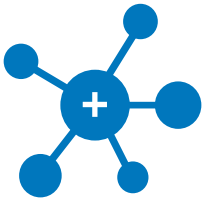


# IMPROVING EMERGENCY MEDICAL ASSISTANCE (EMA) COVERAGE



## EMA network adequacy issues

Issues exist in EMA where nursing homes may not accept a patient, but there are customized living or other appropriate settings available that EMA cannot pay for. This creates a discharge barrier for hospitals and an access barrier for patients who no longer need a hospital level of care.



## Patient impact

An 85-year-old Somali patient with dementia who qualified for EMA had been inpatient at Hennepin Healthcare for 9 months without a medical necessity. No nursing homes were willing to take her due to past aggression. Hennepin Healthcare identified a customized living setting that spoke Oromo and was able to care for her. Hennepin Healthcare paid \$500/day out of pocket for humane care in the community. The state could not pay using EMA even though customized living would have cost >75% less than hospital care.

**Inpatient: 269 days**

**Cost: Over \$612,500 (assuming \$2,500/day paid by state)**

**Customized Living: 272 days**

**Cost \$136,000 (\$500/Day paid by HCMC)**

**State saved: \$476,500**



## Our legislative ask



Broaden the settings available to a patient who qualifies for EMA by permitting certain long-term care services, particularly waiver services, to be covered under EMA.

S.F. 4024 (Mann)/H.F. 3643 (Noor) is intended to allow someone who qualifies for EMA based on the care plan approval to also access services that are now considered part of long-term services and supports when withholding these services would result in another emergency medical condition, such as serious impairment of bodily functions or organs, or risk of death, typically within 48 hours.

**This will help people discharge from the hospital as they will have more flexibility in what EMA will pay for.**

## About EMA



Emergency Medical Assistance (EMA) covers emergency services for certain people who meet eligibility requirements for Medical Assistance (MA) but are not eligible due to their immigration status. **EMA covered treatment and services must be medically necessary and directly responsible for preventing a medical condition from quickly becoming an emergency medical condition such as serious impairment of bodily functions or organs, or risk of death, typically within 48 hours.**

### To qualify for EMA, an individual must:

- Have a basis of MA eligibility (Parent, child, pregnant woman, age 65 or older, disabled, adult without children)
- Meet all MA eligibility requirements associated with the basis, except citizenship and immigration status (income and assets within limits, state residency, etc.)
- Have a medical emergency
- Who is eligible for EMA?
- In some cases children with disabilities who are ineligible for MA due to immigration status
- Non-citizens granted Deferred Action for Childhood Arrivals (DACA) status
- Non-citizens age 21 and older with a lawfully present immigration status who are not eligible for MA because they do not have an MA qualified immigration status or who have not resided in the United States in a qualified status for five or more years
- Sponsored non-citizens who are not eligible for MA because of their sponsors' income or assets
- Sponsored non-citizens whose sponsor is not cooperating