Noncitizen Adult Medical Assistance Eligibility Changes: Emergency Medical Assistance (EMA) Talking Points

Changes to Noncitizen Adult Medical Assistance Eligibility

What is changing?

Starting October 1, 2026, a federal law [Public Law 119-21, also known as H.R. 1 or the One, Big, Beautiful Bill Act (OBBBA)] changes which immigration statuses qualify for Medicaid. Some lawfully present noncitizen adults age 21 or older who are not pregnant, will no longer qualify for Medical Assistance (MA) — Minnesota's Medicaid program.

Who does this apply to?

This applies to noncitizen adults age 21 or older who are not pregnant, with certain immigration statuses such as refugees, asylees, Afghan and Ukrainian humanitarian parolees, trafficking victims, battered noncitizens, and qualified noncitizen veterans. They will not be eligible for MA starting October 1, 2026.

Who will still qualify for MA?

Beginning October 1, 2026, MA eligibility for non-pregnant adults (age 21 or older) is limited to U.S. citizens, U.S. nationals, and the following "eligible noncitizens" who meet all other MA criteria.

- Lawful permanent residents (LPRs or "green card holders") who satisfy a five-year waiting period or meet an exception to the five-year waiting period
- Cuban or Haitian entrants
- Compact of Free Association (COFA) migrants – people who are citizens of Micronesia, Palau and the Marshall Islands.

Individuals under age 21 who are lawfully present and people who are pregnant regardless of their immigration status remain eligible for MA if they meet all other program rules.

What can be expected if MA is ending?

The Department of Human Services (DHS) will mail notices in late August or early September to individuals that says MA coverage ends September 30, 2026.

Individuals impacted by this change may qualify for MinnesotaCare if they meet program rules.

For many people, DHS has enough information on file to determine if they qualify for MinnesotaCare. If so, the notice that says MA is closing will also say they are approved for MinnesotaCare.

For those that DHS does not have enough information to determine their MinnesotaCare eligibility, we mailed them a letter in the middle of August 2026. Recipients will need to respond to that letter if they want MinnesotaCare.

What is MinnesotaCare?

MinnesotaCare is a program for Minnesotans with low income who do not have access to affordable health care coverage. MinnesotaCare has comprehensive coverage which includes doctor visits, preventive care, prescriptions, and other health services. Most people who are eligible for MinnesotaCare must pay a monthly premium to start and keep MinnesotaCare coverage.

To learn about MinnesotaCare program rules, go to MinnesotaCare / Minnesota Department of Human Services.

How are premiums paid?

If someone qualifies for MinnesotaCare, DHS will mail a MinnesotaCare First Premium bill.

If someone needs to pay a MinnesotaCare premium, coverage begins on the first day of the month **after** DHS receives payment for all household members who have a premium. For coverage to begin October 1, MinnesotaCare premiums must be paid by noon (12:00 P.M.) on September 30.

If someone is not required to pay a premium, the MinnesotaCare First Premium bill will say the premium is $0.00. Coverage will begin on the first day of the month after the date on the MinnesotaCare First Premium bill.

When is someone not eligible for MinnesotaCare?

Individuals who are enrolled in or who have access to certain kinds of insurance may not be eligible for MinnesotaCare. Here are some examples:

- If an individual is enrolled in or can get insurance through a job or family member's job, they may not be eligible for MinnesotaCare.
- If an individual is entitled to enroll in premium-free Medicare Part A, enrolled in Medicare Part A, or enrolled in Medicare Part B, they are not eligible for MinnesotaCare.

The federal law also changes who can get Medicare based on their immigration status starting January 1, 2027. If an individual's Medicare enrollment is ending due to their immigration status, they may be eligible for MinnesotaCare starting January 1, 2027.

Certain individuals may qualify for another health care program. For example, Emergency Medical Assistance (EMA) can cover limited services for a medical emergency that are not covered by other insurance, like MinnesotaCare. Additional information about EMA is outlined below.

How does this change affect home and community-based services waiver participants?

People without an MA-eligible immigration status will no longer have their waiver services covered starting October 1, 2026. Their case manager will send them a notice of action to end waiver/AC services. Managed care organizations have their own notice of action process.

DHS has identified about 200 people who access HCBS waiver/AC services who will be affected by this federal law change. DHS shared the list of impacted people with county and Tribal Nation lead agencies via secure email. If a county/Tribal Nation is aware of an enrollee's immigration status change or that an enrollee is pregnant, the county/Tribal Nation can share that information with the county/Tribal Nation financial worker.

Counties and Tribal Nations can share the resources at the bottom of this document and in the August 13th eList with noncitizens who receive HCBS waiver/AC services.

How does this change affect people using Personal Care Assistance (PCA) or non-waiver Community First Services and Supports (CFSS) who are not on a waiver?

People without an MA-eligible immigration status will no longer have coverage for PCA/CFSS services starting Oct. 1, 2026.

DHS has identified approximately 90 people who access PCA/CFSS who will be affected by this federal law change. DHS shared the list of impacted people with county and Tribal Nation lead agencies via secure email. If a county/Tribal Nation is aware of an enrollee's immigration status change or that an enrollee is pregnant, the county/Tribal Nation can share that information with the county/Tribal Nation financial worker.

Counties and Tribal Nations can share the resources at the bottom of this document and in the August 13th eList with noncitizens who receive PCA/CFSS. If a person does not have a case manager, they can still use these resources.

EMA Basics

What is EMA?

EMA covers the care and treatment of emergency medical conditions that are provided in the emergency department (ED) or in an inpatient hospital as a result of an ED admission.

EMA *may* cover some care and treatment in other settings when the enrollee's medical condition(s) is reasonably expected to result in becoming an emergency condition, typically within 24-48 hours, without immediate treatment or medical care.

Who is eligible for EMA?

EMA is available for certain people who are not eligible for Medical Assistance (MA) solely due to their immigration status. To qualify for EMA, a person must meet all other non-financial and financial MA eligibility factors.

What services are covered under EMA?

EMA covers the care and treatment of emergency medical conditions provided in an emergency department (ED), or in an inpatient hospital, when the admission is the result of an ED admission. Emergency medical conditions include labor and delivery. EMA also covers services needed to treat a diagnosis approved through the certified care plan (CPC) process as an emergency medical condition. EMA also covers the following services when approved through a CPC:

- Dialysis
- Treatment and services related to dialysis
- Kidney transplant services that meet all program requirements
- Cancer treatment including surgery, chemotherapy, radiation, and related services to treat cancer that is not in remission when approved through a CPC

Services not covered under EMA include, but are not limited to:

- Immunizations
- Preventive or routine care
- Nonemergency care received in the emergency department
- Preventive dental care
- Waiver services
- Family planning or prenatal care
- Screening tests, such as labs and x-rays
- Certain drugs

Care Plan Certifications (CPCs)

What is a CPC?

A care plan certification (CPC) is used to request authorization for ongoing care for Minnesota Health Care Programs (MHCP) enrollees with EMA. A CPC must be submitted for any care requests that are not an ED visit for an emergent condition or an inpatient admission from the ED related to the emergent diagnosis.

CPCs are completed by the provider and submitted to Acentra, the state's third-party prior authorization vendor.

Are additional authorizations for services needed if there is an approved CPC?

Services that require prior authorization under Minnesota Health Care Programs (MHCP) still require authorization for EMA.

Certain services always require additional authorization in addition to the CPC for coverage under EMA:

- Emergency dental services
- Home care services

- Personal care assistant (PCA) services/Community First Services and Supports (CFSS)
- Pre-kidney transplant evaluation
- Kidney transplants
- Kidney transplants performed out of state
- Pharmacy outpatient prescription drugs

EMA and Long-Term Care/PCA/CFSS

Will EMA cover long-term care or PCA/CFSS services?

EMA covers some care and treatment in non-hospital settings when the person's medical condition(s) is reasonably expected to result in serious impairment to bodily functions or serious dysfunction of any bodily organ or function without the care or treatment. These services must be part of an approved CPC, and the person must meet all of the following criteria:

- Have an emergency medical condition covered by EMA and be discharged to a nursing facility, a home, or a community setting directly from an ED or inpatient hospital;
- Continuing treatment of the emergency medical condition necessitates placement in a nursing facility, a home, a psychiatric residential treatment facility (PRTF), or a community setting; and
- Treatment and services provided in the nursing facility, PRTF, home or community setting are medically necessary and directly responsible for preventing the member's medical condition(s) from quickly becoming an emergency medical condition, typically within 48 hours.

When to Seek EMA

For MA enrollees who are losing their MA coverage due to their immigration status, EMA should be requested if the person has a diagnosis or condition that may result in an emergency within 24-48 hours if ongoing care and treatment is not received.

A person can be enrolled in MinnesotaCare and EMA concurrently. MinnesotaCare provides comprehensive health care coverage on an ongoing basis but does not cover certain services such as long-term care or PCA/CFSS services.

Resources

- DHS – Noncitizen adults.
- Law Help MN – Legal experts.
- DHS – Refugee and Immigrant Helpline.
- DHS Bulletin 26-21-06: DHS will end MA eligibility for certain noncitizen adults starting Oct. 1, 2026 (PDF).
- Flyer: MA changes on Oct. 1, 2026, affecting certain noncitizen adults (PDF).
- Talking points for enrollees: MA eligibility for certain noncitizen adults (PDF).

- Noncitizen MA eligibility changes: Frequently asked questions (PDF).
- DHS – Tools for partners.
- Key messages: Noncitizen adults (PDF).
- EMA Eligibility Policy Manual.
- EMA Provider Manual.