#), May 22, 2019.

⁷ Stacey McMorrow, Genevieve M. Kenney, Sharon K. Long, Nathaniel Anderson, [Uninsurance Among Young Adults Continues to Decline, Particularly in Medicaid Expansion States](#), April 2015.

⁸ UCLA Center for Health Policy Research, [California Health Interview Survey](#), Accessed December 2019.

⁹ California Health Care Foundation, [Medi-Cal Expansion to Undocumented Children](#), May 13, 2016.

¹⁰ UCLA Center for Health Policy Research, [California Health Interview Survey](#), Accessed December 2019.



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¹¹ For immigrants who are not citizens of the United States, the California Health Interview Survey only includes data on non-citizens, which includes undocumented immigrants as well as other immigrant groups. This data is considered statistically unstable because of low sample size.

¹² UCLA Center for Health Policy Research, California Health Interview Survey, Accessed December 2019.

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