

Effects of the Citizenship Documentation Provision of the Deficit Reduction Act of 2005 on Medi-Cal: Overview and Analysis

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- **Table of Contents**

Executive Summary ..... **1 – 4**

Introduction and Background ..... **5 – 8**

California's Approach – Research and Key Informant Interviews ..... **8 – 11**

- Implementation ..... 8 – 9
- Preparation and Operationalization ..... 9 – 11

Effects of Requirements on Medi-Cal Enrollment for Children ..... **12 – 18**

- Effect on Overall Medi-Cal Enrollment ..... 12 – 13
- Effect on Proportion of Children Coming on and off Medi-Cal ..... 13 – 14
- Focus Group Participants Help Explain Enrollment Figures ..... 15 – 18

Groups Most Affected by Citizenship Documentation Requirements ..... **18 – 22**

- Different Effects for Different Races/Ethnicities ..... 18 – 21
- Qualitative Research Verification of Race/Ethnicity Effects ..... 21 – 22

Changes in the Undocumented Eligibility Group ..... **22 – 25**

Rate of Failure to Renew Coverage during Operationalization ..... **26 – 29**

- Different Rates for Different Races/Ethnicities 27
- Different Rates for Counties Based on Non-Citizen Population ..... 27 – 29

California's Experience Compared to Other States ..... **29 – 30**

- Preparation and Baseline Proficiency ..... 29 – 30
- The Economic Recession 30

Conclusions ..... **30 – 32**

Appendix A – Methodology ..... **33 – 35**

Appendix B – Recruitment and Interview Materials ..... **36 – 49**

Appendix C – Enrollment in Counties by Proportion of Non-Citizens ..... **50 – 53**

Appendix D – Detailed Problems Reported in Focus Groups ..... **54 – 55**

Appendix E – Undermining California's Simplification Efforts **56**

References ..... **57 – 58**

Executive Summary

As part of the Deficit Reduction Act of 2005 (DRA) Congress enacted legislation requiring that Medicaid applicants show proof of citizenship and identity to obtain coverage. This provision was brought about by concerns that appreciable numbers of ineligible non-citizens might be receiving assistance through Medicaid.

Under this requirement all new and current Medi-Cal (California's Medicaid program) beneficiaries would need to show proof of both citizenship and identity to obtain coverage. Applicants needed to supply this proof at the time of application. Currently enrolled children needed to submit proof at the time of coverage renewal.

Leadership in California expressed concern that the citizenship documentation provisions could lead to loss of coverage for eligible individuals. Estimates for California projected that 650,000 of the approximately 6.5 million Medi-Cal (California's Medicaid program) beneficiaries may have lacked proper documents to prove citizenship.[1] This project sought to report on these potential effects on children, as there was special concern that the requirement would erode recent progress made in reaching eligible children in the state. This was accomplished through analysis of Medi-Cal enrollment files, focus groups of California residents affected by the citizenship documentation requirement, and key informant interviews of county workers.

California's Implementation and Operationalization

- **The state underwent extensive preparations to minimize burdens on enrollees and applicants and ensure a smooth transition.**
  - Operationalization of the requirements began in many counties shortly after the release of "All County Welfare Directors Letter (ACWDL) 07-12" on June 4, 2007.
    - By April 2008 virtually all counties had operationalized.
  - The California Department of Health Care Services (DHCS) matched clients to birth records as verification of citizenship. DHCS also:
    - Mailed notices prior to the each beneficiary's quarter of redetermination to notify them if a match had been found.

- Documented matches in the eligibility system (MEDS) and expected counties check it for a match before asking for other proof from enrollees.[2]

- California county preparation responsibilities included:
  - Implementing training curriculums.
  - Providing resources to assist in obtaining out-of-state birth records.
  - Providing explanations of the requirements to clients.

- California employed as much flexibility as allowed by law:
  - Used an expanded list of acceptable documentation.
  - Required giving applicants and beneficiaries making a good faith effort to provide the required evidence of citizenship and identity as much time as possible.

◆ **State and county preparations meant that burden was shifted from beneficiaries to county workers.**

- County workers, cited the high administrative costs and burdens that were produced by the provision;
  - Extra steps taken to prevent beneficiaries from losing coverage,
  - Increased work in checking documents for all applicants.

- Counties reported a significant increase in applicants and renewing clients making in person visits to county offices.
  - Crowded county offices, leading to increased wait times for clients, overburdened staff, or the need to hire and/or train new staff.

<u>Effect on Enrollment Overall and by Racial/Ethnic Groups</u>

◆ **There was no overall decline in overall enrollment after implementation and operationalization of the citizenship documentation requirements. Enrollment actually increased by 60,000 children during the time of operationalization (between July 2007 and April 2008) and continued to increase in the subsequent year.**

- This may indicate that the steps taken by California and its counties to make a smooth transition were effective.

- The fact that there was no drop in enrollment may indicate there were not large numbers of ineligible, non-citizen children on the rolls to begin with.
  - This in turn may indicate that the counties had done an effective job of ascertaining ineligibility among applicants even before the DRA requirement.

- **Focus group participants helped interpret these results through reports that although they experienced difficulties in obtaining documentation, they were able to maintain coverage.**

- **There were differences in enrollment by race/ethnicity.**
  - Enrollment of Hispanic children (the group most likely to be foreign-born) continued to increase; while enrollment of African American children (less likely to be foreign-born) showed a period of sharp drop during operationalization of the DRA requirements.
    - The above finding is consistent with previous research that U.S.-born citizens were more likely to have been affected by needing to prove citizenship than foreign-born citizens.[3]
    - If the fears of some of the sponsors of the documentation requirements that high numbers of ineligible non-citizens were on the Medi-Cal rolls were correct, then children in groups most likely to be foreign-born would have been expected to experience drops at high rates. This in fact was not the case.

- **Participants in focus groups helped explain this finding as:**
  - Those in English-speaking focus groups reported difficulties obtaining documentation, whereas,
  - Those in the Spanish-speaking focus groups had been asked to provide documentation in the past and had systematic approaches for keeping it accessible.

Renewal Rates

- **The citizenship documentation requirement specified that enrolled children needed to supply proof of citizenship and identity at the time of coverage renewal (annually in California). If large numbers of ineligible non-citizen children had been on the rolls, there would have been a disproportional drop in successful renewals for children more likely to be foreign-born (e.g. children of Hispanic race/ethnicity).**
  - Overall, coverage was not successfully renewed for 40% of children enrolled during the period of operationalization. This number is comparable to the proportion of children enrolled for whom coverage was not successfully renewed prior to operationalization of the citizenship documentation requirement.

- There was a difference in renewals during citizenship documentation operationalization by race/ethnicity, as White children were least likely to renew successfully during this time period (43% did not successfully renew). There was little difference between other races/ethnicities (39-39% for Hispanic, African-American, and Asian children).
- Children in counties with high rates of non-citizens in the population did not differ in rates of successful coverage renewals from those in counties with low rates of non-citizens.

◆ **Thus, there is no evidence that there were substantial numbers of ineligible non-citizens on Medi-Cal prior to citizenship documentation.**

California Experience was Different from Other States

◆ **Operationalization in California went more smoothly than in some other states. One study, for example, reported that 22 out of 44 responding states saw declines in Medicaid enrollment due to the documentation requirements.[4] There are several reasons for this difference:**

- First, California undertook careful preparation to minimize burdens on enrollees and applicants and ensure a smooth transition.
- California was a later state to operationalize, meaning they could draw from other states' experiences with the requirement.
- The economic downturn and the citizenship documentation requirement operationalization overlapped in California, whereas it did not in the states that put the requirement into effect earlier.

Conclusion

Due to California's preparations and provisions around the citizenship documentation requirement, as well as other external factors during the state's operationalization, minimal effects were seen on Medi-Cal enrollment, indicating it did not generally result in losses of coverage. However, results from this project's qualitative research determined that the citizenship documentation requirement brought with it costs, burdens, and worries for both beneficiaries and the state. Maintaining enrollment levels may also indicate that California counties had effective procedures for screening for citizenship and keeping ineligible non-citizens from receiving Medi-Cal even prior to the documentation requirement.

- **Introduction and Background**

In response to concerns about the potential of ineligible non-citizens being enrolled in Medicaid, Congress enacted legislation as part of the Deficit Reduction Act of 2005 (DRA) requiring that Medicaid applicants show proof of citizenship. According to the legislation, beginning July 1, 2006 anyone applying for or renewing Medicaid coverage needed to supply "satisfactory documentary evidence" of citizenship.

It is important to note that requirements for Medicaid eligibility did not change with the new law; U.S. citizenship or satisfactory immigration status had long been a requirement for eligibility in full scope Medicaid. However, prior to the legislation, states had considerable flexibility regarding how citizenship was documented. In most states, individuals were allowed to attest in writing, under penalty of perjury, to their citizenship status.[4] Many states, including California, followed up to validate declarations of citizenship through matching eligibility records with the Social Security Administration. Eligibility workers had the discretion to require documents proving citizenship, if they thought this was needed, but this was not required. This flexibility was no longer acceptable after enactment of the new requirements.

The new documentation provisions of the DRA were to take effect within one year of the provision's July 1, 2006 effective date for new applicants and, at the next renewal date after July 1, 2007, for existing Medicaid covered individuals; however, as of May 2007 all states had not fully implemented the requirement.[4]

The Centers for Medicare and Medicaid Services (CMS) issued an interim final rule in July 2006 that outlined a prescriptive process that states must follow to obtain satisfactory documentation of citizenship and identity for applicants and existing beneficiaries. According to the rules, applicants were required to present acceptable proof of both citizenship *and* identity in order to be eligible for coverage, or for continuation of coverage. Federal regulations also specified the documents that could be used to establish proof of citizenship and identity. (see Box A).[5]

Box A – Documents Required to Verify Citizenship and Identity Under DRA

Citizenship and Identity (one document proves both citizenship and identity)

(i) A United States **passport**
(ii) Form N–550 or N–570 (**Certificate of Naturalization**)
(iii) Form N–560 or N–561 (**Certificate of United States Citizenship**)
(iv) A valid **State-issued driver's license** or other identity document described in section 274A(b)(1)(D) of the Immigration S. 1932—78 and Nationality Act, but only if the State issuing the license or such document requires proof of United States citizenship before issuance of such license or document or obtains a social security number from the applicant and verifies before certification that such number is valid and assigned to the applicant who is a citizen.
(v) Such other document as the Secretary may specify, by regulation, that provides proof of United States citizenship or nationality and that provides a reliable means of documentation of personal identity.

----------OR----------

Two documents (one that proves citizenship only and one that proves identity only)

Citizenship (documents that prove citizenship only)

(i) A **certificate of birth** in the United States
(ii) Form FS–545 or Form DS–1350 (**Certification of Birth Abroad**)
(iii) Form I–97 (**United States Citizen Identification Card**)
(iv) Form FS–240 (**Report of Birth Abroad of a Citizen of the United States**)
(v) Such other document as the Secretary may specify that provides proof of United States citizenship or nationality

----------AND----------

Identity (documents that prove identity only)

(i) Any identity document described in section 274A(b)(1)(D) of the Immigration and Nationality Act.
(ii) Any other documentation of personal identity of such other type as the Secretary finds, by regulation, provides a reliable means of identification.

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s1932enr.txt.pdf

While the DRA provisions were aimed at immigrants, many others were likely to be affected. A survey conducted near the time of enactment of the provisions found that Medicaid coverage could be in jeopardy for 3 million to 5 million U.S.-born citizens because they did not have a U.S. passport or birth certificate readily available. Residents of nursing homes, people not born in a hospital (e.g., many elderly African Americans born in the South), homeless people, people with mental illnesses, people with substance abuse illnesses, and people who move frequently were most vulnerable.[1] Further, naturalization papers for parents often fail to list children; thus, these children are also likely to lack documentation.[3]

> Medicaid coverage could have been in jeopardy for 3 to 5 million U.S.-born citizens who did not have documentation readily available.

A report from the California Budget Project estimated that 650,000 of the approximately 6.5 million Medi-Cal (California's Medicaid program) beneficiaries may have lacked proper documents to prove citizenship.[1] As in other states, U.S. citizens residing in California who do not have a passport or birth certificate in their possession would need to secure these documents, which could take time and money. California required a person applying for a birth certificate to submit a *notarized application*, adding time, effort and expense.[3]

> 650,000 of the approximately 6.5 million Medi-Cal beneficiaries may have lacked proper documents to prove citizenship.

Many states and advocacy groups expressed deep concern that the strict documentation requirements would create barriers for U.S. citizens seeking health coverage through Medicaid, potentially delaying coverage and needed services or even preventing or discouraging eligible individuals from applying for coverage. This is of special concern in California in that Medi-Cal has the largest enrollment in the nation with 10.5 million unduplicated enrollees over the course of a year (18.1% of the nation's enrollment, with New York as the next closest share at 8.5%).[6]

Leadership in California – from the administration, the legislature, and the counties – all expressed concern that implementation of the DRA citizenship documentation provisions could lead to loss of coverage for eligible individuals and erode progress made in reaching eligible children.

In light of these concerns The California Endowment sought to ascertain the effect of the citizenship documentation requirements on Medicaid enrollment. This study investigated the approach California took to implement these provisions for Medi-Cal populations. It then looked at the effects of these new provisions on California's children qualitatively through focus groups and quantitatively through monitoring enrollment statewide and by various counties and race/ethnicity groupings to determine which were most affected by the new provisions.

As part of this study, four focus groups of Medi-Cal beneficiaries were conducted in the three California Counties of Contra Costa (Bay Area), Fresno (Central Valley), and Riverside (Southern California). Two focus groups were held in Riverside County, one each in English and Spanish. The focus groups were supplemented by key informant interviews with county officials in the same counties.[7]

For the current report, efforts in California to operationalize the citizenship documentation requirements are initially examined. From there the effects of these requirements on enrollment are reported. To help interpret the quantitative data, these findings are supplemented throughout with the results of the focus groups and key informant interviews.

- **California's Approach**

Implementation

The California legislature enacted Assembly Bill 1807 (Chapter 74, Statutes of 2006) to direct the implementation of the new citizenship documentation requirements in Medi-Cal. The legislation explicitly instructed the California Department of Health Care Services (DHCS), which administers Medi-Cal, to implement the federal provisions "with as much flexibility as is allowed under federal law and policy." The statute requires counties to assist applicants and beneficiaries who are required to provide evidence of citizenship/identity. State law further specifies that individuals who have been determined otherwise eligible, but are determined ineligible for full scope Medi-Cal for failing to meet the citizenship/identity requirements within the reasonable time period described below, will receive restricted Medi-Cal (including emergency services and prenatal care), as appropriate.

On June 4, 2007, DHCS released All County Welfare Directors Letter (ACWDL) number 07-12. The purpose of the letter was to provide California's 58 county

departments of social services, which administer the eligibility determination process for Medi-Cal, with the state's instructions for using the new citizenship documentation requirements. The ACWDL was subject to an extensive process of public input prior to finalization. On July 9, 2008, DHCS issued a final amended ACWDL, number 08-29, to reflect further federal and state clarification regarding documentation and exempt populations. California counties had responsibility to fully operationalize the documentation requirements, including incorporating necessary modifications in each county's eligibility information technology system.

Implementation of the new citizenship documentation requirements varied across counties, depending on each county's ability to get workers trained, make any necessary changes to internal staffing and processes and, significantly, to have full IT support of new processes. Some counties phased in the new requirements, starting first with either renewals or new applicants. Sources at the County Welfare Directors Association indicated some counties had begun operationalizing by July 2007, and virtually all had operationalized by April 2008. As such, by April 2009 virtually all beneficiaries enrolled during operationalization would have experienced a renewal period subject to the new requirements.

Counties had begun operationalizing by July 2007, and virtually all had operationalized by April 2008.

Extensive Preparation and Operationalization

Each county was responsible for developing and implementing its own training curriculum, using state guidance, as well as its own resources to offer assistance to individuals who needed to obtain out-of-state birth records. The state made written explanations of the new citizenship documentation requirements available, including on the department's web site. Counties were required to provide these notices as part of application and redetermination packets. Information provided by counties included web site addresses and other contact information for vital statistics offices in other states. The

The state made written explanations of the new citizenship documentation requirements available.

notices also identified those individuals exempt from the documentation requirements.

As described in ACWDL 07-12, DHCS is to provide for exceptions or alternatives in the implementation of the federal requirement to the extent federal financial participation (FFP) is available. These exceptions or alternatives included using an expanded list of acceptable documentation, relying on electronic data matches for birth certificates, and accepting sworn affidavits when there is good cause for not providing other evidence. The state also required giving applicants and beneficiaries making a good faith effort as much time to provide the required evidence of citizenship and identity as federal law and policy allowed.

As part of the state's efforts to implement the documentation requirements in a manner that minimized negative impact on eligible Medi-Cal beneficiaries, in 2007 DHCS conducted a statewide data match of current Medi-Cal beneficiaries against the state's birth records.[8] For children under 16, California used the application as proof of identity, thus having the data match and application fully meet the requirements for these children. Further, the state declared the birth of a child eligible for deemed eligibility to a mother whose delivery was covered by Medi-Cal as demonstration of citizenship and identity.[2] Before these measures DHCS estimated that 3.5 million of 6.7 million existing Medi-Cal beneficiaries would be affected by the documentation requirements, along with new applicants. Data matches and other procedures brought the number of existing beneficiaries needing to prove citizenship down to an estimated 1.2 million.[9]

The Medi-Cal program mailed notices to all current beneficiaries prior to the beginning of each beneficiary's quarter of redetermination, beginning in late 2007, to notify individuals as to whether a birth record match had been found. The birth record match was documented for these individuals in the state's eligibility system (called MEDS); counties were expected to check the MEDS file so they would not request additional documentation on those with an identified California birth record (or other available documentation of citizenship) at redetermination.[2]

Counties were expected to check MEDS so they would not request additional documentation on those with an identified California birth record.

It is important to also account for the costs associated with all of the above preparation, implementation, operationalization and applicant/enrollee relations processes that went into following the citizenship documentation rules. In fact for the 2007-2008 fiscal year budget the Governor earmarked $50.4 million to

cover costs and maintenance of the requirement. This gives a sense of the magnitude of the financial burden that resulted from the requirement for California.[10]

Box B – Important Dates for Citizenship Documentation Requirement Implementation and Operationalization

2006	Assembly Bill 1807 (Chapter 74, Statutes of 2006) • Instructed DHCS to implement the federal provisions "with as much flexibility as is allowed" • Required counties to assist applicants and beneficiaries who are required to provide evidence of citizenship/identity • Otherwise eligible, but determined ineligible for full scope Medi-Cal for failing to meet citizenship requirements will receive restricted Medi-Cal
2007	The Department of Health Care Services (DHCS) conducted a statewide data match of current Medi-Cal beneficiaries against the state's birth records
June 2007	DHCS released All County Welfare Directors Letter (ACWDL) number 07-12 • Issued to provide California's departments of social services with instructions for citizenship documentation requirements
July 2007	**Counties had begun operationalizing**
2007	DHCS mailed notices to all current beneficiaries prior to the beginning of their quarter of redetermination
April 2008	**Virtually the entire state had operationalized**
July 2008	DHCS issued a final amended ACWDL, number 08-29 • Reflected further federal and state clarification regarding documentation and exempt populations
April 2009	**Virtually all beneficiaries enrolled would have encountered a renewal in which they would be subject to the citizenship documentation requirements.**

➢ Effects of Documentation Requirements on Medi-Cal Enrollment for Children

The state expected that their careful preparation aided by data matches would ease the enrollment and redetermination process, thereby preventing loss of Medi-Cal coverage as a result of the DRA requirements. In this section this is verified through examination of enrollment trends in California's MEDS and supplemented by comments from focus group respondents.

From the enrollment files, if citizens were becoming disenrolled or were not able to obtain coverage in the first place, this would be seen in an overall decrease in enrollment during the time of operationalization, through declines in both new applicants and renewals of current enrollees. If large numbers of unqualified non-citizens were actually mistakenly enrolled in Medi-Cal, large decreases in successful renewals would occur, as these non-citizens would not be able to successfully renew eligibility. Furthermore, it might also be expected to see an **increase** in enrollees in the "Undocumented" eligibility group, where counties were instructed to place applicants who were not able to produce documentation.

No effects of the citizenship documentation requirement on enrollment of children in Medi-Cal were seen for the state overall

Figure 1 shows overall enrollment in Medi-Cal for children (0 to 18 years of age) from July 2005 (well before operationalization of the requirements) through December 2009 (well after operationalization). The green bars show enrollment prior to the time applicants were asked to show proof of citizenship. The red bars show enrollment during the time counties were asking applicants for documents. This began in July 2007 for many counties, and by April 2008 virtually all counties were checking for documentation. The period shown in orange is when the effects for many enrolled beneficiaries would have been experienced, as they would have been subject to the documentation requirements for the first time at renewals occurring during this time. Bars in blue show the time after operationalization.

Strikingly, Figure 1 shows that there was *no decrease in enrollment* whatsoever during the time the citizenship documentation requirements were in effect. Specifically, from July 2007 through April 2008, when virtually the entire state had

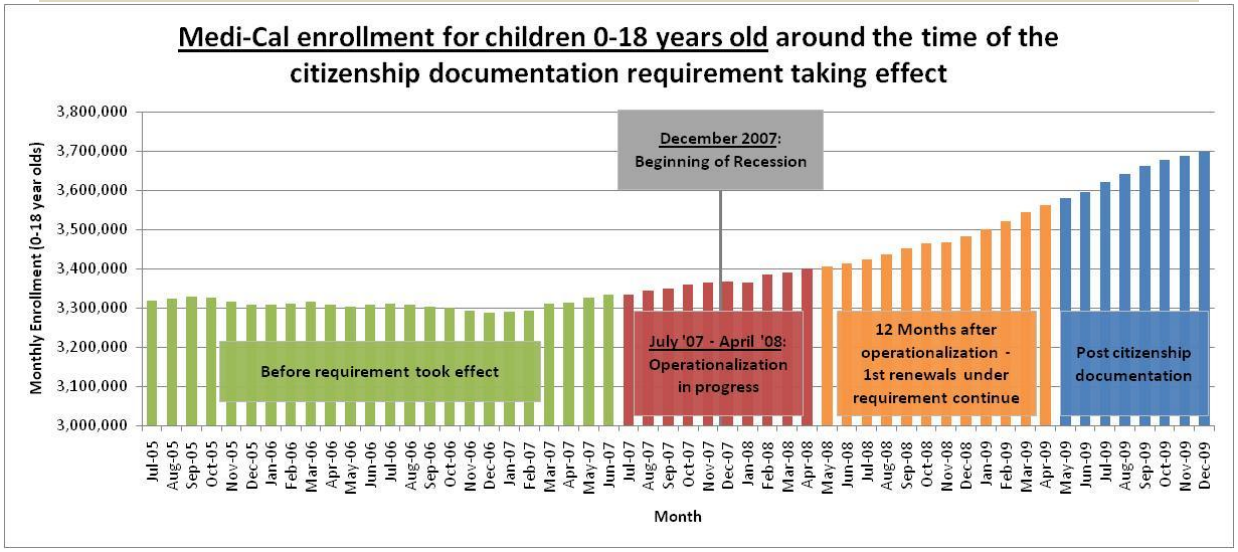
> Despite the citizenship documentation requirement beginning to be effective July 2007, Medi-Cal enrollment for children continued to increase.

operationalized, enrollment in Medi-Cal had increased by more than 60,000 children. From April 2008 forward enrollment began to dramatically increase.

The economic recession also hit during the time of operationalization of these provisions. Economists designate December of 2007 as the beginning of the recession with worsening effects in subsequent months[11] – exactly the time that counties were operationalizing the citizenship documentation provisions. This means that the recession was affecting enrollment at the same time as citizenship documentation. As Figure 1 shows, enrollment took a sharp upturn, probably in response to economic conditions, during the time the counties were operationalizing. Thus, it is likely the effects of the recession overshadowed the effects of the citizenship documentation requirements. Still, had there been dramatic effects of citizenship documentation, they would have been seen despite the recession.

> The effects of the recession likely overshadowed the effects of the documentation requirements.

Figure 1: Overall enrollment of children in Medi-Cal began to dramatically increase, despite DRA



Data Source: MEDS 2005-2009[≡]

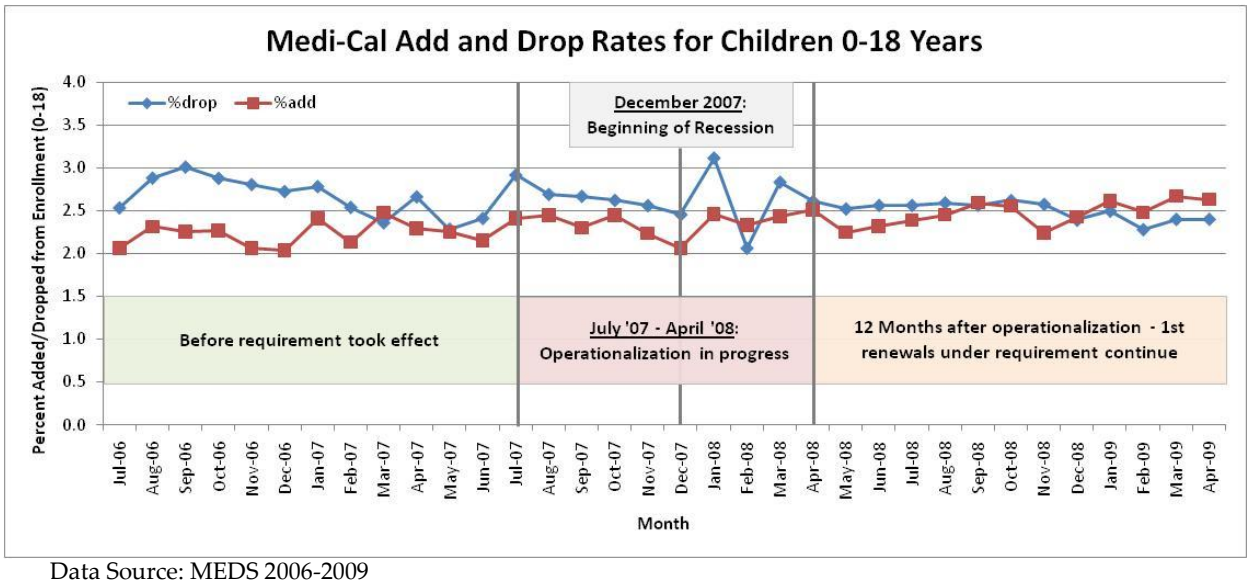
No effects seen for Medi-Cal children at enrollment or renewal

To further explore the effects of citizenship documentation on enrollment, we looked separately at the effect on children trying to enroll and children trying to renew Medi-Cal coverage. If the citizenship documentation requirements made it more difficult to enroll, we would expect to see both a decrease in the rate of

enrollment (because new applicants might have had a harder time) as well as an increase in the rate of those dropping off (because those currently enrolled would drop off at renewal).

Significantly, if there were appreciable numbers of ineligible non-citizens enrolled (the fear of some that enacted these provisions), a substantial drop in enrollment during the time beneficiaries were asked to produce proof of citizenship would be seen. Figure 2 shows that this did not happen, but rather the number of children dropping from Medi-Cal remained fairly stable (with some small exceptions) during the time counties were asking for proof of citizenship. This indicates that it is not likely that there were substantial numbers of non-citizen children in Medi-Cal even before requirements to prove citizenship.

Figure 2: Overall monthly Medi-Cal enrollment add and drop rates remained relatively consistent during documentation of citizenship enforcement



Data Source: MEDS 2006-2009

These data point to the conclusion that there were not appreciable numbers of ineligible non-citizens in the applicant pool, or that counties did a good job of ascertaining ineligibility among applicants even before implementation of requirements that every applicant be screened for citizenship. Even before implementation county workers had the obligation to enroll only eligible citizens and qualified aliens in Medi-Cal. Additionally, counties had more flexibility in the level of proof required to confirm citizenship.

Focus group participants and key informants helped to explain enrollment figures.

Members of the focus groups helped explain the results of the quantitative analysis of enrollment. These focus group participants generally reported that although they experienced difficulties in obtaining documentation, they were able to maintain coverage through California's policies and procedures.

As long as beneficiaries were making good faith effort to produce documentation, they did not lose benefits. County officials reported that, as long as a client indicated they were making a "good faith effort" to obtain documentation at renewal, the county was willing to continue to extend coverage up to 12 months while the beneficiary secured necessary documentation. For new applicants counties reported that eligibility workers were likely to enroll an individual who could not readily produce documentation onto restricted Medi-Cal, rather than have the application pending with no coverage. It was then up to the applicant to follow through with documentation in order to move to full coverage. Several focus group participants reported that county workers easily offered an extension of the time period specified to them to meet the requirements (which was typically 10 days) if participants were having trouble getting copies. Many focus group participants felt the time frame was unrealistic, and created seemingly unnecessary anxiety, causing some to pay more for expedited handling of documentation.

No focus group participants from this project reported a loss of coverage as a result of difficulties in producing proof of citizenship at redetermination; however they did cite various financial and time burdens which it brought about, which were likely shared by many others throughout California. The difficulties reported ranged from never having possessed a certified copy of a birth certificate to having had documents stolen, damaged, or misplaced in a move. The major barrier to obtaining a certified copy was the associated cost, including the notarizing costs several noted. In many cases the burdens felt by focus group participants stemmed from confusion regarding the requirements, as well as confusion among county workers regarding the requirement.

> "…I had to pay $23 for the ID because my ID was expired. And then I had to find a notary and pay another $10 for the paper to be notarized and pay another $18 for the birth certificate."
>
> *Focus group participant,*
> *Fresno County*

Focus group participants also cited confusion and problems with the state's processes despite the states extensive planning and preparation. Participants were affected by the requirement early on in operationalization.

Obstacles reported included:

- It was common for California-born residents to be asked to present documentation, despite the state's birth record match that was supposed to alleviate this.

"I was born in San Jose…they could just pull (the birth certificate) up off of the Internet. They could pull the kids up (too), but (the worker) still asked that I bring in the original birth certificate. They wanted every kid's birth certificate."

Mother in Fresno County

"I was born here in California. I looked through all my stuff and I found a copy that was made probably around the same time that my birth certificate was. I brought that into the office for them to tell me that it wasn't acceptable…that I needed to get the original and bring it back into the office."

California-born focus group participant in Contra Costa County

- Most focus group participants reported that they were not offered the option of having county workers do an electronic birth record search, which county workers could not explain. Those who were offered this were very satisfied with the outcome. However, in many cases it was never presented as an option, or presented as a last resort.

"I didn't have my birth certificate because we had recently been broken into and mine and my daughter's were missing. So I had to sign a consent paper and they actually printed it out. They showed it to me and said, 'Is this you? Is this your mother? Is this your father? Is this the county you were born in?' They pulled it up through the Internet."

Mother in Fresno County

"I don't have my birth certificate, it got lost in a home fire. The worker told me that they will do a birth search for me…they'll do it on all the children."

Mother in Riverside County

- No focus group participant was aided with the financial burdens associated with obtaining a notarized copy of their birth certificate.

- County communication did not make focus group participants fully aware of the documentation requirements, although many reported their redetermination notice clearly required they produce a birth certificate and Social Security card.

> "…sometimes they have a tendency to throw three or four different letters in the same envelope that say three or four different things and you get kind of confused.
>
> *Focus group participant in Contra Costa County*

- Most focus group participants submitted citizenship documentation in person despite California (like many other states) having eliminated the requirement for in person interviews, indicating additional stress on county offices as a result of the DRA. Interviews with county workers also reported a significant increase in people, both new applicants and especially clients at renewal making an in person visit to a county office.

-

> "Sometimes you can get a worker and they don't want to work with you and sometimes you can hang up and call right back and you'll get someone who will help you."
>
> *Focus group participant, Fresno County*

Although issues were apparently present in early stages, this study did not examine whether these persisted or were simply early snags in beginning an overwhelming initiative. Issues are likely to arise in any such implementation regardless of preparation.

During key informant interviews, county officials noted that measures enacted in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), would go a long way toward simplifying the process and easing any burdens that had been felt by beneficiaries. Measures included allowing states, beginning January 1, 2010, to access the Social Security Administration database to document both citizenship and identity electronically, and also a clarification that babies born to mothers who are eligible for Medicaid do not have to document citizenship even after the one year period of automatic coverage.

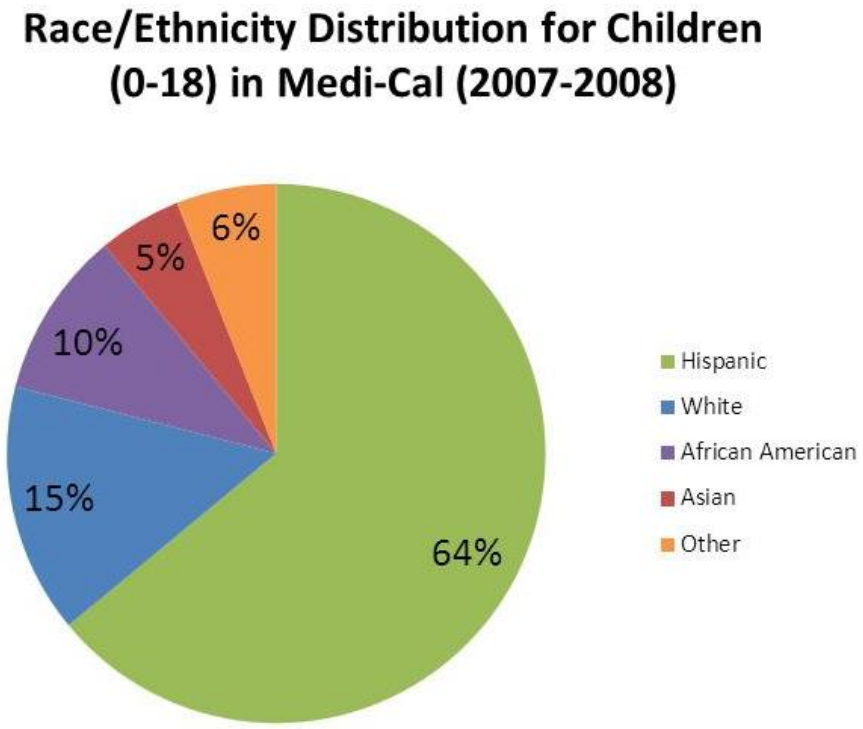
- **Who was most affected by the citizenship documentation requirement?**

As overall Medi-Cal enrollment for children in the State did not reveal effects of the citizenship documentation provision of the DRA, investigation into enrollment by specific characteristics, groups, and counties expected to have especially been affected by the requirement was undertaken. These included the effect on enrollment for various racial/ethnic groups, as well as in counties with high and low proportions of non-citizens. Responses from focus group participants are also presented to further explain the results.

Were there different effects of the citizenship documentation requirement for different races/ethnicities?

Although no effects of citizenship documentation on enrollment in Medi-Cal overall were found, it is possible that there were effects for particular subgroups. Generally, if the fears of some of the sponsors of the documentation requirements were founded, then effects for children in groups most likely to be foreign-born might be seen. Nearly 90% of the foreign born population in California is from Asia or Latin America.[12] The distribution of children in Medi-Cal is heavily Hispanic (64%), but also has substantial proportions of those of White (15%) and African-American (10%) race/ethnicity, with a smaller proportion of Asians (6%) as shown in Figure 3.

Figure 3: Children of Hispanic race/ethnicity make up 64% of Medi-Cal enrollment for those ages 0-18. White, African American, and Asian race/ethnicity are others accounting for notable portions of children enrolled.

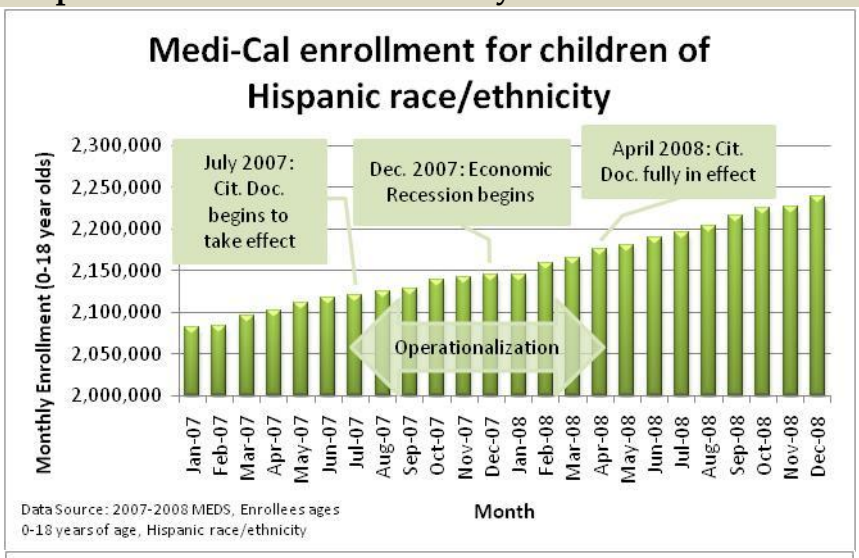


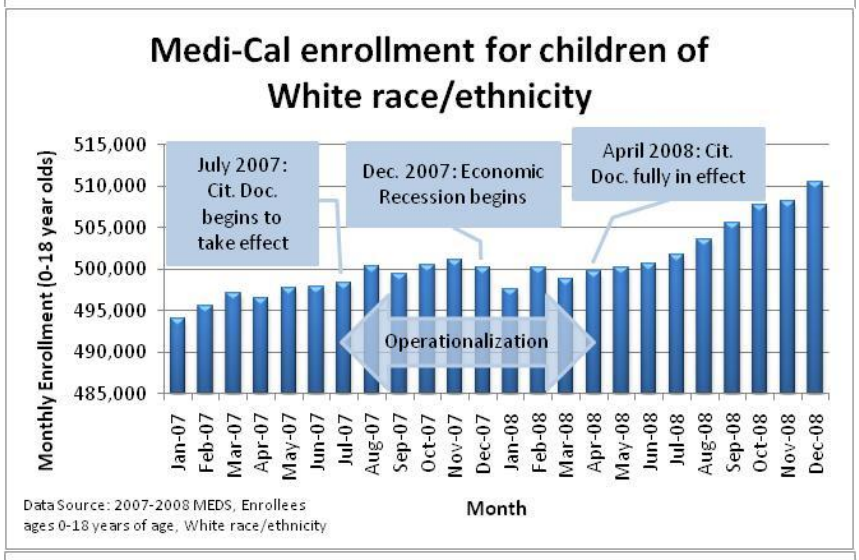
Percent Distribution for Medi-Cal Enrollment:
Children 0-18 years enrolled from 01/2007 – 12/2008

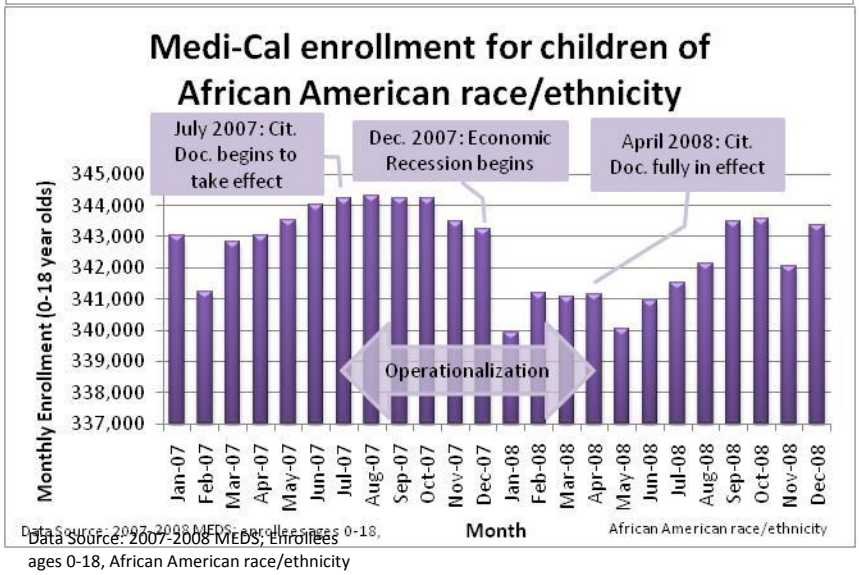
Figure 4 shows that enrollment of children of Hispanic race/ethnicity continued to increase throughout the time of the citizenship documentation requirement taking effect. Enrollment of children of African American race/ethnicity experienced sharp drops (over 4,000 enrollee loss) in January of 2008, followed by increases.

Enrollment of children of Hispanic race/ethnicity continued to increase throughout the time of citizenship documentation, while decreases were seen in enrollment of African American children.

Figure 4: Hispanic enrollment dramatically increased, African American enrollment experienced declines followed by increases in enrollment







Data Source: 2007-2008 MEDS, Enrollees ages 0-18, African American race/ethnicity

These results reveal that the documentation requirement was most strongly felt by African American children, and apparently not at all by Hispanic children, where enrollment numbers only climbed. These findings are also consistent with previous research that non-Hispanic, U.S.-born citizens, were more likely to have lost coverage from needing to prove their citizenship than foreign-born citizens.[3] Cited reasons for this included that Hispanic people and immigrants may be more likely to be questioned about citizenship, and therefore more likely to have the required documentation on hand, as well as apply for birth certificates for children immediately.[13]

> Non-Hispanic, U.S.-born citizens were more likely to have lost coverage from needing to prove their citizenship than foreign-born citizens.

Focus group participants shed light on these race/ethnicity dynamics

The analysis of enrollment files matched up with reports from focus groups and also with other studies on the topic[13] that those who spoke Spanish and/or were Hispanic actually indicated less difficulty with the documentation requirements than those who spoke English.

Participants in the Spanish language focus group were unanimous in reporting ready access to birth certificates or naturalization documents necessary to prove citizenship. These Spanish-speaking participants generally reported no difficulties in meeting the new documentation requirements. It appeared that most in this focus group had been asked to provide citizenship documentation for Medi-Cal in the past, and participants generally reported a systematic approach to maintaining both documentation papers and communications from the state and county regarding the Medi-Cal program. As such, this and other foreign-born populations likely would not have seen the same effects of the citizenship documentation requirement as expected for U.S.-born citizens. Namely, costs and time associated with obtaining documentation, but furthermore, drops from full-scale coverage or delays in obtaining full-scale coverage as a result of not being able to secure required documentation.

> Spanish-speaking focus group participants had been asked to provide citizenship documentation in the past, and generally reported a systematic approach to maintaining both documentation and communications from the state and county.

On the other hand, several English focus group participants described challenges faced when required to produce certified copies of birth certificates at initial application or at redetermination. Difficulties with the documentation requirement that were reported ranged from never having possessed a certified copy of a birth certificate to having had documents stolen, damaged, or misplaced in a move. Additionally, if a birth certificate had already been submitted in the past (as this was required for some benefits even before the DRA) but it was unclear to the program whether it was certified, the beneficiary would be required to submit it again, leading to frustration over needing to reproduce documentation.

The major barrier to obtaining a certified copy was the cost associated with obtaining it, including the notarizing cost several described. The process was reported to have taken from two weeks to a month to accomplish; more than one person noted that they had paid more to receive expedited processing in an attempt to avoid delay or what they believed would be a loss of coverage.

Were large numbers of people previously in full-scope Medi-Cal programs displaced into the Undocumented eligibility group?

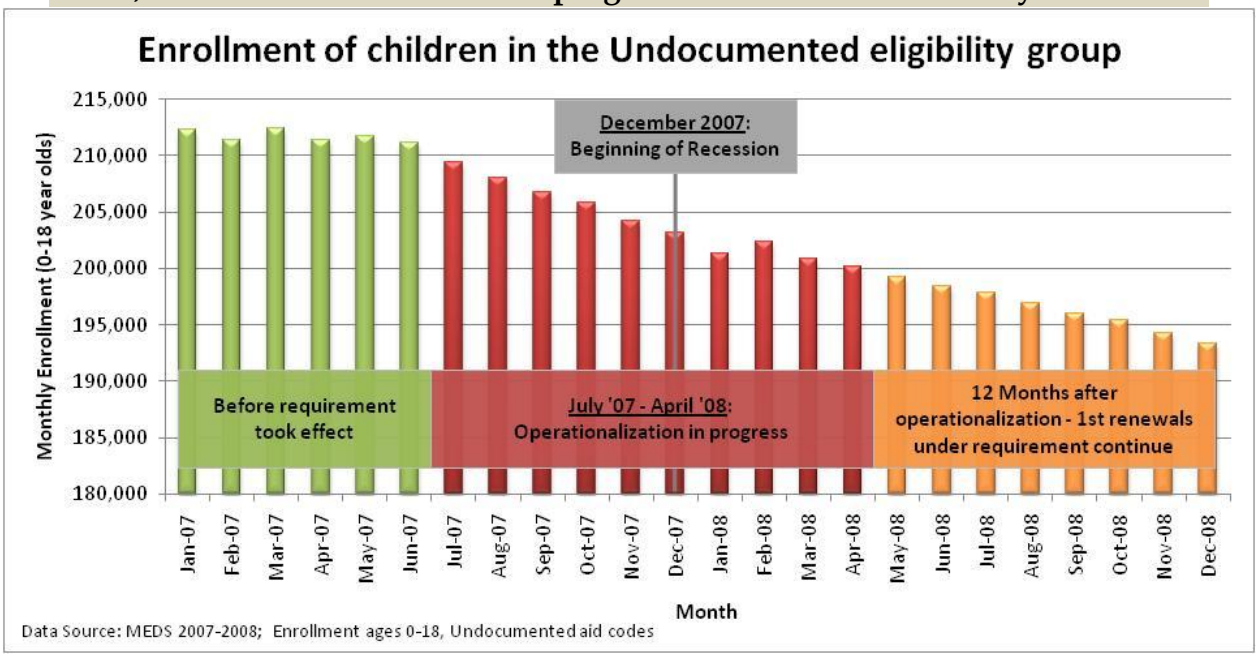
As previously noted, county workers were instructed to place applicants in a category called "Undocumented" if they could not produce documentation after they had been given reasonable opportunity to do so, or were no longer making a good faith effort.[i,1] Individuals in this category received restricted-scope services only for emergencies or pregnancy-related care.

[i] This "Undocumented" group is a group of codes established as a result of the *Federal Omnibus Budget Reconciliation Act of 1986* granting Medicaid benefits to previously ineligible aliens (who have inadequate or expired documentation, a temporary visa, an I-688A (temporary residency), Work Authorization Card, or an 1-688 (employment authorization)[14]

If applicants and enrollees could not produce necessary documentation after extensions given by counties, they would be placed in the Undocumented group and increases in enrollment in the group would be seen. This did not happen. In fact, as Figure 5 shows, enrollment of children in the Undocumented eligibility group actually decreased dramatically around the time requirements to produce documentation of citizenship were put into place.

> Enrollment of children in the Undocumented eligibility group actually decreased dramatically.

Figure 5: During and after the time of the documentation requirement taking effect, children in Undocumented programs decreased dramatically.



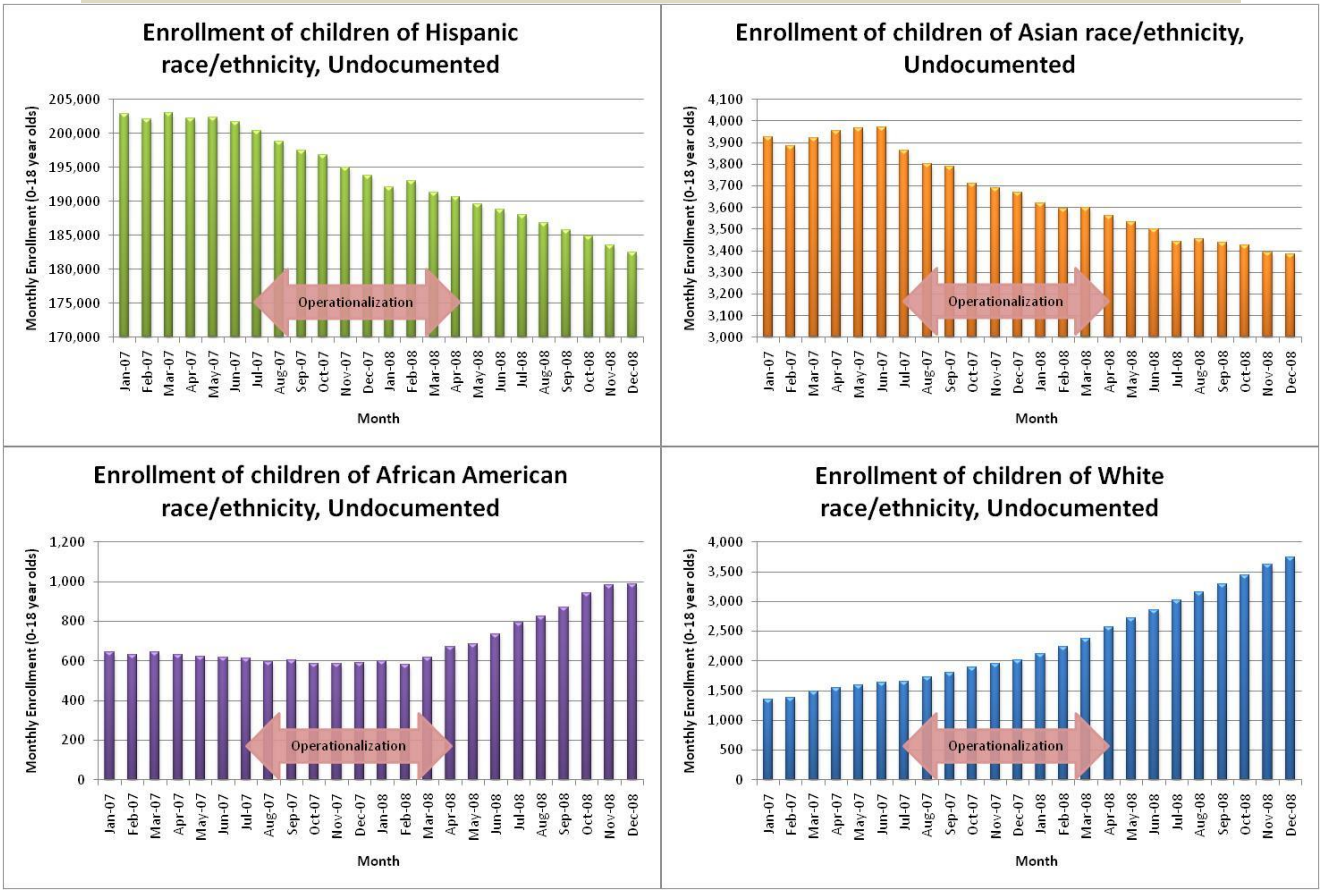
Enrollment was examined by race/ethnicity for this Undocumented category as well. This report has established that those of African American race/ethnicity experienced decreased enrollment in the time of the citizenship documentation requirement operationalization. These African American beneficiaries would have been placed in the Undocumented enrollment group if their drop was due to failing to produce citizenship documentation in a reasonable period of time or if they were no longer making good faith effort.[2] However, because the Hispanic race/ethnicity is such a high percentage of enrollment, the effects seen for them overshadow those seen in other races/ethnicities.

Figure 6 shows that despite Undocumented enrollment overall decreasing dramatically, this was not the case for all races ethnicities looked at separately.

Enrollment in the Undocumented eligibility group increased for White and African American beneficiaries. Notably, by the end of 2008 there were just as many of White race/ethnicity in Undocumented programs as there were Asians, the second largest foreign-born population.

> Enrollment in the Undocumented eligibility group increased for White and African American enrollees.

Figure 6: Despite total enrollment of children in Undocumented programs decreased, it increased for White and African American races/ethnicities. Data



Source: 2007-2008 MEDS by race for children 0-18 years of age

Also of note, if the citizenship documentation requirement had fulfilled its intended purposes and there had been large numbers of non-citizens illegitimately in full-scope Medi-Cal coverage, many of them would have been moved to the Undocumented group upon not being able to produce documentation. The results in Figure 6 point out that Undocumented enrollment

of children of Hispanic and Asian race/ethnicity, those that are the largest proportion of the foreign-born population, actually decreased during the citizenship documentation implementation and operationalization.

Enrollment changes were examined for other eligibility groups (e.g. CalWORKs, 1931(b), percent programs) to see if there were different effects depending on the group, but for the most part did not indicate any changes (data not shown).

Focus group participants were surprised to need to produce documentation on their citizenship status, and that they could potentially lose coverage or be classified as "Undocumented".

More than one participant described surprise and confusion on learning at redetermination the requirement to document citizenship applied to them – that is, to people who were "clearly" citizens of the United States.

> "I've been a US citizen for decades. Now, all of a sudden, I have to prove that I'm a US citizen. Is this my country or what?"
>
> *Focus group participant, Contra Costa County*

However, many beneficiaries were supportive of the idea of citizenship documentation. Medi-Cal beneficiaries and family members were generally supportive of the idea that citizenship was a requirement of eligibility and many were supportive of requiring applicants to document citizenship. Support ranged from a relatively passive response that "all countries have their laws" to a more focused support for assuring that those who are not citizens are screened out. While most were supportive of the citizenship requirement, some in almost every focus group expressed support for health coverage being available for immigrants as well as citizens.

> "…there are a lot of people here that aren't citizens and if we try to help them, the state will go broke."
>
> *Focus group participant, Riverside County*

- **Failure to renew coverage during the time of operationalization of the citizenship documentation requirements**

  As described earlier, at the time California operationalized the citizenship documentation requirements, county workers asked for proof of citizenship from both new applicants and also current beneficiaries who were renewing coverage. In prior sections the effects of these requirements on overall enrollment were examined, which included both effects on new applicants and on those renewing coverage. In this section, we look especially at the effects on children who were renewing coverage.

  The effects of the documentation requirement on renewing applicants can be seen in the number and proportion of children who failed to maintain coverage. While there are many reasons that individuals may fail to renew coverage on time and come off the Medi-Cal rolls, including moving out of state or earning more income, these reasons are generally always present. If there was a larger proportion of children who failed to renew coverage during the time of the implementation of the citizenship documentation requirements, this could mean that current enrollees were not able to supply documentation. As described earlier, California counties took a number of steps to continue coverage for families who were having trouble securing documentation. A larger than normal proportion of children coming off of Medi-Cal during this time could indicate, then, that ineligible non-citizens were in fact on the program. Larger drops still among children of Hispanic or Asian ethnicity (the groups most likely to be foreign-born), could indicate that ineligible non-citizens from these groups had been on the rolls.

  For this analysis we looked at a group of children 0-18 years of age who failed to renew coverage during the period from July 2007 to April 2009. We selected this time frame to cover the period during which most counties began asking for proof of citizenship (June 2007 to April 2008) and added a year to give enough time to cover the renewals. (For example, if counties began asking for proof in April 2008, it would take up to a year to have all current enrollees go through a renewal.) Note that if an individual experienced multiple drops between July 2007 and April 2009, they were only counted once for the analysis.

Did some racial/ethnic groups fail to renew coverage at higher rates than others during the documentation requirement?

As shown in Table 1, 40% of all children failed to renew, with failure to renew rates by race/ethnicity ranging from approximately 35% to 45%. These numbers are consistent with other research showing drop off and churning in California before citizenship documentation.[15] Interestingly, White children appeared to have the most difficulty renewing coverage successfully, as indicated by the larger proportion of these children who lost coverage during the time of operationalization. Hispanic, African-American and Asian children failed to renew at approximately equivalent proportions (36% to 39%).

Table 1: African Americans were least likely to drop, followed by Asians, and Hispanics. Those of White race/ethnicity were most likely to drop.

Percent of children dropping from Medi-Cal enrollment (2007-2009) by race/ethnicity	
Race/Ethnicity	**Percent Drop**
African American	36%
Asian	38%
Hispanic	39%
White	43%
All Races/Ethnicities	**40%**

Data Source: 2007-2009 MEDS

Cohort: Children 0-18 years of age enrolled in Medical at any point from July 2007 through April 2008 who experienced a drop in coverage between July 2007 and April 2009.

This analysis shows that the fear of the some of the proponents of the citizenship documentation requirements that appreciable numbers of ineligible non-citizens were receiving full-scope services appear to be unfounded.

These results indicate that the DRA citizenship documentation requirement did not produce the results that were intended, as there were not high rolls of people, especially those more likely to be of foreign origin, dropping from Medi-Cal. If there were many unqualified immigrants/illegal aliens in full-scope Medi-Cal programs that should not have been, the likelihood of Hispanics dropping would have been expected to rise considerably compared to other groups and findings in previous research. As presented, this was not the case.

Were there higher rates of failing to renew coverage in counties with high or low proportions of non-citizens?

The analysis shown above for race/ethnicity was extended to counties. If fears of some of the authors of this legislation were founded, and non-citizens were

actually on the rolls, higher rates of drops from coverage (i.e., failure to renew) would be seen in counties with higher proportions of non-citizens. To explore this, the counties were divided into four groups: highest, high, low, and lowest proportions of non-citizens, using the American Community Survey to ascertain proportion of citizenship. Groups were formed so that they had approximately equivalent numbers of Medi-Cal children (see Appendix C for complete groupings). Typically, the counties with the lowest proportion of non-citizens also had relatively low Medi-Cal enrollment, and conversely those with the highest proportion of non-citizens had comparatively high Medi-Cal enrollment. Therefore there are more counties grouped together in lowest non-citizen rate group than in the highest. Each group had approximately 13 million children. The group with lowest proportion of non-citizens had non-citizen rates of less than 11.5%, while the group with the highest proportion non-citizens had rates of more than 16.0% ranging up to 20.2%. Los Angeles County has larger Medi-Cal enrollment than any grouping and thus was made into a separate, fifth group on its own.

As Table 2 shows, Los Angeles County had the lowest proportion of children who failed to renew and lost coverage (35%) during the period of operationalization. There was virtually no difference in this failure-to-renew rate in any of the other groupings (from 41% to 43%), despite large differences in the proportion of non-citizens in these counties.

Table 2: There were virtually no differences in failure to renew in counties with high proportions of non-citizens relative to low proportions.

Percent of children dropping from Medi-Cal enrollment (2007-2009) by county group (based on proportion of non-citizens in the population)		
County Group	**Percent Drop**	**Percent Non-Citizens**
Los Angeles County	35%	19.6%
Lowest Proportion of Non-Citizens	43%	1.7%-11.5%
Low Proportion of Non-Citizens	42%	11.6%-13.5%
High Proportion of Non-Citizens	41%	13.6%-15.8%
Highest Proportion of Non-Citizens	42%	16.1%-20.2%
State of California	**40%**	

Data Sources: 2007-2009 MEDS; American Community Survey
Cohort: Children 0-18 years of age enrolled in Medical at any point from July 2007 through April 2008 who experienced a drop in coverage between July 2007 and April 2009.

This analysis also lends weight to the assertion that apparently few non-citizens were on the Medi-Cal program before implementation of the requirements to prove citizenship. Other analyses (Appendix C) show that the rate of overall Medi-Cal enrollment was virtually identical in the five groups of counties from 2006 through 2009, showing further that enrollment in Medi-Cal was not different for counties with high and low proportions of non-citizens.

- **How and why was California's Experience Different from Other States' Experiences?**

In 2007, the U.S. General Accounting Office surveyed states and reported that 22 of 44 responding states saw declines in Medicaid enrollment due to the new requirements. A majority of these states attributed the declines to delays in or losses of Medicaid coverage for individuals who appeared to be eligible citizens.[4] Additionally, further research on seven states other than California displayed decreases in Medicaid enrollment in 2006 after the citizenship documentation requirement took effect.[16]

Preparation and baseline proficiency were advantageous for the Medi-Cal program, despite early reports of confusion around the requirements.

Unlike the states in the prior research mentioned above, California was not among the early states to operationalize. Not only did California do what they could to match individuals to California birth certificates for those who did not have documentation, as well as the many other preparations discussed in a prior section, but also being a later state to operationalize they were able to draw from other states' experiences with the requirement. Thus, by the time California's operationalization was occurring, the number of people affected was minimal compared to the earlier states that did not have the same amount of lead time into the requirements taking effect.

By the time California's operationalization was occurring, the number of people affected mas minimal compared to the earlier states that did not have the same amount of lead time into the requirements taking effect.

When most California counties were beginning to apply the citizenship documentation requirement, they were able to take advantage of provisions such as using an expanded list of acceptable documentation, relying on electronic data

matches for birth certificates, and accepting sworn affidavits when there was good cause for not providing other evidence. In this study's survey of county workers, counties reported that as long as the client indicated they were making a "good faith effort" to obtain documentation at renewal the county was willing to continue to extend coverage up to 12 months, and place new enrollees in restricted-scope coverage instead of having the application pending with no coverage. Therefore it is reasonable that large decreases in enrollment were not seen.

The research included in this project has also indicated that California took many steps to help keep eligible citizens from losing coverage or being barred from coverage as a result of not having appropriate documentation at renewal or application. First, California instructed the Department of Healthcare Services (DHCS) to implement the federal provisions "with as much flexibility as is allowed under federal law and policy." This allowed more time for people to know about the requirements and for the counties to execute processes to identify beneficiaries and applicants as citizens without their personal involvement. These successes are enduring lessons should a similar situation ever be presented.

The economic recession likely overshadowed any effects of the citizenship documentation that may have been seen.

Although state preparations and proficiency were likely enough to prevent effects of the citizenship documentation being seen in Medi-Cal enrollment, as previously discussed, any effects that may have resulted in California were likely far surpassed by the effects of the economic downturn. This overlap between the economic downturn and the beginnings of the citizenship documentation requirement operationalization was present in California, whereas it was not in the states that put the requirement into effect earlier.

- **Conclusions**

California **trained their staff on the requirement** for citizenship documentation **and also used strategies to prevent beneficiaries from being disenrolled** for not producing required documents. Despite all of this effort, **focus group participants still reported that there seemed to be confusion on the part of county workers regarding the requirement**.

County workers, cite the **high administrative costs and burdens that were produced by the provision,** both in the extra steps taken to prevent beneficiaries from losing coverage as well as in the increased work in checking documents for all applicants.

Beyond the costs of implementation, **counties reported a significant increase in applicants and renewing clients making in person visits to county offices**. This crowded county offices, undoubtedly leading to increased wait times for clients, overburdened staff, or the need to use resources to hire and/or train new staff.

Perhaps most important among the effects of the citizenship documentation requirement was the **stress, worry, and inconvenience it caused beneficiaries** as documented through the focus groups of affected individuals. While California's preparation for the effects seemed to stop major losses of coverage, **beneficiaries were** still **left confused and burdened by the requirements that seemed to not produce the intended effect**.

The results generated from this project generally indicate that **there were not major declines in enrollment in Medi-Cal during and immediately after operationalization of the documentation provisions**. In part, the careful and deliberate preparations by the state and by the County Welfare Directors Association may have paid off.

Effects of the citizenship documentation requirement may have been somewhat masked by dramatic increases in enrollment likely due to the economic downturn beginning around the same time as operationalization. On the other hand, the results from the data analysis verify focus group participants not reporting losses of coverage due to the citizenship documentation requirement, only the associated inconveniences and frustrations.

There was no evidence of added difficulties for Hispanic children in enrolling. In fact, while there was an initial drop in overall enrollment for African American children, possibly indicating difficulty in obtaining documents, there was no such drop for Hispanic children, whose enrollment dramatically increased. Furthermore, **the participants in the Spanish language focus group conducted as part of this study did not report as many difficulties with the requirement** as did those in the English groups. These families reported they were accustomed to carrying and showing documents.

The results in this study showed similar patterns of successful enrolling and renewing of Medi-Cal coverage across race/ethnic groups and in counties with high proportions of non-citizens. Thus, it did not appear that there were

appreciable numbers of ineligible non-citizens falsely attesting citizenship on the Medi-Cal rolls. This lack of effectiveness indicates that **California had likely consistently and successfully kept ineligible non-citizens from receiving Medi-Cal to begin with**.

There was **no difference in drop-out rates by race/ethnicity or by county groups with high proportions of non-citizen residence** during the period of operationalization. This may indicate that Medi-Cal did not have appreciable numbers of non-citizens enrolled to begin with.

The citizenship documentation requirement brought with it **costs, burdens, and worries to both beneficiaries and the state,** but did not change enrollment patterns or elicit the intended effects in California.

- **Appendix A – Methodology**

Focus Groups: During a technical advisory group meeting regarding the citizenship documentation requirement, a number of individuals suggested demographic groups that would be worth investigating, in that they were likely to have encountered problems. As such, the emphasis of the focus groups turned toward *citizens* to demonstrate the problems that citizens (who were not the reason for the requirement) were having. The target population included primarily U.S. citizens eligible for Medicaid who may not have had documentation and/or would have had trouble securing documentation.

Research Question: Are citizenship documentation requirements making it more difficult for eligible U.S. citizens to enroll in or renew coverage in Medi-Cal?

Structure: Focus group interviews among citizens applying for public insurance used a semi-structured quantitative tool (see Appendix B).

Variables: Specifically, the focus groups were designed to assess:

1) Applicant and beneficiary access to and usefulness of information regarding documentation requirements.
2) Availability of documentation of citizenship and identity for individuals and their family members.
3) Cost, time, and knowledge of processes involved with securing documentation if it was not readily available.
4) Assistance received from the counties in obtaining documentation.
5) Impact on individuals/families of any delays caused by the requirements.
6) Any other impacts of the requirements.

Sampling: Convenience sampling was used in these qualitative interviews. Other more rigorous methodology was not used because of the small incentive ($25), sensitivity of the issues, and recent enactment of the law at the time of the interviews (the number of people in the population with experiences of interest at the time was small).

Locations and Sites: Locations for the focus groups were chosen based on counties containing the target population. These included counties in different regions of the state: Contra Costa (Bay Area), Fresno (Central Valley), and Riverside (Southern California). Four total focus groups were conducted. They were facilitated by PS:RESEARCH!, a California-based qualitative research firm. Two focus groups were held in Riverside County, one each in English and Spanish.

The focus group format allows perceived "sensitive" information to more likely be elicited, as participants are surrounded by peers.

Recruitment and Informed Consent: Focus group participants were recruited from community groups, such as Head Start parent groups, school organizations, community boards, perinatal consortia, and other groups that interact with low-income individuals (see Appendix B for recruitment script). The focus group facilitator gave each participant an informed consent form.

Key Informant Interviews: Key informant interviews of county enrollment workers used a semi-structured quantitative tool (see Appendix B). Key informants for the interviews were identified and selected with assistance from officials from the Medi-Cal Program, The California Endowment, and other local officials, taking their exposure to other research and familiarity with the community into account. These interviews were conducted to assess:

1) County procedures for notifying and assisting applicants and redeterminations.
2) Areas of difficulty experienced (including delays in processing applications).
3) Approaches that appeared to have been working well.
4) Populations that appeared to have been most impacted.
5) Suggested improvements needed.

Medi-Cal Enrollment and Turnover for Children Ages 0-18:

Time Frames: 2005-2009 enrollment files from MEDS were examined to generate figures and report results for quantitative project analyses. Monthly enrollment was examined for the time period well before operationalization of the citizenship documentation requirements (before July 2007), during operationalization (July 2007 – April 2008), the time period after operationalization was virtually complete but during which enrollees would still be experiencing their first renewals subject to the requirements (May 2008 – April 2009), and after operationalization effects would have been expected to have been seen (after April 2009). These breaks were based on time frames provided by sources at the County Welfare Directors Association and other reports on the subject.

Enrollment: For total monthly enrollment, all children ages 0-18 years enrolled through any county in California[≡] who were enrolled at any point of time in each month were included. Enrollment was also examined based on race/ethnicity, eligibility group (particularly the Undocumented group), and county.

Turnover: The percentage of children 0-18 enrolled in Medi-Cal that dropped from and added to coverage each month were also examined from MEDS. Any enrollees 0-18 years of age enrolled through any county in California[*] were included in the analyses. Added enrollees are those enrolled in a given month, but not the previous month. They may have been enrolled at some other point in time prior to the previous month. Dropped enrollees are those that were enrolled in the previous month, but not in the current month. Drop rates were calculated by dividing the total number of children losing coverage in a month by the total number of children enrolled in the previous month. Add rates were calculated using similar methodology.

Annual unduplicated drop rates were also examined bivariately by looking at children who drop by the characteristics of race/ethnicity and proportion of non-citizens in county of residence. For the county drop rate analysis five groups of counties were formed, by grouping counties with similar proportions of non-citizens. More information on this grouping methodology and the resulting analysis can be found in the Appendix C.

[*]Note: Because of anomalies in data, San Luis Obispo County was excluded from these analyses.

- **Appendix B – Focus Group and Key Informant Recruitment and Interview Materials**

Public Notice for Recruitment of Focus Groups

Have you applied for Medi-Cal health coverage recently?

If so, we would like to hear about your experiences with the application process.

We are interested in talking to people in XXXXX County about how the new requirements to document citizenship may have impacted their application for Medi-Cal coverage.

****

Would you be interested in joining us for a 90-minute discussion? We will be meeting on (DATE TBD) from 5:30 to 7 pm.

We will serve a dinner and offer each person $25 for their time.

****

This is for research purposes only and there will be absolutely NO SALES PITCH and YOU WILL NOT BE ASKED TO BUY ANYTHING.

Also, your name and any comments you make WILL BE CONFIDENTIAL. Personal information about those who join us will NOT be shared publicly or with Medi-Cal or the county office.

****

Interested? Please call us at 1-800-XXX-XXXX to sign up to attend.

Sponsored by the California Endowment.

Script for investigator when a caller wants to make reservations for the focus groups:

"Thank you for calling. Are you calling for the Medi-Cal discussion group?

____YES _____NO

(If yes, continue call. If no, they are not one of those we are trying to recruit – possible wrong number…)

"I appreciate your interest in participating in this discussion. We are interested in talking to individuals who have recently applied or re-applied for health coverage under Medi-Cal. Have you applied or reapplied for Medi-Cal for yourself or a family member since July 1, 2007?"

____YES _____NO

(If yes, continue call. If no, they are not eligible to participate in the focus group. Say, *"I'm sorry, we are only including folks who have applied for Medi-Cal since July 1, 2007. Thank you for your interest. Goodbye."* End call.)

"Do you live in XXXXX County?"

____YES _____NO

(If yes, continue call. If no, they are not eligible to participate in the focus group. Say *"I'm sorry, we are only including folks who live in XXXXX County. Thank you for your interest. Goodbye."* End call.)

"Great. We are hosting a small group discussion in your area on: (DATE TBD) from 5:30 – 7 pm. We know your time is valuable, so we will pay you $25 for participating in this discussion. Will it be possible to attend this meeting at this date and time?"

____YES _____NO

(If yes, continue call. If no, end call.)

"Now, I need to get some information from you, so we can mail a confirmation letter (including directions to the meeting) to you, and also to contact you a day or two before the meeting to remind you and confirm your attendance.

*First name*_____
*Last name*_____
*Street Address*_____
*City, State, Zip*_____
*Daytime telephone number*_____
*Evening telephone number*_____
*Email address*_____

We will be serving a light dinner during the meeting. Do you have any special dietary needs which we need to be aware of?"

____YES _____NO

(If yes, please record:_____)

"Do you have any other needs that we should be aware of to be sure you can participate (e.g., do you use a wheelchair, need translator, baby sitting on site, transportation, etc.)

____YES _____NO

(If yes, please record:_____)

"We will mail out your confirmation letter and directions to the meeting site shortly. We look forward to seeing you on (DATE TBD). If your plans change and you are unable to make it, please call us back at this number. Thank you, and goodbye."

Medi-Cal U.S. Citizenship

Focus Group Recruitment Screener

Hello, my name is _____, and I'm calling from _____, a market research company in _____. We are conducting research to help find better ways for people to get Medi-Cal health care coverage. I'm not selling anything. This is all about hearing people's opinions so we can improve Medi-Cal.

1) Do you, or does anyone else living in your home, have Medi-Cal?

____ Yes **CONTINUE**

____ No **THANK AND TERMINATE**

2) Do you, personally, have Medi-Cal health care coverage?

____ Yes **SKIP TO Q4**

____ No **CONTINUE**

3) What is your relationship to the people living in your home who have Medi-Cal? For example: your husband, your children, your mother.

_____

4) Are you the person in your home who first applied for the Medi-Cal coverage, or have you ever given any Medi-Cal re-determination of eligibility information? **[if both, check both]**

____ Applied for Medi-Cal **PROCEED TO <u>INFORMATION</u> BELOW**

____ Provided re-determination of eligibility info **PROCEED TO <u>INFORMATION</u> BELOW**

____ Neither **CONTINUE WITH Q4a**

4a) For this research I need to talk with the person who first applied for Medi-Cal or who gives the Medi-Cal re-determination of eligibility information. May I please speak with that person?

____ Yes **BEGIN SCREENER WITH NEW RESPONDENT**

____ Not home now **SCHEDULE APPROPRIATE TIME TO CALL**

____ No **THANK AND TERMINATE**

INFORMATION

We want to talk with a group of people who have applied for Medi-Cal recently or who have given the required Medi-Cal re-determination of eligibility status information recently. Your opinions will help make Medi-Cal better.

If you are interested and are selected for this discussion group you will be paid $65.00 for your help. Supper will also be provided before the discussion. If you are selected, would you be interested in helping? **[If transportation or child care are mentioned as non-participation issues, offer transportation or childcare stipends.]**

_____ Yes **CONTINUE**

_____ No **THANK AND TERMINATE**

To see if you can participate in this group I need to ask you a few questions. Your answers will be completely private and will not affect any services you receive now or in the future.

5) About when did you apply for Medi-Cal and about when was the last time you gave re-determination of eligibility status information?

_____ Medi-Cal application

_____ Re-determination of eligibility

If application **only**, application completed:

After (appropriate date) **CONTINUE**

Before (appropriate date) **THANK AND TERMINATE**

If re-determination of eligibility, re-determination completed:

After (appropriate date) **CONTINUE**

Before (appropriate date) **THANK AND TERMINATE**

6) When you gave the most recent re-determination of eligibility status information [or Medi-Cal application if application only] were you asked to provide any of the following documents for the people covered by Medi-Cal? **[read list]**

_____ Birth Certificate or some other kind of birth record or record of adoption

_____ U.S. Passport

_____ Certificate of Naturalization

_____ Certificate of U.S. Citizenship

FOR ENGLISH LANGUAGE RECRUITING

7) We want to speak with people of different backgrounds. This helps us make sure that the people we talk to represent all of California. Which ethnic group do you identify with most strongly? **[READ LIST]**

____ African American
____ Asian
____ Caucasian
____ Hispanic/Latino
____ Native American Indian
____ Pacific Islander
____ Other (specify) _____

7a. What language do you usually speak at home?

____ English **CONTINUE**

____ Spanish **RE-SCHEDULE FOR OR TRANSFER TO SPANISH SPEAKING RECRUITER**

____ Other **THANK AND TERMINATE**

FOR SPANISH LANGUAGE RECRUITING

7. It is important for our research to get opinions from people of different backgrounds. What is your country of origin?

_____ (country)

7a. What language do you usually speak at home?

____ Spanish **CONTINUE**

____ English **RE-SCHEDULE FOR OR TRANSFER TO ENGLISH SPEAKING RECRUITER**

These next two questions are only about the people that have Medi-Cal, not about anybody else living in your home.

8) The people who have Medi-Cal – are they currently U.S. citizens?

____ Yes **CONTINUE**

____ No **THANK AND TERMINATE**

9) When you gave the last re-determination of eligibility status information [or Medi-Cal application if only application], were you asked to provide any documents to prove that the people with Medi-Cal are U.S. citizens?

____	Yes		**CONTINUE**
____	No	If any documents checked in Q6	**CONTINUE**
		If no documents checked in Q6	**THANK AND TERMINATE**
____	Don't Know	If any documents checked in Q6	**CONTINUE**
		If no documents checked in Q6	**THANK AND TERMINATE**

INVITATION

You have been selected to be part of our discussion group. We will pay you $65.00 in cash as soon as the discussion is finished **[add transportation and/or childcare stipend if appropriate]**. The discussion group will take place on _____. You will need to be at our office no later than _____, and you will be done by about _____. Can you be part of this group discussion?

____ Yes

____ No

MEDI-CAL U.S. CITIZENSHIP FOCUS GROUPS

Discussion Guide

Welcome and Focus Group Intent

- Moderator Introduction – Independent researcher – don't work for Medi-Cal or any state or county agency
- Purpose of this focus group -- to help find better ways for people to get Medi-Cal health care coverage.

Guidelines

- Notice that you only have your first name on your name card. Your names are **private** and are never, ever used in my research. So we can talk easily while we're together today, please turn your name cards toward me. What we talk about here today is completely confidential. Nothing you say will have any impact on any state or county services you receive now, or in the future.

- There are **no right or wrong answers** to the questions I will be asking you. What's important is your honest opinion. We want to find out what each one of you thinks and feels about certain things.

- We're looking for all kinds of **different opinions**, so I don't expect that you will all agree on everything. We want you to honestly share your own personal opinions. You don't have to agree with others. Remember, we all have our own opinions.

- I'm sure you have noticed the large mirror behind me. That's actually a one-way window, and there are other researchers back there who are working with me who are **listening and watching** what's going on. They are back there so they won't disturb us when they talk with each other. Like me, they do not work for Medi-Cal or any other state or county agency. They came here because they want to hear what you have to say, so don't think you'll hurt their feelings by being honest. Sometimes they are nervous at the start of these groups, so let's all give them a wave.

- This discussion is being **recorded** so that I have a record of what was said to help me when I write my report. If I had to take notes and lead the discussion, it would be too much, so I use the recording.

- Because we are recording this discussion, please speak **clearly and only one at a time**. If you all speak together I won't be able to understand what you have said when I listen to the recording later. Also, to make it easier for me, if you agree or disagree with something, speak up -- don't just shake your head.

- Finally, if you need to use the **rest room**, it's located _____. Please only go one at a time.

Warm-Up (10 minutes)

- **How long have you lived in this area?**

- **What do you like to do for fun? (hobby, favorite activity)**

Current Attitudes Regarding Medi-Cal (15 minutes)

To be part of this discussion group you told us that either you have Medi-Cal yourself, or that there are people in your family who have Medi-Cal. _____, I see that in your family, (from screener profile information) has/have Medi-Cal.

- **How long have you/they been covered by Medi-Cal?**

[Repeat with at least ½ of respondents]

Let's play a game to get started.
[Lay out paint chips]

If Medi-Cal were one of these colors, pick out what color it would be.

1) _____ **What color did you choose and what specifically is it about Medi-Cal that makes it like the color you chose?**
   Probe for specific examples and observations rather just subjective emotional response

   1A) **And how does what you have described make you feel?**

Repeat as time permits

Prior Knowledge of Requirement to Prove U.S. Citizenship (15 minutes)

All of you have either completed a Medi-Cal application or given re-determination of eligibility status information since _____. Think back to that time you completed the application or provided the re-determination of eligibility status information.

2) **Raise your hand if you knew before that time that you might have to give proof that the people covered by Regular Medi-Cal or Medi-Cal for Children were United States citizens.**

This next question is just for those who raised your hand.

3) **Specifically, how did you know that? How and when did you find out you might have to provide proof of citizenship?**

The next question is for everyone.

4) **What's your opinion about the rule that says you must be able to <u>prove</u> that people covered by Regular Medi-Cal or Medi-Cal for Children are United States citizens?**

Probes:

- What do you mean by that?
- Why do you say that?
- Tell me more.
- Immigration issues

<u>Process of Those Asked for Identity or Citizenship Proof Documents</u>

(35 minutes)

5) **Thinking back again to what happened when you were completing the Medi-Cal application process or the re-determination of eligibility status process since _____; raise your hand if you were <u>specifically asked</u> any time during the process to give proof of United States citizenship for the people covered by Medi-Cal.**

6) **For those who raised your hand, who were specifically asked to give proof, why did you think you were being asked?**

7) **For those of you who did not raise your hand**, **who were not asked specifically for proof of citizenship**, **were any of you asked to provide any kind of identity documents for the people covered by Medi-Cal? What documents were asked for?**

Check respondent profile. Take note of those who were asked to provide Birth Certificate or some kind of birth record or record of adoption, U.S. Passport, Certificate of Naturalization, Certificate of U.S. Citizenship

8) **Why did you think you were being asked for them?**

8A) **How did you know that?**

9) **Anyone who was asked to give any kind of documents either to prove United States citizenship or identity for the people being covered by Medi-Cal; tell me the story about what happened when you were asked to provide citizenship or identity documents.**

Probes:

- How were you asked -- by a county worker, in some kind of written document? (we'd like to hear if any written materials given to them by county or community groups were helpful or not)
- What were you asked to give as proof? Did you understand what documents you could use as proof?
- Did you have the documents (with you, if you visited the office) that were asked for?
- How did you feel about having to get these documents?
- What did you have to do to get the documents?
- Did the country worker help you get the documents?
- How long did it take to get the documents? how much did it cost? Did the county give you enough time to get the documents?
- What happened after you got the documents? did you mail them, fax them, make a trip to the office?
- Did the county offer to do a birth record search for people born in CA? – (this is probably a question relevant to new applicants, not redeterminations)
- Did it cause any delay in getting Medi-Cal services?
- How did that impact you?

9A) **Someone else who was asked for documents, what was the same or different about your experience?**

Probe for depth (using above probes as a guide)

Repeat as time allows, getting stories from both applicants as well as re-determination respondents.

Recommendations (10 minutes)

10) **We've all heard some stories about people's experiences providing identity or proof of citizenship documents for the people who are covered by Medi-Cal. How could that process be made easier for you?**

Probes:

- What would that do for you?
- What makes that easier?

Key Informant Interview Guide: County Welfare Workers

Project Title: Impact of the DRA Citizenship Requirements on U.S. Citizens Applying for Medi-Cal

Project Dates: December 2008

Method: Telephone interview with County Welfare Officials

Principal Investigators: Gerry Fairbrother, PhD, Barbara Edwards

Purpose: To conduct evaluative research to explore issues around the implementation and implications of the new Medi-Cal citizenship/identification documentation requirements on individuals applying for Medi-Cal benefits or seeking re-determination of their current eligibility.

Following is a general guide for leading the key informant interviews. The interview guide may be modified on the basis of client focus groups held in each county prior to the key informant interviews.

I. Introduction (10 minutes)

- Welcome participants and introductions
- Explain the general purpose of the discussion and report on which focus groups have been held within the county
- Discuss the purpose and process of the interview
- Explain the presence and purpose of recording equipment (interviews will be tape recorded to aid in capturing details accurately) – HOW TO DO THIS OVER PHONE _ CHECK IT OUT
- Provide a timeframe for the interview
- Inform the interviewees that the information discussed is going to be analyzed as a whole and that interviewees will not be quoted without prior review and approval of the interviewee

II. Topic Discussion (50 minutes)

A. County Preparation for Implementation of New Requirements

1. Did your county (the state, other entity?) provide training of your eligibility workers regarding the new documentation requirements? Please describe. (To all or some workers? When? What was the content? Can we get copy of training materials used?)

2. Were necessary IT changes in place prior to your county's implementation of the new requirements? If not, describe implications

B. County Process

1. At redetermination, which recipients were sent a request to submit documentation of citizenship? Who makes the decision about what documentation is requested (the state system? The county system? The county eligibility worker?) Was the same request sent to those whose citizenship had been already determined through the state's birth record match or by other means?

2. Did the county send a county-generated notice at redetermination that explained the need for documentation? Can we have a copy of this letter?

3. How much time are applicants/recipients given to produce documentation of citizenship? Is this time period established by the state or the county?

4. What options do applicants/recipients have for submission of citizenship documentation? (fax, mail, in person) How quickly has your county returned original documentation to applicants/clients? Do workers encourage applicants/recipients to use mail or fax or do they prefer in person submission? How do applicants/recipients learn of the options? What percentage chooses to use alternatives to in person submission?

5. Can your eligibility workers access state vital records online to assist with obtaining documentation for applicants/clients? Are there other resources eligibility workers can access to assist with meeting the documentation requirements (MEDS file)?

6. Are county workers required to offer to conduct an electronic search for California birth records at new application and at redetermination? When/how is this option offered (i.e., as part of the redetermination notice? Only after the applicant or recipient reports they cannot produce a certified birth certificate?)

For Contra Costa: discuss focus group result of no offer of birth record match. Can county offer any explanation of why?

For Riverside, Fresno counties: can counties suggest why those born in CA might not have had the county worker offer to conduct an electronic birth record search?

7. What was your county practice regarding requesting citizenship documentation (or copies of birth certificates) prior to the new DRA requirements? Under what circumstances might applicants or recipients be asked to document citizenship? Are there other reasons a person with disability/SSI eligibility might be asked for a copy of a birth certificate? Are there other reasons that a parent might be required to provide birth record documentation for an infant born to a mother covered by Medi-Cal?

B. Other Assistance to Applicants/Clients

1. Did the state or your county provide written materials to applicants or clients to describe the new documentation requirements (other than the letter at redetermination)?

Mailings?

In the office?

Other ways?

Can we get a copy of (county-generated) materials sent or available to applicants/recipients?
Were the materials different depending on whether the individual was a new applicant or a current client seeking renewal of his/her eligibility? If so, how were they different?
What languages?

2. Describe the types of assistance offered to applicants/recipients by the state and your county (in addition to informational materials). Did you offer financial assistance? Provide contact information for other states to obtain birth records? Internet access? Are other entities offering assistance re: citizenship documentation?

3. Do you have recommendations as to what types of assistance would improve the documentation process for clients and/or county workers?

C. Applicants/Recipients Requiring Assistance

1. What percentage of applicants/recipients were asked to provide documentation (rather than being exempt or the state or county obtaining documentation through a data match prior to the request)?

2. What percentage of applicants/recipients have asked for more time to produce required documentation?

3. Has the county experienced an increase in delayed/backlogged processing of applications or re-determinations as a result of the new documentation requirements?

4. How many recipients lost coverage at redetermination due to lack of citizenship documentation? What percentage of these do you think were U.S. citizens?

5. Has there been a change in the number of applicants/recipients presenting documentation in person vs. mail or fax?

III. Closing

Thank interviewees for their assistance.

- **Appendix C – Were there different effects of the citizenship documentation requirement for counties with high rates of non-citizens versus low?**

  If there were large numbers of non-citizens on the full-scope Medi-Cal rolls and the citizenship documentation requirement had been successful, enrollment in counties with high percentages of non-citizens would have seen decreases in enrollment. Likewise, from previous research that the citizenship documentation requirement affected citizens more than non-citizens, it is important to investigate if there were pronounced effects on enrollment in counties with the highest proportion of citizens to non-citizens.

  Rates of non-citizens were referenced from ACS in order to group counties. Table C shows the rate of non-citizens among all beneficiaries as well as total enrollment of 0-18 year olds in these counties or public use microdata areas (PUMA: ACS groups smaller counties into PUMAs. Therefore, each of California's 58 counties is not represented individually in this analysis).

  The groupings highlighted in Table C were also formed by taking into account total enrollment of children in each county or PUMA. This was done to assure that groups with like enrollment levels were being compared. Typically, the counties with the lowest proportion of non-citizens also had relatively low Medi-Cal enrollment, and conversely those with the highest proportion of non-citizens had comparatively high Medi-Cal enrollment. Therefore there are more counties grouped together in lowest non-citizen rate group than in the highest.

Table C: Counties have different rates of citizens to non-citizens. Counties with the highest and lowest non-citizen/citizen rates are shown.

County/PUMA*	% Non-Citizens*	0-18 Medi-Cal Enrollment^	% of 0-18 Medi-Cal Enrollment
Lowest Proportion of Non-Citizens			
Nevada-Plumas-Sierra	1.7%	124,706	0.15%
Humboldt	1.9%	269,770	0.33%
Shasta	2.3%	385,605	0.48%
Alpine-Amador-Calaveras-Inyo-Mariposa-Mono-Tuolumne	2.5%	255,969	0.32%
DelNorte, Lassen, Modoc, Siskiyou	2.6%	265,646	0.33%
El Dorado	4.7%	176,562	0.22%
Placer	4.8%	280,275	0.35%
Butte	5.0%	507,425	0.63%
Lake, Mendocino	6.5%	394,878	0.49%
Marin	8.5%	184,963	0.23%
Sacramento	9.9%	3,437,627	4.24%
Solano	10.1%	708,011	0.87%
Sonoma	10.5%	592,010	0.73%
Sutter-Yuba	10.6%	473,709	0.58%
Colusa-Glenn-Tehama-Trinity	10.7%	346,033	0.43%
Yolo	10.9%	339,123	0.42%
San Diego	11.5%	4,241,267	5.23%
Low Proportion of Non-Citizens			
Stanislaus	11.6%	1,476,037	1.82%
Contra Costa	12.1%	1,389,061	1.71%
San Bernadino	12.6%	5,197,397	6.41%
Santa Cruz	12.8%	465,940	0.57%
Ventura	13.0%	1,437,379	1.77%
San Joaquin	13.2%	1,906,116	2.35%
Kern	13.5%	2,804,771	3.46%

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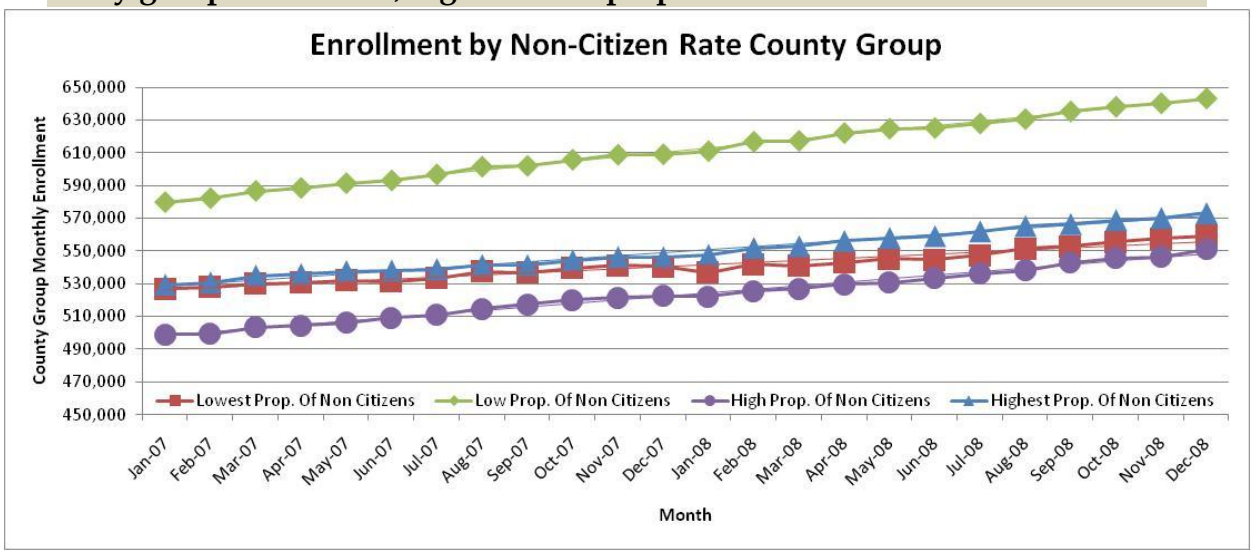
County/PUMA*	% Non-Citizens*	0-18 Medi-Cal Enrollment^	% of 0-18 Medi-Cal Enrollment
High Proportion of Non-Citizens			
Alameda	13.6%	2,285,392	2.82%
San Francisco	13.8%	898,875	1.11%
Riverside	14.0%	4,344,427	5.36%
King	14.0%	441,982	0.55%
Fresno	14.9%	3,669,260	4.53%
Santa Barbara	15.8%	916,793	1.13%
Highest Proportion of Non-Citizens (Los Angeles is a separate group)			
Tulare	16.1%	1,982,505	2.45%
Orange	16.2%	4,685,150	5.78%
Napa	16.3%	162,339	0.20%
San Mateo	16.3%	707,830	0.87%
Madera	17.7%	500,588	0.62%
Santa Clara	18.5%	2,519,143	3.11%
Imperial	18.6%	571,346	0.70%
Merced	18.8%	969,642	1.20%
Los Angeles	19.6%	27,657,994	34.12%
Monterey, San Benito	20.2%	1,095,996	1.35%

*Data Source: ACS (Note: ACS groups smaller counties into public use microdata areas (PUMAs))
^Data Source: MEDS 2007-2008, 0-18 years of age, by county/ACS PUMA

Figure C shows that enrollment for children 0-18 years of age increased for every group of counties, regardless of proportion of citizens to non-citizens. This indicates that:

- Effects of the citizenship documentation requirement were overshadowed by an even more dramatic event, likely the economic downturn, which led to the displayed increased enrollment.
- Enrollment for high non-citizen populations did not decrease, pointing toward fears regarding high rolls of ineligible non-citizens in Medi-Cal before documentation requirements were unfounded.
- Enrollment for low non-citizen populations did not decrease, indicating minimal effects as far as loss of coverage on citizen populations as well.

Figure C: Medi-Cal enrollment for children 0-18 years of age increased for every group of counties, regardless of proportion of citizens to non-citizens.



Data Source: 2007-2008 MEDS, Children 0-18 years of age, grouped according to ACS citizenship data

- **Appendix D – Detailed Problems Reported in Focus Groups**

Even with extensive preparation by the state difficulties in the early stages of requesting proof of citizenship were reported.

When applying or renewing benefits it was common for California-born focus group participants to report that they were asked to present a certified copy of their birth certificate, despite the state performing a match of beneficiaries with their birth records and documenting California births in the eligibility system.

In only two of the three focus group counties were participants who were born in – or whose children were born in – California offered the option of having the county worker conduct an electronic birth record search. Participants who had been offered an on-line search were very pleased and satisfied with the option, but there were many who were never presented with that option, or presented with it as a last resort.

Furthermore, participants who had to obtain a certified copy of a birth certificate reported receiving little or no assistance from the county. No one in the focus groups reported being offered assistance with the financial burden of obtaining a copy.

County officials could not explain why some individuals born in California were offered a birth record search while others were not. Officials from three counties did note, however, that the early birth record match by the state, while useful in screening out a significant portion of individuals who then did not need to produce proof of citizenship at redetermination, was less than fully effective. The early matches were done with limited information (for example, name and birth date only) and didn't always result in a reliable match to an individual.

In addition, beneficiaries reported being poorly informed despite efforts put forth by the state.

Most focus group participants reported not even being aware of the requirement for documenting citizenship. While several reported that the redetermination notice received from Medi-Cal clearly required they produce "a birth certificate and a Social Security card," only a small number of participants reported being aware that this was the result of a new requirement regarding citizenship documentation.

Participants expressed strong concerns over the effectiveness of written communications received regarding Medi-Cal. Participants were unanimous in describing themselves as "inundated" with written notices from Medi-Cal, and

that it was difficult to tell what was "important" from what was simply a general notice. This certainly may have applied to the communications around the DRA as well.

More detailed focus group results are contained in the report: "The Effect of DRA 2005 Citizenship Documentation on U.S. Citizens in California: Findings from Focus Groups" which was submitted to The California Endowment in June 2009.

- **Appendix E – Simplification Strategies in California Felt to Be Undermined by the Citizenship Documentation Requirement**

  California, like other states had pursued, at both the state and county level, simplified eligibility process for Medi-Cal in order to reach a larger portion of the eligible children (see Box B). There was concern that the DRA provisions for documentation would seriously undermine these efforts.

Simplification Underway Prior to the Citizenship Documentation Requirement

Like other states, California has pursued, at both the state and county level, simplified eligibility processes for Medi-Cal. For example, the state eliminated the requirement for in-person interviews for all populations, and some counties had introduced electronic application submission options through One-e-App.

California has been especially focused in seeking increased rates of coverage for children, partnering with counties and community groups for outreach, and providing twelve months of continuous eligibility for children.

The state has also implemented simplified applications, including a joint application with the Healthy Families program (California's Title XXI State Children's Health Insurance Program), a state-wide on-line application for children, express lane eligibility for the school lunch program and several presumptive eligibility programs for children and pregnant women.

California has even supported coverage options, including California Children's Services and the Children's Health and Disability Prevention Gateway, for those children not eligible by income or citizenship status for coverage under Medi-Cal or Healthy Families.

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