



Health Care for Noncitizens

Minnesota has 3 health care programs for low-income people. If you are a noncitizen, you might be able to get help from one of these programs, BUT it depends on your **income**, your **immigration status**, and the **date** you got your immigration status.

The programs are:

1. Medical Assistance (MA)
2. MinnesotaCare (MNCare)
3. Emergency Medical Assistance (EMA)

1. Medical Assistance (MA)

The first MN health care program is MA. MA covers most necessary medical services. To be able to get MA, you have to be **low income**, have a basis for **eligibility**, and meet **immigration criteria**.

Eligibility:

To be able to get MA, you have to be at least one of these:

- pregnant
- part of an MFIP household or living with minor children
- younger than 21
- certified disabled (by Social Security or the State)
- 65 or older
- 21 or older with no minor children in your household



Income guidelines depend on your age and if you have children, are disabled, or are pregnant. Only people in the elderly or “disabled” category have asset limits for MA.

If you don’t fit into any of those categories, you probably can’t get MA.

If you do fit into one of the categories above, you usually have to also be a **“qualified” noncitizen** under federal law.

You are a **“qualified”** noncitizen if you:

- Have a **green card**. (Meaning you are a legal permanent resident or have LPR status).
- Are a **refugee**. (This includes if you are “Amerasian” and your father was a U.S. citizen in Southeast Asia during the Vietnam War years, if you are from Cuba or Haiti, or if you are an Afghan or Iraqi Special Immigrant).
- Have been granted **asylum**.

- Were **paroled** into the U.S. for at least a year, and your parole is not expired.
- Have **withholding** or **cancellation of removal**.
- Have a **T-visa** as a victim of severe trafficking.
- Have **battered immigrant** status.

5-Year Waiting Period

Even if you are a “qualified” noncitizen, **you may have to wait 5 years** (from the date you became “qualified”) to get MA. You do **NOT** have to wait 5 years if you are any of these:

- a refugee
- someone who has been granted asylum
- someone who has withholding of removal
- a U.S. veteran or on active duty with the U.S. armed forces
- the spouse or minor child of a veteran or of someone on active duty with the U.S. armed forces.



What if I have a Sponsor?

Most people who come to the U.S. have a relative in the U.S. sponsor them. A relative sponsor is a family member who is a citizen or LPR. The sponsor agrees to be responsible for you in the U.S. Sponsors have promised the USCIS that if you become poor, they will support you.

If you came to the U.S. after December 19, 1997 through a relative petition, the government can count the income and assets of your sponsor and your sponsor’s spouse as if they were your income and assets. If more than one person sponsored you, the other sponsor’s income also counts as your income. Sponsor income counts until you become a U.S. citizen, your sponsor dies or permanently leaves the U.S., or you have worked 10 years at work where FICA taxes are deducted from your pay.

Counting your sponsor’s income and assets may put you over the income limits for the MA program. There is a special state policy where the state won’t count your sponsor’s income for 12 months if you are a victim of domestic abuse. You must show a strong connection between the abuse and your need for health care.

If your income – without adding in your sponsor’s income- is below federal poverty guidelines, you may be able to get MA.

Note: Sponsor income **IS NOT COUNTED** for **pregnant women or children**.

Note: Sponsor income is counted in MA but not in MNCare. Because of this, you could have too much income to get MA, but not enough to get MNCare. To help with this problem, the state created a “safety net” program. Under the program, you should be able to get either MA or MNCare, depending on your projected income. See *Safety Net Program* below in the MNCare section.

There are 2 Special MA Programs:

- **MA through Center for Victims of Torture**

Minnesota has a special state-funded MA program. It is only for people getting services from the Center for Victims of Torture (CVT) or a similar program. Find CVT's website at www.cvt.org.

If you are getting care and services from CVT or a similar program, you automatically qualify for this special MA program. You don't have to be a "qualified" noncitizen. You don't have to be in an MA category. You don't even have to have a low income or assets!

- **MA for Pregnant Women and Children – Children's Health Insurance Program (CHIP)**

Children who are in the U.S. **legally** are eligible for MA. This includes children who have Temporary Protected Status (TPS), who have applied for but don't yet have asylum, etc. They don't have to be "qualified" noncitizens. Funding for MA for children who are not "qualified" comes from CHIP.

If you are pregnant, you can get MA during your **entire pregnancy** and for **2 months** after you give birth. You don't have to have a certain immigration status to qualify. You can even get MA if you are undocumented. Your MA benefits will be paid by CHIP.



2. MinnesotaCare (MNCare)

The second MN health care program is MinnesotaCare (MNCare). You can get MNCare if you aren't eligible for MA because your income is too high. You have to pay a premium in MNCare. MNCare has sliding fees so you pay based on your income. You can also get MNCare if you don't fall in an MA category, if you are in your 5-year waiting period for MA, or if you are not a "qualified" noncitizen. MNCare does not offer home health care services.

Can I get MNCare?

You can get MNCare if you are **living legally** in the U.S. on a permanent basis. You are considered legal if you have one of these, or a similar immigration status:

- Legal temporary residence
- A pending application for asylum, withholding, or removal
- Deferred Enforced Departure, Deferred Action, or a stay of deportation
- A grant of humanitarian parole
- Pending immigration status
- Temporary Protected Status (TPS)
- A U-visa
- Deferred Action for Childhood Arrivals (DACA).

Does MNCare have rules about sponsor income and waiting periods?

Unlike MA, MNCare does **not** count income from sponsors. Also, there is **no** 5-year waiting period to get MNCare.

Safety Net Program

In most cases, noncitizens who are living in the U.S. legally must have income between 137% and 200% of the federal poverty guidelines (FPG) to qualify for MNCare. Because MA counts sponsor income but MNCare doesn't, noncitizens can be over the MA income limits but not have enough income to qualify for MNCare. The [income levels](#) depend on the number of people in the household. Because of this gap, the state created a Safety Net Program so people in this situation can get MA or MNCare, depending on their projected annual income.

3. Emergency Medical Assistance (EMA)

EMA is the third MN health care program. You can get EMA with **any, or no, immigration status**. But, EMA has limited services.

Can I get EMA?

To qualify for EMA, you have to be at least one of these:

- pregnant,
- a minor child or living in a household with minor children
- certified disabled
- 65 or older
- 21 or older with no minor children in your household

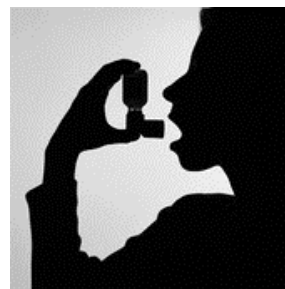
What does EMA pay for?

EMA pays for **emergency medical services**. To get EMA, you have to have a really serious medical condition or medical problem. The condition or problem has to be so serious that if you don't get medical treatment, your health or body parts will be at risk.

If you have a medical emergency, EMA will pay for your care. The care is usually delivered in an emergency room or ambulance. EMA can also pay for your care if you are a patient in a hospital, or if you were recently discharged from the hospital and need follow-up care.

You can get EMA for heart or breathing problems **if**, without medical treatment, you are likely to end up in crisis within 2 days.

Usually, EMA will not pay for medical care for conditions that are ongoing. But, EMA will pay for medical care **for some chronic conditions**, like **cancer** and **kidney disease**. EMA will **not pay for** home health services, mental health care, or other medical services for health problems considered "non-emergency."



For more information on EMA, see our fact sheet [Emergency Medical Assistance](#).

Fact Sheets are legal information NOT legal advice. See a lawyer for advice.

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