



**OFFICE OF THE LEGISLATIVE AUDITOR**  
**STATE OF MINNESOTA**

**EVALUATION REPORT**

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# **Public Health Care Eligibility Determination for Noncitizens**

**APRIL 2006**

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## OFFICE OF THE LEGISLATIVE AUDITOR

STATE OF MINNESOTA • James Nobles, Legislative Auditor

April 2006

Members of the Legislative Audit Commission:

Last spring, the Legislative Audit Commission directed the Office of the Legislative Auditor (OLA) to evaluate public assistance eligibility determination for noncitizens. It was understood, however, that OLA would not begin the evaluation until several other projects were completed.

Because the time and staff available for the evaluation were quite limited, we focused on eligibility determination for three publicly funded health care programs—Medical Assistance (Minnesota’s Medicaid program), General Assistance Medical Care, and Refugee Medical Assistance. In addition, we were able to review a relatively small sample of cases in six counties, but four of the counties—in urban areas—represent almost 80 percent of the noncitizens enrolled in Medical Assistance in March 2005.

We found errors in over 70 percent of the cases we reviewed, and 18 percent had errors that affected eligibility for benefits. To improve eligibility determination for noncitizens, we recommend that the Department of Human Services provide updated information and increased training to county social services staff. We also recommend the department designate a noncitizen eligibility specialist to work with county staff.

This report was researched and written by Judy Randall (project manager) and David Chein, with the help of Kelly Lehr, Mark Mathison, Carrie Meyerhoff, and John Patterson. Officials at the Minnesota Department of Human Services cooperated fully with our evaluation, as did officials in the six counties we visited (Anoka, Hennepin, Kandiyohi, Nobles, Olmsted, and Ramsey).

Sincerely,

James Nobles  
Legislative Auditor



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# Table of Contents

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|   | <u>Page</u> |
|---|-------------|
| <b>SUMMARY</b>  | <b>ix</b>   |
| <b>BACKGROUND</b>   | <b>2</b>    |
| <b>DESCRIPTIVE DATA</b>   | <b>7</b>    |
| <b>FILE REVIEW</b>  | <b>10</b>   |
| Methods   | 11          |
| Findings  | 11          |
| <b>DISCUSSION AND RECOMMENDATIONS</b>   | <b>17</b>   |
| <b>LIST OF RECOMMENDATIONS</b>  | <b>21</b>   |
| <b>APPENDICES</b>   |             |
| A: Public Assistance Payments to Noncitizens by Immigration<br>Status, Program, and Funding Source, FY 2005 | 23          |
| B: Characteristics of Noncitizens Receiving Public Health Care<br>Benefits by Immigration Status, FY 2005   | 25          |
| <b>AGENCY RESPONSE</b>  | <b>27</b>   |
| <b>RECENT PROGRAM EVALUATIONS</b>   | <b>29</b>   |



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# List of Tables

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| <u>Tables</u>   | <u>Page</u> |
|---|-------------|
| 1 Types of Noncitizens  | 3           |
| 2 Major Public Health Care Programs   | 4           |
| 3 Enrollment in Minnesota Public Assistance Programs, March 2005  | 5           |
| 4 Eligibility for Medical Assistance (MA) and Minnesota Family<br>Investment Program (MFIP), by Noncitizen Category | 6           |
| 5 Health Care Payments for Noncitizens by Program, FY 2005  | 8           |
| 6 Immigration Status of Noncitizens Receiving Public Health Care<br>Benefits, FY 2005                               | 9           |
| 7 Sponsorship by Immigration Status, FY 2005  | 10          |
| 8 Eligibility Determination Errors by Immigration Status  | 12          |





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# Summary

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**Determining whether non-citizens are eligible for public health care is complicated, and we found a significant number of errors.**

## Major Findings:

- Over 70 percent of the eligibility determination cases we reviewed contained errors, and 18 percent had errors that affected eligibility for benefits (p. 11).
- In 50 percent of the cases we reviewed, county workers did not electronically validate applicants' immigration status as required (p. 13).
- Five percent of the noncitizens who received public health care in fiscal year 2005 had sponsors (family members or organizations that agree to financially support a noncitizen) (p. 9).
- In over 10 percent of all cases we reviewed, county case workers did not properly identify or count sponsors' income when determining eligibility. This error affected eligibility in every case (p. 16).
- Almost 80 percent of the noncitizens who received MA, GAMC, and Refugee Medical Assistance in fiscal year 2005 were refugees, asylees, or lawful permanent residents (p. 8).

## Recommendations:

- The Department of Human Services should provide: (1) an updated and accurate Guide to Non-Citizen Eligibility; (2) more training on identifying and deeming sponsor income; and (3) clearer guidance on procedures for electronically validating immigration status (p. 18).
- The Department of Human Services should designate a noncitizen eligibility specialist (p. 17).



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## SUMMARY

***Determining whether noncitizens are eligible for public health care is complicated. Eligibility depends, in part, on an applicant's immigration status and when an applicant entered the United States, as well as income, assets, and other program criteria. Over 70 percent of the eligibility determination cases we reviewed contained errors, and 18 percent of the cases had errors that affected eligibility for public assistance. The Department of Human Services should provide updated resources and training to help counties better determine noncitizen eligibility for public assistance.***

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According to the U.S. Census Bureau, almost 173,000 people who are not citizens of the United States (noncitizens) reside in Minnesota.<sup>1</sup> In 2004, 11,700 legal immigrants arrived in Minnesota, down from a 2002 high of 13,500. Between 1995 and 2004, an average of almost 9,200 legal immigrants came to Minnesota each year.

Under state and federal law, citizenship is considered when determining eligibility for public assistance programs. Generally, undocumented noncitizens (those who are in the United States illegally) are not eligible for public assistance.<sup>2</sup> For legal noncitizens, eligibility depends on immigration status, date of entry into the U.S., and specific program rules. Some legal noncitizens enter the United States through a process in which a family member or organization agrees to be their “sponsor.” In some cases, sponsors’ income is a factor when determining a noncitizen’s eligibility for public assistance.

In April 2005, the Legislative Audit Commission directed the Office of the Legislative Auditor to evaluate noncitizen eligibility determination for public assistance programs. Legislators questioned whether county workers were correctly reviewing immigration status or sponsorship information when determining eligibility for noncitizens. Accordingly, this evaluation addresses the following questions:

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<sup>1</sup> The U.S. Census Bureau estimates that between 155,784 and 189,652 noncitizens lived in Minnesota in 2004, with a best estimate of 172,718. U.S. Census Bureau, “2004 American Community Survey, Minnesota” (2004); <http://factfinder.census.gov>; accessed January 24, 2006.

<sup>2</sup> Those otherwise eligible for medical assistance can receive emergency medical assistance. Nonimmigrant and undocumented pregnant women are eligible for health care benefits throughout the pregnancy and for 60 days of post-partum care. *Minnesota Statutes* 2005, 256B.06, subd. 4, (g) and (i).

- **What public benefits do noncitizens receive, and what are the demographic characteristics of these noncitizens?**
- **To what extent are county case workers properly determining applicants' immigration status and identifying and counting sponsors' income when determining eligibility for public assistance?**

To answer the first question, we obtained and analyzed data from the Department of Human Services' data warehouse regarding noncitizen recipients of public assistance. To answer the second question, we conducted a file review of 137 eligibility determination cases in six Minnesota counties: Anoka, Hennepin, Kandiyohi, Nobles, Olmsted, and Ramsey. We reviewed eligibility determinations for three public health care programs: Medical Assistance, General Assistance Medical Care, and Refugee Medical Assistance. To learn more about the challenges associated with determining eligibility for noncitizens, we interviewed staff at the Minnesota Department of Human Services (DHS) and several county social service agencies. Finally, we reviewed state and federal laws governing public assistance eligibility for noncitizens.

## BACKGROUND

**There are several legal categories of "noncitizens" living in Minnesota.**

The term "noncitizen" includes a number of categories of people who reside in but are not citizens of the United States. Table 1 describes several types of noncitizens. Among other things, noncitizens may have fled persecution in their home country (asylees and refugees); been selected through an immigration lottery (diversity immigrants); be a student, tourist, or visitor on business in the U.S. (nonimmigrants); or have served in the U.S. armed forces (veteran and active duty noncitizens in the U.S. armed forces). Noncitizens typically pay taxes and are eligible for public assistance if they meet income, asset, and other program-specific requirements.

Table 2 provides a brief overview of the major public health care programs offered in Minnesota. Medical Assistance (MA) is Minnesota's Medicaid program and is available to low-income families with children and the elderly, blind, and disabled. MinnesotaCare (MNCare) provides subsidized health insurance for those who do not otherwise have access to affordable health care coverage. General Assistance Medical Care (GAMC) provides access to health care for low-income adults, and Refugee Medical Assistance (RMA) provides medical assistance to refugees for the first eight months they are in the country. Finally, Emergency Medical Assistance is an emergency health care program for people who have a medical emergency and are ineligible for MA due to their immigration status.

Noncitizens comprise a relatively small share of the population served by Minnesota's public assistance programs. Table 3 identifies several of Minnesota's public assistance programs and the number of citizens and

**Table 1: Types of Noncitizens**

|  |  |
|--|--|
| Active Duty Noncitizens in the U.S. Armed Forces | Noncitizens who are on active duty in the United States armed forces, along with their spouses and unmarried minor dependent children.   |
| Asylees  | Noncitizens who are present in the United States and have established a well-founded fear of persecution.  |
| Conditional Permanent Residents                  | Noncitizens who receive lawful permanent resident status through marriage to a U.S. citizen and who have been married less than two years.   |
| Diversity Immigrants                             | Noncitizens who receive an immigrant visa through a lottery for people from countries with low rates of immigration to the United States.  |
| Lawful Permanent Residents                       | Noncitizens who are lawfully admitted for permanent residence to the United States under the Immigration and Naturalization Act.   |
| Nonimmigrants                                    | Noncitizens who enter the United States for a specified purpose and for a limited time period, such as tourists, students, and visitors on business.   |
| Other Noncitizens Lawfully Residing in the U.S.  | A broad category that includes: applicants for asylum; noncitizens offered protection from removal for a designated period of time; and noncitizens, spouses, and children legalized under the Immigration Reform and Control Act of 1986. |
| Parolees   | Noncitizens who are allowed to enter the United States temporarily for humanitarian, medical, or legal reasons. Parole is usually granted for a specific time period, but in some instances, it may be indefinite.                         |
| Refugees   | Noncitizens who have permission to enter and live in the United States because of a well-founded fear of persecution in their home countries due to race, religion, membership in a particular social group, or their political opinions.  |
| Undocumented Persons                             | Noncitizens who enter the United States without the necessary documents or violate the terms of a nonimmigrant visa by not leaving the country when the visa expires.  |
| Veteran Noncitizens of the U.S. Armed Forces     | Noncitizens who served in active duty in the U.S. armed forces, fulfilled the minimum two years active duty service requirement, and were released with an honorable discharge.  |
| Victims of Battery and/or Cruelty                | Noncitizens who petition for permanent residency because they are victims of battery and/or cruelty and are either married to or are the child of a U.S. citizen or lawful permanent resident.   |

NOTES: Other types of noncitizens not included in the categories above include: Amerasians, American Indians born in Canada, Cuban/Haitian Entrants, other Noncitizen American Indians, and individuals granted conditional entry to the United States prior to April 1, 1980.

SOURCE: Minnesota Department of Human Services, *Guide to Non-Citizen Eligibility* (St. Paul: July 2003), 1-7.

**Table 2: Major Public Health Care Programs**

|                                 |   |
|---------------------------------|---|
| Medical Assistance              | Minnesota's Medicaid program for low-income families with children and the elderly, blind, and disabled.  |
| MinnesotaCare                   | Subsidized health insurance program for low-income persons who do not have access to affordable health care coverage.   |
| General Assistance Medical Care | Health care program for low-income adults, ages 21 through 64, who have no dependent children under age 18 and who do not qualify for federal health care programs. |
| Refugee Medical Assistance      | Medical assistance for refugees during the first eight months they are in the country.  |
| Emergency Medical Assistance    | Emergency health care program available to people who have a medical emergency and are ineligible for MA due to their immigration status.                           |

NOTES: Eligibility criteria for all of these programs include income and asset limits.

SOURCES: Minnesota Department of Human Services, *Minnesota Health Care Programs*; [http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/DHS\\_id\\_006260.hcsp](http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/DHS_id_006260.hcsp); accessed January 25, 2006; Minnesota Office of the Legislative Auditor, *Economic Status of Welfare Recipients* (St. Paul, 2002), 12-14.

noncitizens who were enrolled in each program in March 2005. As Table 3 shows, noncitizens comprised 7 percent of those enrolled in MA in March 2005, 10 percent of those enrolled in the food support program, and 11 percent of those enrolled in the Minnesota Family Investment Program (MFIP) in that same time period. (Most noncitizens enrolled in MFIP were also enrolled in MA.) Noncitizens comprised the bulk of those enrolled in the refugee and emergency medical assistance programs.<sup>3</sup>

**Determining whether a noncitizen is eligible for public assistance is complicated.**

Determining eligibility for public assistance programs is difficult, even when the applicants are U.S. citizens. When complications regarding immigration status are added to the eligibility determination process, it is even more complex. Federal and state laws set forth public assistance eligibility criteria.<sup>4</sup> In some cases, noncitizens are not eligible for any benefits; in others, they are only eligible for state-funded public assistance; and in others, noncitizens are eligible for federally-funded benefits.<sup>5</sup> Immigration status and date of entry into the country are critical factors in determining noncitizens' eligibility for public assistance.

<sup>3</sup> Only noncitizens are eligible for refugee and emergency medical assistance. However, due to missing or inaccurate data, not all people enrolled in these programs were identified as noncitizens.

<sup>4</sup> *Minnesota Statutes* 2005, 256B and 256J; and 8 *U.S. Code*, ch. 14, subch. I, sec. 1611 and subch. IV, sec. 1641 (2005).

<sup>5</sup> The funding source generally does not affect what benefits are ultimately granted to a program recipient. However, the state has an interest in maximizing federally-funded benefits.

**Table 3: Enrollment in Minnesota Public Assistance Programs, March 2005**

|   | Total<br>Individuals<br>Enrolled | Enrolled<br>Noncitizens | Noncitizens as<br>Percentage of<br>Total |
|---|----------------------------------|-------------------------|--|
| <b>Medical Programs</b>                 |                                  |                         |  |
| Medical Assistance                      | 484,827                          | 33,771                  | 7%                                       |
| MinnesotaCare                           | 140,981                          | 6,964                   | 5  |
| General Assistance Medical Care         | 38,286                           | 3,441                   | 9  |
| Emergency Medical Assistance            | 1,065                            | 1,049                   | 99                                       |
| Refugee Medical Assistance              | 973                              | 883                     | 91                                       |
| Other Health Care Programs <sup>a</sup> | <u>32,843</u>                    | <u>5,498</u>            | 17                                       |
| Subtotal                                | 698,975                          | 51,606                  | 7%                                       |
| <b>Cash and Food Support Programs</b>   |                                  |                         |  |
| Food Support                            | 170,929                          | 17,303                  | 10%                                      |
| Minnesota Family Investment Program     | 104,959                          | 11,693                  | 11%                                      |

NOTE: Only noncitizens are eligible for refugee and emergency medical assistance. However, due to missing or inaccurate data, not all people enrolled in these programs were identified as noncitizens.

<sup>a</sup> Other health care programs include the Consolidated Chemical Dependency Treatment Fund, Prescription Drug Program, and Alternative Care, among others.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.

**Immigration status and date of entry are critical factors in determining eligibility.**

Table 4 outlines noncitizen eligibility criteria for MA and MFIP. These criteria assume that income, asset, and other requirements have been met.<sup>6</sup> Several categories of noncitizens are eligible for federally-funded benefits, including asylees, refugees, and some lawful permanent residents. Except for nonimmigrants and undocumented persons, most noncitizens are eligible for state-funded public assistance if they are not eligible for federally-funded benefits. For example, lawful permanent residents (LPRs) who entered the United States prior to August 22, 1996, are eligible to receive federally-funded MA and MFIP. LPRs who entered the United States after August 22, 1996, are not eligible to receive federally-funded benefits until they have been in the country for five years. However, to fill this gap, these LPRs are eligible to receive state-funded public assistance for the first five years they are in the country.

<sup>6</sup> The MFIP eligibility criteria set forth in Table 4 are for the cash portion of the benefit only, and do not include eligibility criteria for the food portion provided through MFIP.

**Table 4: Eligibility for Medical Assistance (MA) and Minnesota Family Investment Program (MFIP), by Noncitizen Category**

|   | Federally-funded MA                       | State-funded MA                      | Federally-funded MFIP (cash portion)      | State-funded MFIP (cash portion)    |
|---|---|--------------------------------------|---|-------------------------------------|
| Active and veteran noncitizens in the U.S. armed forces                               | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| Asylees   | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| Conditional permanent residents <sup>a</sup>  | Eligible                                  | N/A                                  | May be eligible <sup>b</sup>              | May be eligible <sup>b</sup>        |
| LPRs living in the U.S. prior to August 22, 1996 <sup>c</sup>                         | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| LPRs arriving in the U.S. on or after August 22, 1996 <sup>c</sup>                    | Not eligible until five years after entry | Eligible for five years from entry   | Not eligible until five years after entry | Eligible for five years from entry  |
| Nonimmigrants   | Pregnant women eligible <sup>d</sup>      | Pregnant women eligible <sup>d</sup> | Not eligible                              | Not eligible                        |
| Other noncitizens lawfully residing in the U.S. <sup>e</sup>                          | Not eligible                              | Eligible                             | May be eligible <sup>b</sup>              | May be eligible <sup>b</sup>        |
| Paroled for longer than one year and living in the U.S. prior to August 22, 1996      | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| Paroled for longer than one year and arriving in the U.S. on or after August 22, 1996 | Not eligible until five years after entry | Eligible for five years from entry   | Not eligible until five years after entry | May be eligible in first five years |
| Refugees  | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| Undocumented persons  | Pregnant women eligible <sup>d</sup>      | Pregnant women eligible <sup>d</sup> | Not eligible                              | Not eligible                        |
| Victim of battery or cruelty and living in the U.S. prior to August 22, 1996          | Eligible                                  | N/A                                  | Eligible                                  | N/A                                 |
| Victim of battery or cruelty and arriving in the U.S. on or after August 22, 1996     | Not eligible until five years after entry | Eligible for five years from entry   | Not eligible until five years after entry | May be eligible in first five years |

NOTES: If a noncitizen category is eligible for federally-funded benefits, the comparable state-funded benefits are coded with "N/A" for not applicable. This table assumes that other eligibility criteria, such as income and asset levels, have been met. MFIP criteria are for the cash portion only, and do not include eligibility criteria for the food portion through MFIP.

<sup>a</sup> Conditional permanent residents are noncitizens who receive lawful permanent resident status through marriage to a U.S. citizen and who have been married less than two years.

<sup>b</sup> These noncitizens may be eligible for federally-funded benefits if they entered the United States before August 22, 1996; if they entered on or after August 22, 1996, they may be eligible for state-funded benefits.

<sup>c</sup> LPR stands for Lawful Permanent Resident.

<sup>d</sup> Nonimmigrant and undocumented pregnant women are eligible for federally-funded MA for prenatal care and labor and delivery, and state-funded benefits for 60 days of post-partum care.

<sup>e</sup> Other noncitizens lawfully residing in the U.S. is a broad category that includes applicants for asylum; noncitizens offered protection from removal for a designated period of time; and noncitizens, spouses, and children legalized under the Immigration Reform and Control act of 1986.

SOURCE: Randall Chun and Danyell Punelli, *Eligibility of Noncitizens for Health Care and Social Services Programs* (Minnesota House of Representatives Research Department, St. Paul: December 2004).



As of December 19, 1997, federal law requires certain noncitizens to have a “sponsor” as a condition for lawful entry into the United States.<sup>7</sup> A sponsor is a family member (who must be a U.S. citizen or lawful permanent resident) or an organization that promises to provide support and assistance to the noncitizen if necessary. Federal law also requires family-based sponsors to complete an “affidavit of support,” indicating that they will financially support the noncitizen and his or her family until the noncitizen becomes a U.S. citizen, has earned 40 social security credits (the equivalent of working for 10 years), leaves the United States permanently, or dies.

Family-based sponsors must have a household income equal to at least 125 percent of the poverty level for their current household size, including themselves, their families and dependents, any noncitizens previously sponsored, and the noncitizens currently being sponsored. When a sponsored noncitizen applies for public assistance, the sponsor’s income is “deemed” to the noncitizen. In other words, the sponsor’s income is considered as the noncitizen’s income for eligibility determination purposes. As a result, most noncitizens who have a family-based sponsor are not eligible for public assistance benefits. Income from institutional sponsors is not considered when determining health care eligibility, although it does factor into eligibility determinations for cash assistance.<sup>8</sup>

## DESCRIPTIVE DATA

**Almost 77,000  
noncitizens living  
in Minnesota  
received public  
health care in  
fiscal year 2005.**

Our evaluation focused on eligibility determination for noncitizens who received certain types of public health care in fiscal year 2005. During that time period, 76,843 noncitizens, approximately 44 percent of all noncitizens residing in Minnesota, received some form of publicly funded health care.<sup>9</sup> As shown in Table 5, Medical Assistance accounts for the bulk of health care payments noncitizens received, comprising 74 percent of the \$333 million in public health care payments made in fiscal year 2005.

We limited our detailed evaluation to noncitizens who received health care through at least one of the following three programs: Medical Assistance (MA), General Assistance Medical Care (GAMC), and Refugee Medical Assistance (RMA). These programs accounted for over 80 percent of the public health care payments made on behalf of noncitizens in fiscal year

<sup>7</sup> Those noncitizens who are required to have a sponsor under these provisions include: (1) all immediate relative- and family-sponsored lawful permanent residents, and (2) employment-based noncitizens coming to the United States to work for relatives or for companies of which a relative owns 5 percent or more of the company. *Minnesota Statutes* 2005, 256B.06, subd. 5; 8 *U.S. Code* ch. 12, subch. II, part II, sec. 1183a (2005); and *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, Title IV, Public Law 104-193, secs. 421-422.

<sup>8</sup> LPRs with institutional sponsors are not eligible for MFIP for three years from the date they enter the country. Minnesota Department of Human Services, *Combined Manual* (St. Paul, 2006), sec. 11.03.15.

<sup>9</sup> Fiscal year 2005 began on July 1, 2004, and ended June 30, 2005. Medical payments were made on behalf of these noncitizens through the Department of Human Services’ Medicaid Management Information System (MMIS).

**Table 5: Health Care Payments for Noncitizens by Program, FY 2005**

|   | Amount           | Percentage of Total |
|---|------------------|---------------------|
| Medical Assistance                      | \$247,843,175    | 74%                 |
| MinnesotaCare                           | 23,266,611       | 7                   |
| Emergency Medical Assistance            | 23,235,042       | 7                   |
| General Assistance Medical Care         | 19,706,925       | 6                   |
| Other Health Care Programs <sup>a</sup> | 14,989,838       | 5                   |
| Refugee Medical Assistance              | <u>3,858,560</u> | <u>1</u>            |
| Total                                   | \$332,900,151    | 100%                |

NOTE: In fiscal year 2005, 76,843 noncitizens in Minnesota received public health care benefits.

<sup>a</sup> Other health care programs include the Consolidated Chemical Dependency Treatment Fund, Prescription Drug Program, and Alternative Care, among others.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.

2005. During this time period, 64,123 noncitizens received health care payments through one of these three programs for a total of \$271 million. The remainder of this section focuses on these 64,123 noncitizens.

As discussed previously, there are many types of noncitizens. The 64,123 noncitizens on which we focused are of all noncitizen types, although we found that:

- **Almost 80 percent of the noncitizens who received MA, GAMC, and Refugee Medical Assistance in fiscal year 2005 were refugees, asylees, or lawful permanent residents.**

As Table 6 indicates, 44 percent of these noncitizens were refugees and asylees, 35 percent were LPRs, and 13 percent were undocumented persons. The remaining 7 percent were either (1) nonimmigrants; (2) “other lawfully residing” noncitizens, which includes those granted temporary protected status, applicants for asylum, and others; or (3) those for whom there was not an immigration status recorded.

**Lawful permanent residents and refugees received the majority of health care payments in fiscal year 2005.**

Likely due to their large numbers, LPRs and refugees received the majority of the health care payments made to noncitizens in fiscal year 2005. Across all immigration statuses, 80 to 85 percent of the public health care benefits received by these 64,123 noncitizens were Medical Assistance payments. The federal government and Minnesota each provided about half of the funding for public health care for noncitizens in fiscal year 2005, with less than 1 percent each coming from counties and revenues collected by the programs. Appendix A contains additional data on public assistance payments made to these 64,123 noncitizens in fiscal year 2005.

**Table 6: Immigration Status of Noncitizens Receiving Public Health Care Benefits, FY 2005**

|                                   | Number       | Percentage of Noncitizens |
|-----------------------------------|--------------|---------------------------|
| Refugees and Asylees              | 28,406       | 44.3%                     |
| Lawful Permanent Residents (LPRs) | 22,722       | 35.4                      |
| Undocumented Persons              | 8,549        | 13.3                      |
| Other Noncitizens <sup>a</sup>    | 2,758        | 4.4                       |
| Immigration Status Missing        | <u>1,688</u> | <u>2.6</u>                |
| Total                             | 64,123       | 100.0%                    |

NOTE: This table contains data for the 64,123 noncitizens who received public health care in fiscal year 2005 through at least one of the following programs: Medical Assistance (MA), General Assistance Medical Care (GAMC), and Refugee Medical Assistance (RMA).

<sup>a</sup> Other noncitizens include parolees; nonimmigrants such as tourists, business visitors, and students; applicants for asylum; those under temporary protected status; and individuals whose deportation was withheld.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.

**Noncitizens who received public health care in 2005 came from many different countries.**

Noncitizens who received public health care in 2005 came from many different countries. In fiscal year 2005, 38 percent of the noncitizen health care recipients were from Africa and the Middle East; 27 percent were from central and southeast Asia; 20 percent were from Mexico, Central America, and the Caribbean; and 6 percent were from Europe, including Russia.<sup>10</sup> Among individual nationalities, 58 percent of the recipients were Somali, Hmong, or Mexican.<sup>11</sup> In addition, 64 percent of the recipients were female, and 51 percent were between the ages of 18 and 39. Nearly all (98 percent) of the undocumented recipients were female, reflecting the fact that undocumented noncitizens are only eligible for pregnancy-related assistance.<sup>12</sup> Appendix B contains additional demographic data on the 64,123 noncitizens that received MA, GAMC, and RMA in fiscal year 2005.

Regarding sponsorship, we found that:

- **A very small number of noncitizens who received public health care in 2005 had sponsors.**

<sup>10</sup> We were unable to identify the nationalities of 9 percent of the recipients.

<sup>11</sup> Of the 56,790 recipients whose nationality we could identify, 15,150 Somalis, 11,302 Hmong, and 9,509 Mexicans received public health care benefits in fiscal year 2005.

<sup>12</sup> Changes in immigration status throughout fiscal year 2005 and coding errors likely explain why not all undocumented recipients of public assistance health care were identified as female. Undocumented noncitizens may also be eligible for emergency medical assistance.

**Table 7: Sponsorship by Immigration Status, FY 2005**

|                                | Number of Recipients | Individual Sponsor |            | Institutional Sponsor |            | Total with Sponsor |            |
|--------------------------------|----------------------|--------------------|------------|-----------------------|------------|--------------------|------------|
|                                |                      | Number             | Percentage | Number                | Percentage | Number             | Percentage |
| Refugees and Asylees           | 28,406               | 87                 | 0%         | 753                   | 3%         | 840                | 3%         |
| Lawful Permanent Residents     | 22,722               | 1,579              | 7          | 455                   | 2          | 2,034              | 9          |
| Undocumented Persons           | 8,549                | 17                 | 0          | 2                     | 0          | 19                 | 0          |
| Other Noncitizens <sup>a</sup> | <u>2,758</u>         | <u>91</u>          | 3          | <u>29</u>             | 1          | <u>120</u>         | 4          |
| Total                          | 62,435               | 1,774              | 3%         | 1,239                 | 2%         | 3,013              | 5%         |

NOTE: This table contains data on the 64,123 noncitizens who received MA, GAMC, or RMA in fiscal year 2005. The immigration status for 1,688 noncitizen recipients of public health care was missing.

<sup>a</sup> Other noncitizens include parolees; nonimmigrants such as tourists, business visitors, and students; applicants for asylum; those under temporary protected status; and individuals whose deportation was withheld.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.

### **Most noncitizens who have a sponsor are not eligible to receive public benefits.**

As shown in Table 7, only 5 percent of the 64,123 noncitizens who received MA, GAMC, or RMA in fiscal year 2005 had sponsors.<sup>13</sup> This is likely a result of the income requirements for sponsors. Because sponsors of lawful permanent residents are required to have 125 percent of the poverty level and these sponsors' incomes are wholly considered as the applicants' incomes, few sponsored LPRs are eligible to receive public assistance benefits.

## **FILE REVIEW**

Our evaluation focused on the extent to which county case workers properly determined applicants' immigration status and identified and counted sponsors' income when determining eligibility for public assistance. To do this, we reviewed a sample of 137 eligibility determination cases. A "case" contains information on people in the same household unit. As such, a case may include one person or several people, depending on the situation of the applicant. There were 420 people in the 137 cases we reviewed; household unit size ranged from 1 to 9, with an average of just over 3 people per case.<sup>14</sup> In this section, we outline our methods for selecting a sample and discuss our findings from the file review.

<sup>13</sup> Because we identified noncitizens with sponsors as those who had the "SPON" panel completed in MAXIS (the computer system used by DHS and county social service agencies to determine eligibility), not all of the noncitizens with sponsors are LPRs who have sponsors' income deemed as per the 1996 federal provisions. In fact, 840 of the noncitizens who are identified as having a sponsor in MAXIS are refugees who received a one-time resettlement grant, which is not deemed to the applicant for eligibility purposes. Excluding these one-time grants to refugees, only 2,173 (3 percent) of the noncitizens who received MA, GAMC, or RMA in fiscal year 2005 had sponsors.

<sup>14</sup> We used a "case" as our unit of analysis because this is typically how applications for public assistance are processed.

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**We reviewed eligibility determination cases in six counties and focused on three public health care programs.**

## Methods

Because of time and other resource constraints, the number of cases we reviewed was relatively small and is not a basis for statewide generalizations. Nevertheless, our sample of counties reflects where most noncitizens reside—urban areas—and provides some representation of rural counties. We focused our file review on noncitizens receiving MA, GAMC, and RMA in six counties: Anoka, Hennepin, Kandiyohi, Nobles, Olmsted, and Ramsey. Collectively, Anoka, Hennepin, Olmsted, and Ramsey counties represented almost 80 percent of the noncitizens who were enrolled in Medical Assistance in March 2005. We selected Kandiyohi and Nobles counties for geographic representation.

Because legislators had specific questions regarding noncitizens with sponsors, we over-sampled this group. In the end, almost 50 percent of the cases we reviewed included a noncitizen with a sponsor.<sup>15</sup> We randomly selected and reviewed 117 cases from Anoka, Hennepin, Olmsted, and Ramsey counties and 20 cases from Kandiyohi and Nobles counties.<sup>16</sup> Any errors we found were reviewed and verified with staff in the county of jurisdiction.

This evaluation focused on the extent to which case workers properly determined noncitizen eligibility. We reviewed the extent to which case workers correctly entered information—such as immigration status and entry date—into MAXIS, the computer system used by DHS and county social service agencies to determine eligibility. Once case workers enter information into MAXIS, the system uses a series of algorithms to determine eligibility for applicants. We did not examine whether MAXIS made correct eligibility determinations. However, a report issued by our office in February 2005 raised several concerns about the system’s validation controls for eligibility data.<sup>17</sup>

## Findings

- **Over 70 percent of the eligibility determination cases we reviewed contained errors, and 18 percent had errors that affected eligibility for benefits.**

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<sup>15</sup> We identified noncitizens who had sponsors through MAXIS. However, we found some cases with sponsors where a sponsor had not been indicated in MAXIS.

<sup>16</sup> The number of cases reviewed in Anoka, Hennepin, Olmsted, and Ramsey counties was approximately proportional to the share of noncitizens receiving public health care benefits that resided in each county.

<sup>17</sup> Office of the Legislative Auditor, *Department of Human Services—Medical Assistance, Temporary Assistance for Needy Families, and Food Stamp Programs: Eligibility Data Validation Controls* (St. Paul, February 24, 2005).

**Table 8: Eligibility Determination Errors by Immigration Status**

|   | Immigration Status                      |                    |                                   |   | Total<br>(N=137) |
|---|---|--------------------|-----------------------------------|---|------------------|
|   | Lawful Permanent<br>Residents<br>(N=57) | Refugees<br>(N=47) | Undocumented<br>Persons<br>(N=18) | Other<br>Noncitizens <sup>a</sup><br>(N=15) |                  |
| Status not Validated (No SAVE <sup>b</sup> )      | 33                                      | 29                 | 0                                 | 6   | 68               |
| Expired Immigration Documents                     | 13                                      | 0                  | 0                                 | 5   | 18               |
| Incorrect Immigration Status                      | 17                                      | 1                  | 0                                 | 4   | 22               |
| Entry or Birth Date Incorrect                     | 11                                      | 11                 | 2                                 | 0   | 24               |
| Sponsor Income not Properly Considered            | 13                                      | 0                  | 0                                 | 1   | 14               |
| Missing Pregnancy Verification                    | 0                                       | 0                  | 2                                 | 0   | 2                |
| Other Errors <sup>c</sup>                         | 4                                       | 3                  | 0                                 | 1   | 8                |
| Total Cases with Errors                           | 48                                      | 36                 | 4                                 | 11  | 99               |
| Total Cases in Which Errors Affect<br>Eligibility | 16                                      | 2                  | 2                                 | 6   | 26               |

NOTE: Some cases had more than one error.

<sup>a</sup> Other noncitizens include asylees and asylum applicants; other lawfully residing persons; parolees; one case with mixed LPR and refugee status; unknown status; and U.S. citizens.

<sup>b</sup> SAVE is the Systematic Alien Verification for Entitlements whereby county case workers can validate a noncitizen's immigration status with the United States Citizenship and Immigration Services.

<sup>c</sup> Other errors include SAVE not run in a timely manner, client opened on the wrong public assistance program, and missing immigration documents, among others.

SOURCE: Office of the Legislative Auditor.

Table 8 shows, by immigration status, the number and type of errors we found during our file review. A case may have more than one error. We discuss each of the error types in more detail below.

### Validation of Immigration Status

Federal and state laws require county case workers to validate a noncitizen's immigration status with the United States Citizenship and Immigration Services (USCIS, previously known as the Immigration and Naturalization Service) prior to approving initial eligibility for public assistance.<sup>18</sup> The information system through which county case workers validate immigration status is the Systematic Alien Verification for Entitlements, also known as SAVE.

According to the Department of Human Services, case workers are required to run a SAVE inquiry upon initial application by a noncitizen for public assistance and anytime thereafter when a noncitizen's immigration status changes. County workers should only use SAVE once they have verified an

<sup>18</sup> Minnesota Department of Human Services, *Health Care Programs Manual*, sec. 0906.03.11.01; *Minnesota Statutes* 2005, 256.01, subd. 18; and 8 *U.S. Code*, sec. 1642 (2002).

applicant's immigration status (by reviewing current immigration documents) and determined that the applicant is otherwise eligible for the program.

- **In 50 percent of the cases we reviewed, county workers did not electronically validate applicants' immigration status as required; these errors did not affect eligibility.**

As shown in Table 8, 68 of the cases we reviewed did not have a SAVE report in the case file when one should have been completed.<sup>19</sup> We conducted SAVE inquiries for 67 of the 68 cases that should have had them completed.<sup>20</sup> Through SAVE, we confirmed the immigration status for 48 of the cases we reviewed, and found the immigration status had changed for the remaining 19.

A missing SAVE inquiry did not affect eligibility determination in any of these cases. For those cases in which our SAVE inquiry confirmed the immigration status recorded in MAXIS, no change was necessary. In those cases for which SAVE indicated an immigration status different than what was recorded in MAXIS, the change did not affect eligibility for the programs included in our review. For example, in several cases, an applicant that was identified as a refugee in MAXIS was identified as an LPR by the SAVE verification. However, refugees remain eligible for federally-funded MA, even if they have adjusted to LPR status. As a result, the fact that the SAVE inquiry did not confirm the immigration status in MAXIS did not have an affect on eligibility. There were five cases in our review in which the SAVE inquiry we ran indicated that the noncitizen had become a U.S. citizen. While this would not affect their eligibility for the programs included in this evaluation, it might change these applicants' eligibility for other programs. It could also affect whether benefits are funded with state or federal funds.

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**Among the county staff we spoke with, there were conflicting ideas about the state's policy for validating immigration status.**

When we spoke with county representatives about the SAVE inquiry process, it was clear that county staff have differing ideas about when a SAVE inquiry is required. Staff from one county indicated that their policy is to run a SAVE inquiry annually, at the time of re-certification. Staff from another county said that DHS told them they could not run a SAVE annually, although these staff would like to have it become part of their annual review process. Staff from yet another county reported that they do not have access to SAVE and, therefore, never run SAVE inquiries.

## **Expired Immigration Documents**

Immigration documents are the mechanism by which noncitizens can prove their immigration status. In some cases, an immigration document might expire but a person's immigration status does not. For example, lawful

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<sup>19</sup> SAVE inquiries are not required for undocumented applicants. In addition, since SAVE was instituted in Minnesota in February 2002, we did not note an error for missing SAVE reports in cases open prior to this date.

<sup>20</sup> In one case, there was evidence in the file that the applicant had become a U.S. citizen; we did not conduct a SAVE inquiry for this person.

permanent residents (LPRs) typically obtain a permanent resident or resident alien card (previously known as a “green card”) to indicate their immigration status. These cards are usually issued for a ten-year period. When the permanent resident card expires, the holder of the card is still a lawful permanent resident (i.e., the status has not expired, only the document has expired). On the other hand, noncitizens in the United States under “temporary protected status” do need current immigration documents to maintain their immigration status. If the document indicating someone is here under temporary protected status expires, then the noncitizen may not legally be in the country.

- **In approximately 13 percent of the cases we reviewed, recipients had expired immigration documents, which affected eligibility in some cases.**

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**In the files we reviewed, some recipients had expired immigration documents.**

As shown in Table 8, in 18 of the cases we reviewed, the case file did not contain current immigration documents. In four cases, recipients were here under a temporary status, such as “applicant for asylum” or “temporary protected status,” and their immigration documents had expired by the time of our review.<sup>21</sup> This does not necessarily mean that these clients are not legally residing in the U.S. or are ineligible for benefits; it simply means that the county, and therefore the state, does not know if they are currently eligible for the benefits they are receiving.<sup>22</sup> In these cases, county workers need to follow up with the clients to obtain current immigration documents. Whether or not expired documents ultimately affect eligibility, it is important for county staff to maintain current documentation in the case files to support the information contained in MAXIS.

### **Incorrect Immigration Status**

As discussed earlier and highlighted in Table 4, immigration status can affect eligibility for public assistance benefits. If the incorrect immigration status is in MAXIS, then applicants could be wrongly approved or denied benefits. An error occurs when a county case worker identifies an applicant as one type of noncitizen in MAXIS, but the client has provided documentation indicating that they are a different type of noncitizen.

- **In approximately 16 percent of the cases we reviewed, case workers had entered an incorrect immigration status in MAXIS; this only affected eligibility in one case.**

As shown in Table 8, we found this error in 22 cases. While these errors mean that the information in MAXIS is incorrect, it only affected eligibility for one case in our file review. For many of the cases with an incorrect

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<sup>21</sup> In all four cases, the documents were valid at the time of initial eligibility determination.

<sup>22</sup> According to Department of Human Services staff, health care benefits would not automatically be terminated for a client with expired immigration documents because the department gives the client 90 days to obtain current immigration documents. On the other hand, MFIP and Food Support end immediately if a client does not have current immigration documents.



immigration status, the client's status had changed from refugee to LPR. As mentioned earlier, in this situation, the client still receives benefits as if he or she were a refugee (and is therefore still eligible for federal benefits). As a result, while the immigration status is incorrect in MAXIS, it does not affect eligibility determination.

In the one case in which an immigration status error affected eligibility, an LPR was identified in MAXIS as an "other lawfully residing" noncitizen. This person had been in the country for less than five years. LPRs who have been in the country for five years are eligible for federal, rather than state-only, benefits. If this person remained identified in MAXIS as an "other lawfully residing" noncitizen, he or she would continue to be eligible only for state-funded benefits after the five-year threshold had passed. Regardless of its impact on eligibility, it is important for county staff to verify noncitizens' immigration status and to enter accurate information in MAXIS.

### Entry Date and Birth Date

An entry date, found on noncitizens' immigration documents, is the date a noncitizen legally entered the United States. This entry date, along with the client's age, are factors in determining eligibility.

- **In about 18 percent of the cases we reviewed, case workers entered the wrong entry or birth date in MAXIS, which affected eligibility in some cases.**

### Entry and birth dates can affect eligibility.

As shown in Table 8, we found date errors in 24 of the cases we reviewed.<sup>23</sup> Thirteen of the cases we reviewed had an incorrect entry date. As discussed earlier and highlighted in Table 4, a noncitizen's entry date may determine whether he or she receives federal or state benefits. This is particularly true for LPRs who must be in the country for five years before they are eligible for federally-funded benefits. The entry date is also a factor in determining whether an LPR is required to have a sponsor.

Of the 13 cases with an incorrect entry date, only in 4 cases could this error impact eligibility—all 4 were LPRs who had been in the country for less than five years. Because the entry date was incorrect, these clients could be determined as eligible for federal benefits when they had been in the country for less than five years or, alternatively, determined as eligible only for state benefits when they had been in the country for more than five years.

An incorrect birth date can also affect eligibility for some programs. Applicants who are under 21 or over 65 years of age and meet income, asset, and other program criteria are eligible for Medical Assistance. For the 14 cases in our review that had an incorrect birth date, only 1 could affect eligibility.

<sup>23</sup> Three of these cases had both incorrect entry and birth dates.

### Sponsor Income Not Properly Considered

As discussed earlier, as of December 19, 1997, certain LPRs are required to have a sponsor as a condition for lawful entry into the United States. While noncitizens are asked on the health care application whether they have a sponsor, many applicants may not understand the legal definition of this term. As a result, county case workers are expected to know when a sponsor is required and obtain the relevant information.<sup>24</sup> If an LPR applicant is required to have a sponsor, the terms of the sponsorship must be considered when determining the applicant's eligibility for public assistance. In the case of a family-based sponsor, the sponsor's income is considered as if it were the applicant's income when determining whether the applicant is eligible for benefits. As a result, sponsored LPRs are usually not eligible for benefits.

- **In over 10 percent of the cases we reviewed, county case workers did not properly consider sponsors' income when determining eligibility. This error affected eligibility in every case.**

**In the cases we reviewed, errors involving sponsors' income affected eligibility.**

As shown in Table 8, sponsor income was not properly considered in 14 cases. This error occurred in almost one-quarter of the cases in our sample with LPRs. In all 14 of these cases, improper or incorrect deeming of sponsors' income affected eligibility. In many cases, county case workers eventually discovered the error on their own and deemed the sponsor's income. Usually, once the sponsor's income was deemed, the client was no longer eligible for health care benefits. In several of these cases, noncitizens inappropriately received benefits for several years before their sponsors' income was correctly deemed. In one case, clients were inappropriately denied benefits because sponsor income was deemed when it should not have been.

Staff from one county did not know that they were expected to independently determine whether a noncitizen applicant had a sponsor. Prior to our evaluation, they relied solely on the information provided on the client's application to determine whether there was a sponsor.

### Missing Pregnancy Verification

As mentioned earlier, undocumented persons are generally not eligible for public assistance. However, nonimmigrant and undocumented pregnant women are eligible to receive federally-funded MA for prenatal care and labor and delivery, and state-funded benefits for 60 days of post-partum care if the client meets income and asset tests and can provide proof of the pregnancy. In these situations, the pregnancy verification provides the basis of eligibility for the benefits.

- **In the files we reviewed, two cases were missing the required pregnancy verification; in both cases, this could affect eligibility.**

<sup>24</sup> Lawful permanent residents' immigration documents generally contain an immigration code that indicates whether a sponsor is required.

As shown in Table 8, while only two cases included in our review did not have the required pregnancy verification on file, this represents 11 percent of the undocumented clients in our sample. In both cases, this error had an impact on eligibility determination, as undocumented persons are not eligible for these benefits without proof of pregnancy. Based on other information contained in these case files, it appeared that these clients were pregnant; however, the required verification was not present.

## DISCUSSION AND RECOMMENDATIONS

Determining whether noncitizens are eligible for public health care is complicated. The counties we visited through our evaluation have among the largest noncitizen applicant populations in the state. As a result, it is reasonable to expect that staff in these counties are relatively knowledgeable in this area. However, we found a significant number of errors, even in those counties with large noncitizen caseloads.

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**There was not a significant difference in error rates among the six counties we visited.**

The counties we visited take different approaches to processing their noncitizen applications. One of the counties has specialized staff who work with noncitizen applicants. Another county has an immigration resource group to help workers determine eligibility for their noncitizen applicants. Other counties do not provide special resources; they rely largely on materials provided by the Department of Human Services. In general, we found no significant difference in error rates among the counties we visited or their strategies to help serve the noncitizen population.<sup>25</sup>

Most county staff with whom we met thought the noncitizen eligibility criteria need to be simplified. However, evaluating the merits of the eligibility criteria was beyond the scope of this study. Within the current parameters, we think the following actions would help county social service staff improve the accuracy of their noncitizen eligibility determinations.

### Designate a Noncitizen Eligibility Specialist

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#### RECOMMENDATION

***The Department of Human Services should designate a noncitizen eligibility specialist to assist county staff.***

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Based on our conversations with county and department staff, and our own review of case files, it is clear that noncitizen eligibility decisions are often case specific. More often than not, to determine eligibility in a particular noncitizen case, county workers need to review the specific case details with someone knowledgeable in noncitizen eligibility criteria.

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<sup>25</sup> Errors were more related to noncitizen type than county of residence. As shown in Table 8, cases with undocumented persons had a low error rate while those with LPRs had a high error rate. As a result, those counties with a large number of undocumented noncitizens tended to have lower error rates.

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**Counties want more expert guidance from the Department of Human Services.**

The Department of Human Services provides assistance through its “Policy Quest” and “Health Quest” services, whereby county social services staff can submit case-specific policy questions to department staff. Uniformly, county staff with whom we spoke praised this service. However, staff in many counties felt that they would benefit from having a contact person at the department who was an “expert” in noncitizen eligibility determination. Many said they have an unofficial contact at the department to answer their questions regarding noncitizens.

To improve access for all counties and ensure that county staff are receiving consistent answers, we think the Department of Human Services should designate a noncitizen eligibility specialist who can answer questions from all counties. This person could also serve as a liaison between the counties and the USCIS. County staff routinely stated that it was hard to get information from USCIS regarding new immigration codes, sponsorship details, and other issues. A noncitizen specialist at DHS could help facilitate information sharing between USCIS and county staff, as well as provide needed assistance directly to counties.

## **Provide Accurate and Updated Resources**

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### **RECOMMENDATION**

*The Department of Human Services should:*

- *Provide an updated and accurate Guide to Non-Citizen Eligibility;*
- *Increase training regarding when a noncitizen should have a sponsor and the procedures county social service staff should follow to properly deem sponsors' income;*
- *Improve training regarding SAVE procedures and ensure that all counties have access to the SAVE website; and*
- *Allow county social service staff to run SAVE inquiries annually, as part of the re-certification process.*

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In 2003, the Department of Human Services produced a resource for county social service staff entitled the “Guide to Non-Citizen Eligibility.” This is the primary resource that most of the counties we visited use when determining eligibility for noncitizens. However, the guide contains known inaccuracies and has not been updated for over two years. For those counties with small noncitizen caseloads, this guide is especially important. As a result, it is critical that the department ensure that the guide is accurate and regularly updated as policy changes are made. Department staff are updating the guide and hope to have it completed by the end of April 2006.

Determining whether a noncitizen has a sponsor and if the sponsor's income should be deemed is one of the most complicated aspects of noncitizen eligibility determination. To correctly identify whether a client has a sponsor, a county case worker needs to be familiar with USCIS immigration codes, of which there are almost 800. To help improve compliance with sponsor deeming requirements, the Department of Human Services should improve staff training regarding when a noncitizen should have a sponsor and the steps a county worker should take to properly deem sponsors' income.

The SAVE verification process allows county staff to communicate directly with the USCIS to validate an applicant's immigration status. As such, it is an important tool in the noncitizen eligibility determination process. We identified two issues. First, social service staff are not making SAVE inquiries when currently required—at initial application and when the client reports a change in immigration status. The department needs to ensure that staff know when and how to do these required verifications. Second, because clients do not always voluntarily report a change in immigration status, county staff should conduct SAVE inquiries annually at the time of eligibility renewal. DHS staff reported two barriers to implementing this recommendation. Department staff indicated that there is a cost associated with running a SAVE inquiry (26 cents for each initial SAVE inquiry and 48 cents for any secondary verifications that are required). In addition, DHS staff were not sure that federal law allows routine annual SAVE inquiries. If allowed, we think routine verification of immigration status is a good idea.



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# List of Recommendations

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- The Department of Human Services should designate a noncitizen eligibility specialist to assist county staff (p. 17).
  
- The Department of Human Services should (1) provide an updated and accurate Guide to Non-Citizen Eligibility; (2) increase training regarding when a noncitizen should have a sponsor and the procedures county social service staff should follow to properly deem sponsors' income; (3) improve training regarding SAVE procedures and ensure that all counties have access to the SAVE website; and (4) allow county social service staff to run SAVE inquiries annually, as part of the re-certification process (p. 18).





# Public Assistance Payments to Noncitizens by Immigration Status, Program, and Funding Source, FY 2005

## Appendix A

(In Thousands)

|   | Refugees and Asylees<br>(28,406 recipients) |              | Lawful Permanent<br>Residents<br>(22,722 recipients) |              | Undocumented<br>Persons<br>(8,549 recipients) |              | Other Noncitizens <sup>a</sup><br>(2,758 recipients) |              | Immigration Status<br>Missing<br>(1,688 recipients) |            | Total<br>(64,123 recipients) |              |
|---|---|--------------|--|--------------|---|--------------|--|--------------|---|------------|------------------------------|--------------|
|   | Amount                                      | Percentage   | Amount   | Percentage   | Amount  | Percentage   | Amount   | Percentage   | Amount  | Percentage | Amount                       | Percentage   |
| <b>Public Health Care</b>               |   |              |  |              |   |              |  |              |   |            |                              |              |
| Medical Assistance                      | \$ 94,020                                   | 85%          | \$113,364  | 85%          | \$20,592                                      | 83%          | \$ 9,054   | 80%          | \$10,813  | 84%        | \$247,843                    | 84%          |
| MinnesotaCare                           | 1,020                                       | 1            | 1,412  | 1            | 50  | <1           | 258  | 2            | 124   | 1          | 2,864                        | 1            |
| Emergency Medical Care                  | 2   | <1           | 534  | <1           | 4,101   | 16           | 495  | 4            | (1)   | 0          | 5,131                        | 2            |
| General Assistance Medical Care         |   |              |  |              |   |              |  |              |   |            |                              |              |
| Care                                    | 9,064                                       | 8            | 8,798  | 7            | 50  | <1           | 1,362  | 12           | 433   | 3          | 19,707                       | 7            |
| Other Health Care Programs <sup>b</sup> | 2,380                                       | 2            | 9,820  | 7            | 91  | <1           | 176  | 2            | 1,504   | 12         | 13,971                       | 5            |
| Refugee Medical Assistance              | <del>3,860</del>                            | <del>3</del> | <del>9</del>   | <1           | <del>0</del>                                  | <del>0</del> | <del>5</del>   | <1           | <del>44</del>                                       | <1         | <del>3,859</del>             | <del>4</del> |
| Total                                   | \$110,286                                   | 100%         | \$133,937  | 100%         | \$24,884                                      | 100%         | \$11,350   | 100%         | \$12,916  | 100%       | \$293,373                    | 100%         |
| <b>Funding Source for Health Care</b>   |   |              |  |              |   |              |  |              |   |            |                              |              |
| State                                   | \$ 56,855                                   | 52%          | \$ 71,647  | 53%          | \$ 4,546                                      | 18%          | \$ 7,242   | 64%          | \$ 6,589  | 51%        | \$146,879                    | 50%          |
| Federal                                 | 52,836                                      | 48           | 60,694   | 45           | 20,236  | 81           | 3,984  | 35           | 6,253   | 48         | 144,004                      | 49           |
| County                                  | 392   | <1           | 793  | 1            | 73  | <1           | 66   | 1            | 36  | <1         | 1,361                        | <1           |
| Enrollee Payments                       | <del>263</del>                              | <1           | <del>802</del>                                       | <del>4</del> | <del>29</del>                                 | <1           | <del>58</del>  | <del>4</del> | <del>37</del>                                       | <1         | <del>1,130</del>             | <1           |
| Total                                   | \$110,286                                   | 100%         | \$133,937  | 100%         | \$24,884                                      | 100%         | \$11,350   | 100%         | \$12,916  | 100%       | \$293,373                    | 100%         |
| <b>Cash and Food Assistance</b>         |   |              |  |              |   |              |  |              |   |            |                              |              |
| Cash Assistance <sup>c</sup>            | \$34,115                                    |              | \$21,918   |              | \$3,958                                       |              | \$1,689  |              | \$2,085   |            | \$63,765                     |              |
| Food Support                            | <del>40,667</del>                           |              | <del>7,649</del>                                     |              | <del>580</del>                                |              | <del>495</del>                                       |              | <del>643</del>                                      |            | <del>49,973</del>            |              |
| Total                                   | \$44,722                                    |              | \$29,567   |              | \$4,538                                       |              | \$2,184  |              | \$2,728   |            | \$83,738                     |              |

NOTE: Amounts are payments from all public assistance programs to the 64,123 noncitizens who received Medical Assistance, General Assistance Medical Care, or Refugee Medical Assistance in fiscal year 2005.

<sup>a</sup> Other noncitizens include nonimmigrants, such as visitors and students; parolees; applicants for asylum; those under temporary protected status; individuals whose deportation was withheld; and other lawfully residing noncitizens.

<sup>b</sup> Other health care programs include the Consolidated Chemical Dependency Treatment Fund, Prescription Drug Program, and Alternative Care, among others.

<sup>c</sup> Cash assistance includes MFIP cash, Refugee Cash Assistance, Minnesota Supplemental Assistance, and General Assistance, among others.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.



## Characteristics of Noncitizens Receiving Public Health Care Benefits by Immigration Status, FY 2005

### Appendix B

|  | Refugees and Asylees |            | Lawful Permanent Residents |            | Undocumented Persons |              | Other Noncitizens <sup>a</sup> |            | Total         |            |
|--|----------------------|------------|----------------------------|------------|----------------------|--------------|--------------------------------|------------|---------------|------------|
|  | Number               | Percentage | Number                     | Percentage | Number               | Percentage   | Number                         | Percentage | Number        | Percentage |
| <b>Gender</b>                            |                      |            |                            |            |                      |              |                                |            |               |            |
| Male                                     | 12,624               | 45%        | 8,756                      | 39%        | 147                  | 2%           | 851                            | 31%        | 22,378        | 36%        |
| Female                                   | <u>15,701</u>        | <u>55</u>  | <u>13,917</u>              | <u>61</u>  | <u>8,387</u>         | <u>98</u>    | <u>1,899</u>                   | <u>69</u>  | <u>39,904</u> | <u>64</u>  |
| Total                                    | 28,325               | 100%       | 22,673                     | 100%       | 8,534                | 100%         | 2,750                          | 100%       | 62,282        | 100%       |
| <b>Age</b>                               |                      |            |                            |            |                      |              |                                |            |               |            |
| 0-17                                     | 9,374                | 33%        | 3,624                      | 16%        | 247                  | 3%           | 482                            | 18%        | 13,727        | 22%        |
| 18-39                                    | 12,580               | 44         | 9,779                      | 43         | 8,010                | 94           | 1,546                          | 56         | 31,915        | 51         |
| 40-64                                    | 4,441                | 16         | 5,651                      | 25         | 250                  | 3            | 522                            | 19         | 10,864        | 17         |
| 65+                                      | <u>4,930</u>         | <u>7</u>   | <u>3,619</u>               | <u>16</u>  | <u>27</u>            | <u>&lt;1</u> | <u>199</u>                     | <u>7</u>   | <u>5,775</u>  | <u>9</u>   |
| Total                                    | 28,325               | 100%       | 22,673                     | 100%       | 8,534                | 100%         | 2,749                          | 100%       | 62,281        | 100%       |
| <b>Nationality</b>                       |                      |            |                            |            |                      |              |                                |            |               |            |
| African and Middle Eastern               | 17,227               | 61%        | 5,709                      | 25%        | 109                  | 1%           | 684                            | 25%        | 23,729        | 38%        |
| Central and Southeast Asian              | 7,235                | 25         | 8,932                      | 39         | 48                   | 1            | 343                            | 12         | 16,558        | 27         |
| Mexican, Central American, and Caribbean | 120                  | <1         | 3,964                      | 17         | 7,995                | 94           | 711                            | 26         | 12,790        | 20         |
| European                                 | 2,207                | 8          | 1,132                      | 5          | 13                   | <1           | 361                            | 13         | 3,713         | 6          |
| Unknown <sup>b</sup>                     | <u>4,647</u>         | <u>6</u>   | <u>2,985</u>               | <u>13</u>  | <u>364</u>           | <u>4</u>     | <u>659</u>                     | <u>24</u>  | <u>5,645</u>  | <u>9</u>   |
| Total                                    | 28,406               | 100%       | 22,722                     | 100%       | 8,549                | 100%         | 2,758                          | 100%       | 62,435        | 100%       |

NOTE: Data are for the 64,123 noncitizens who received Medical Assistance, General Assistance Medical Care, or Refugee Medical Assistance in fiscal year 2005. The table excludes 1,688 noncitizen recipients of public health care whose immigration status was missing in the department's records. In addition, gender is missing for 153 recipients and age is missing for 154 recipients.

<sup>a</sup> Other noncitizens include nonimmigrants, such as visitors and students; parolees; individuals whose deportation was withheld; and other lawfully residing noncitizens.

<sup>b</sup> We were unable to determine the nationality for 5,450 noncitizens coded as "All Others" and 722 noncitizens whose nationalities were not entered in the DHS database.

SOURCE: Office of the Legislative Auditor's analysis of Department of Human Services data.





## Minnesota Department of **Human Services**

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April 5, 2006

Mr. James R. Nobles  
Legislative Auditor  
Office of the Legislative Auditor  
Centennial Office Building  
658 Cedar Street  
Saint Paul, MN 55155-1603

Dear Mr. Nobles:

Thank you for the opportunity to review and comment on your report, "Public Health Care Eligibility Determination for Noncitizens." The Department of Human Services appreciates the time and effort of the Office of the Legislative Auditor in reviewing the Department's eligibility determination for non-citizens.

As stated in the report, eligibility determination for public assistance programs is difficult. This is especially true when the complications of immigration status are added to the determination process. The Department realized the problem in 2003. In response, the Department initiated a review of this area as part of the Department's Food Support Management Evaluation Review process in October 2003.

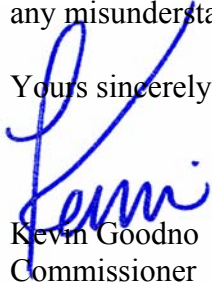
State staff reviews a sample of non-citizen cases to verify that there is current documentation of immigration status for each non-citizen applicant in the case record and that MAXIS is correctly coded to reflect that information. Counties that do not meet the 90-percent compliance benchmark for this area are required to do a corrective action plan. We review approximately a third of the counties each year and this review will continue this process for 2006.

We agree that most of the recommendations in the report will help us improve eligibility determination in Minnesota. We are already working on your recommendation to update the Guide to Non-Citizen Eligibility. On December 2, 2005, we removed the guide from the Department's website to update it. The Children and Family Services' training unit is in the process of completing the updates and the updated version will be back on the Department's website by the end of May 2006.

James R. Nobles  
Page 2  
April 5, 2006

Finally, the report stated that one county remarked that their staff does not have access to SAVE. We reviewed access to the SAVE inquiry and found that all counties have access to this inquiry and this county's staff did attend our statewide training on SAVE. We will follow up with the county to correct any misunderstanding.

Yours sincerely,



Kevin Goodno  
Commissioner

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*Child Protective Services*, January 1998

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