

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Undocumented Latino Immigrants: Family Impact Analysis of the Medi-Cal Program

A graduate project submitted in partial fulfillment of the requirements

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By

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## Dedication

We would like to dedicate this paper to our loving family. We could not have done this without your love, support, and encouragement.

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## Abstract

### Undocumented Latino Immigrants: Family Impact Analysis of the Medi-Cal Program

By

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Master of Social Work

**Purpose:** The purpose of this policy analysis is to examine the Medi-Cal program using the family impact analysis and how it supports undocumented Latino immigrant families.

**Hypothesis:** The research question is: What effect does the Medi-Cal program have on undocumented Latino families? **Methods:** The methodology used is the Family Impact Analysis (FIA). This FIA utilized a checklist which provided detailed questions for each guiding principle, which included family responsibility, family stability, family relationships, family diversity, and family engagement. The inclusion criteria were that the research focused on undocumented Latino individuals who live in California with an income below poverty levels. **Results:** The policy analysis results indicate that the Medi-Cal program does not provide healthcare access to undocumented Latino immigrants. Medi-Cal does not provide support to the whole family; it excludes adults and older adults. It also only gives the family limited coverage. **Discussion:** Therefore, excluding undocumented Latino adults and older adults from receiving full scope Medi-Cal benefits leaves the family unit in a vulnerable position.

**Keywords:** undocumented Latino immigrants, Medi-Cal program, healthcare access, family impact analysis, vulnerable population

## **Introduction**

Approximately 11 million undocumented immigrants (UI), accounting for 14.6% of the uninsured population living in the United States are not eligible for insurance (Lal, Mahony, Periyakoil, Quinlan, Metchnikoff, Kinderman, Patel, & Stroe, 2019). Undocumented immigrants are foreign-born people who reside in the United States, but are not legally recognized residents (Galarneau, 2011). Medi-Cal was created to provide healthcare coverage for the most vulnerable populations of California residents. However, the undocumented adult immigrants living in California are not eligible. Many undocumented immigrants who receive health care services receive them from safety-net providers: community and migrant health centers, public health clinics, hospital emergency departments, and out-patient clinics as well as some private providers (Galarneau, 2011). Undocumented immigrants are barred from purchasing private insurance through the new insurance exchanges-even at their own expense (which an earlier House Bill had allowed), and they are ineligible for federal subsidies of insurance premiums (National Immigration Law Center, 2009).

The purpose of this policy analysis is to examine the Medi-Cal program using the Family Impact Analysis and how it supports undocumented Latino families. Family impact analysis is a nontraditional method of policy analysis that is specifically designed to focus on how intended or unintended consequences of a given social policy or program affect the strength and stability of family life (Boegenschneider, Little, Ooms, Benning, Cadigan, & Corbett, 2012). Our research question is: What effect does the Medi-Cal program have on undocumented Latino families? The five family impact principles will be utilized to assess the Medi-Cal policy has on undocumented Latino families.

## **California Medical Assistance Program (Medi-Cal)**

Medicaid was created by Title XIX of the Social Security Act (Public Law 89-87). This program became law in 1965 as a cooperative venture jointly founded by the Federal and State governments to assist States in furnishing medical assistance to eligible needy persons (Hoffman, Klees, & Curtis, 2000). California is one of the states that is covered by Medicaid. In 1966, Medi-Cal was created to provide health care benefits to California residents already receiving welfare (California Health Care Almanac, 2019). Medi-Cal is a program that offers free or low-cost health coverage for children and adults with limited income resources (Covered California, 2019). The Medi-Cal program is funded jointly by the state and the federal Medicaid program. Many of the services offered through Medi-Cal are provided at the local level by the counties throughout California. The stated purpose of this program is to provide essential medical care and services to preserve health, alleviate sickness, and mitigate handicapping conditions for individuals or families on public assistance or whose income is not sufficient to meet their individual needs (Department of Health Care Services, 2007). The covered services are generally recognized as standard medical services required in the treatment or prevention of diseases, disability, infirmity, or impairment. To facilitate this program, the federal government contributes a percentage of every dollar that states spend on qualified Medicaid expenditures.

### **Recipients and Eligibility**

Approximately 12.8 million Californians are enrolled in Medi-Cal, which represents approximately 34% of the state population (Department of Health and Human Services, 2019). Recipients of Medi-Cal are low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS (Department of Health Care Services,

2019). Immigrants who are not citizens may be eligible if they are legal permanent residents, asylees, and refugees (California Health Care Almanac, 2019). Up until recently the new legislation has changed. Beginning January 1, 2020, a new law in California will give full scope Medi-Cal to young adults under the age of 26 and immigration status does not matter (Department of Health Care Services, 2019). Medi-Cal eligibility is based on household income, other finances, citizenship and immigration status, and enrollment in other public assistance programs (California Health Care Almanac, 2019).

### **Medi-Cal's Goals and Effectiveness**

Medi-Cal's goal is to provide health insurance to low-income Californians as long as eligibility requirements are met. Full-scope Medi-Cal-covered services include primary, specialty, and acute care; home- and community-based services that help with activities of daily living and allow people to remain in their homes; institutional care (such as nursing homes); pediatric and adult dental services; comprehensive behavioral health coverage, including behavioral health treatment for children with autism spectrum disorders; and substance use disorder (SUD) treatment services (California Health Care Foundation, 2019). Medi-Cal provides a vital safety net for low-income Californians and plays an important role in the state, providing vulnerable populations with access to needed care across the care continuum. It also provides a vehicle for California to implement health care transformation and to further the goals of achieving the Triple Aim: improving the experience of care, improving the health of populations, and reducing per capita costs of health care (California Health Care Foundation, 2019).

Undocumented immigrants constitute 6.8 percent of California residents and 24 percent of the state's uninsured population (Pourat, Wallance, Hadler, & Ponce, 2014). Undocumented

adults do not meet eligibility requirements and are entitled only to restricted scope Medi-Cal which is for emergency and pregnancy-related services. Medi-Cal has extended their coverage to undocumented children which are entitled to full-scope benefits. Despite high rates of full-time employment, many undocumented immigrants work in industries such as farming, construction, groundskeeping, and maintenance that do not offer employment-based coverage. Most are low-wage workers who are unable to afford private insurance coverage (Pourat, et al., 2014). Nearly 900,000 undocumented residents in California live in counties where they are not eligible for county indigent care program (McConville, Hill, Ugo, Hayes, & Johnson, 2015). These exclusions place additional strains and financial responsibility on local health care systems. Safety net providers predominantly community clinics and hospital emergency departments serve patients regardless of immigration status and provide free or reduced-price care based on patient income level (McConville et al., 2015). These resources are essential access points to health care for uninsured, undocumented California residents, but are not equivalent to having comprehensive health insurance (McConville et al., 2015).

In addition, research has focused on undocumented children who qualify for Medi-Cal coverage. Undocumented immigrants and certain other immigrants without satisfactory status who meet all other Medi-Cal program requirements may qualify for limited or restricted scope Medi-Cal coverage, which includes emergency services and pregnancy related services, SB 75 now will grant full-scope Medi-Cal to children under the age of 26 who do not have satisfactory immigration status in the state of California, as long as they meet the income standards (Department of Healthcare Services, 2019). Most literature on quality of care has focused on the general Latino population with very few studies looking at variability among Latinos by nativity and immigration status (Rodriguez, Bustamante, & Ang, 2009). To better understand the impact

that Medi-Cal has on undocumented Latino families, a policy analysis will be conducted utilizing a family impact lens which will help to provide further research.

### **Aims and Objectives**

Therefore, focusing this paper on the intersection between the Medi-Cal policy and undocumented Latino immigrants not having medical insurance can impact the family system. This analysis will address the Medi-Cal policy by conducting a Family Impact Analysis (FIA). Family Impact Analysis will identify ways in which undocumented Latino families are impacted both positively and negatively (Bogenschneider et al., 2012).

## **Family Impact Analysis**

The methodology this paper utilizes is the Family Impact Analysis (FIA). FIA is a formal in-depth methodology that uses a checklist as a tool to fully examine rules, legislation, laws, programs, agencies, or organizations for the extent to which they do or do not support families (Bogenschneider et al., 2012). The Family Impact Checklist provides detailed questions for each of five guiding principles, which include family responsibility, family stability, family relationships, family diversity, and family engagement (Bogenschneider et al., 2012). This FIA will address each of the five principles of family supportiveness through responses to one or two questions from the accompanying family impact questions. Family responsibility (Principal 1) should support and empower the functions of families-family formation, partner relationships, economic support, child rearing, and caregiving (Bogenschneider et al., 2012). Family stability (Principal 2) should reinforce couple, marital, prenatal, and family commitments (Knox, Cowan, Pape Cowan, & Bildner, 2010). Family relationships (Principal 3) should acknowledge that family ties, whether positive or negative, are powerful and persistent (Knox et al., 2010). Family diversity (Principal 4) can have varied effects on diverse families and should examine whether their practices create or contribute to unfair outcomes (Bogenschneider et al., 2012). Lastly, family engagement (Principal 5) should strive to incorporate family voices, particularly those of marginalized families, who are disconnected from political and planning processes often labeled “hard to reach” (Greder, Brotherson, & Garasky, 2004). This analysis is based on principles developed by Ooms and Preister (1988) and revised by the Policy Institute for Family Impact Seminars (Bogenschneider et al. 2012). The five basic principles serve as the core of the family impact lens. The family impact lens encourages policy makers and professionals to routinely ask a similar question, “What is the impact of this policy, program, or practice for families?”

(Bogenschneider et al. 2012). The family impact lens considers how families are affected by the issue. This analysis will focus on examining the degree to which Medi-Cal supports undocumented Latino immigrant families by drawing from a combination of official policy documents, literature directly addressing Medi-Cal, and research related to Medi-Cal implementation.

## Results

### Principle 1: Family responsibility

- How well does the policy help undocumented Latino families build the capacity to fulfill their responsibilities and family functions?

As a program designed to provide health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people, Medi-Cal is most certainly intended to support eligible people. With regards to eligibility, residents with lawful status may be eligible for restricted-scope benefits that cover limited services such as pregnancy-related and emergency care (California Health Care Almanac, 2019). The state of California approved a law (SB75) that gives undocumented children access to health coverage regardless of their immigration status. The Senate Bill specifically expands full scope Medi-Cal eligibility to California children under the age of 19 (Department of Health Care Services, 2019). The Assembly voted to pass AB 2965 by Assembly member Joaquin Arambula to expand Medi-Cal to all income-eligible young adult Californians (age 19 - 26) regardless of immigration status (Targeted News Services, 2018).

However, even though full scope Medi-Cal is available to undocumented children there are barriers for them seeking medical treatment. Undocumented Latino parents are reluctant to take their children to medical appointments due to their fear of deportation, communication ability, financial resources, and lack of knowledge about the healthcare system. Fear of deportation, whether real or imagined, was identified as a barrier in 65% of articles conducted in a literature review (Hacker, Anies, Folb, & Zallman, 2015). A recent study by the Kaiser Family Foundation found that fear of deportation is widespread and pushing some immigrant families to decrease health care use (2017). Researchers reported that immigrant families are visiting the

doctor less frequently, not following up on prenatal care or referrals to outside providers, and changing how they access care in an effort to reduce their risk of being tracked by immigration authorities (Kaiser Family Foundation, 2017). In 2010, a study reported that children with special health care needs (SHCN) living in immigrant families, those who lived in undocumented families, compared to documented families, were significantly more likely to report a delay in having prescriptions filled in the past 12 months (13.7% vs. 4.6%), no usual source of care (13.6% vs. 3.1%), no visit to the doctor in the past year (15.9% vs. 3.5%), and fair or poor health status (45.2% vs. 28.8%) (Javier, Huffman, Mendoza, & Wise, 2010). The Medi-Cal program does not support and empower undocumented Latino immigrants to feel safe when utilizing health care services when needed. Many barriers are in place that cause undocumented immigrants to not be able to fulfill their family responsibilities such as fear of deportation, financial resources, and lack of knowledge about the healthcare system.

## **Principle 2: Family stability**

- Does the policy provide support to undocumented Latino immigrant families involved in the issue?

Low-income immigrant families have difficulties obtaining health insurance coverage for their children due to lack of family experience with health insurance programs, distrust of the healthcare system, or uncertainty regarding their child's eligibility for Medicaid or CHIP coverage (Chang, 2019). Given the difficulties of obtaining public health insurance, many immigrants rely on employer-based insurance or go to community health clinics, free clinics, and emergency departments to access medical care. In cases of needing emergent medical care, undocumented immigrants can apply for Emergency Medicaid coverage if they are in a

Medicaid-eligible category such as children, young adults, pregnant women, families with dependent children, and elderly or disabled individuals.

Medi-Cal can assist undocumented Latino families by providing free health insurance to their children (from birth up to age 26) and pregnant women. However, Medi-Cal does not provide medical insurance to undocumented adults due to being ineligible to receive services. Barriers to health care access among Latinos include lack of health insurance, poverty, and the high cost of medical care (Chavez, 2012; Cornelius, 2000). This situation is further exacerbated by Latino workers' concentration within industries that seldom provide health insurance benefits, such as residential construction, agricultural work, and personal services (Chavez, 2012). Latinos are also disproportionately employed within contingent jobs generally (excluding the self-employed) and within temporary jobs in particular; contingent and temporary jobs tend to provide less pay and fewer health benefits than more traditional forms of employment (U.S. Governmental Accountability Office, 2015). Since undocumented immigrants have fewer postsecondary and occupational opportunities compared to documented immigrants, they are more likely to experience challenges (i.e., lack of access to health care, potential long-term poverty) when it comes to financial stability for themselves and their families (Castaneda & Melo, 2014). Without medical insurance, undocumented immigrants will not be able to get their healthcare needs met. This can in turn affect family stability and threaten family structure and functioning.

### **Principle 3: Family relationships**

- Does the policy assess and balance the competing needs, rights, and interests of various family members?

In the Medicare act undocumented immigrants are not included in these benefits because the program was founded by the government and undocumented individuals do not qualify for government assistance. Public programs for child-bearing women include Medi-Cal fee for service and managed care plans, comprehensive perinatal services (CPSP), and state programs such as access for infants and mothers (AIM) programs. These programs typically exclude undocumented women, although emergency Medi-Cal provides coverage for undocumented mothers (Bengiamin, Capitman, & Ruwe, 2010).

Medi-Cal covers pregnant women, children under the age of 26, and adults in emergency situations. If Medi-Cal would extend their coverage to undocumented adults this would reduce the stress of health care among undocumented individuals. The need for preventative care is lacking in coverage to the complete family system. The lower number of annual office visits and the significantly lower use of preventive cancer screening by undocumented uninsured adults indicate less access to basic primary care (Pourat et al., 2014).

Undocumented immigrants who work full-time are unable to access medical insurance through their employers. Undocumented immigrants constitute 6.8 percent of California residents and 24 percent of the state's uninsured population (Pourat et al., 2014). Despite high rates of full-time employment, many work in industries such as farming, construction, groundskeeping, and maintenance that do not offer employment-based coverage (Pourat et al., 2014). These job positions are physically straining and can cause injuries, which can result in loss of wages. The loss of wages would in turn impact the family financially.

**Principle 4: Family diversity**

- Does the Medi-Cal policy ensure the accessibility and quality of programs and services for culturally, economically, geographically, racially/ethnically, and religiously diverse families?
- Does the Medi-Cal policy identify and respect the different attitudes, behaviors, and values of families from various stages of life; family structures; and cultural, economic, geographic, racial/ethnic, and religious background?

The Medi-Cal program was created to assist families who are low-income and need medical assistance. Studies have shown that immigrant families have poorer access to care (Stevens, West-Wright, & Tsai, 2010). One of the main barriers is communication. Undocumented Latino immigrants struggle to access care due to lack of familiarity in applying for and enrolling in public assistance for less acculturated families. Several studies described immigrant Latino families having difficulties communicating with providers, and having fear that leads to misdiagnosis or medical error, and long waiting times at health care settings available in these communities (Stevens et al., 2010). Research suggests that negative experiences with U.S. health care providers and a lack of understanding about the U.S. healthcare system creates barriers for Latino immigrants' use of medical services (Van Hofwegen & Killion, 2011).

Limited English proficient (LEP) parents of racial/ethnic minority children have been found to report lower quality of health care than English-speaking parents of White children, even after adjusting for language and race/ethnicity and for disparities in structural barriers to healthcare (Clavo & Hawkins, 2015). Previous research from national and regional studies found that undocumented immigrants experienced lower quality health care due to lower social

integration and English language dominance, which negatively influence their utilization of the US health-care system (Rodriguez, Bustamante, & Ang, 2009).

Based on our findings, this policy analysis does not respect the family's diversities. Language is the biggest barrier that undocumented Latinos face. Adults do not qualify for full scope Medi-Cal, but their children do. Undocumented children can access these health benefits. However, since language is a barrier to these families it prevents undocumented parents to apply for health benefits that are available for their children to receive. It then leaves the children uninsured and unable to receive preventative care.

### **Principle 5: Family engagement**

- Does the Medi-Cal policy provide full information and a range of choices to undocumented families, recognizing that the length and intensity of services may vary according to family needs?
- Does the Medi-Cal policy consider the whole family (even if it is outside the scope of services) and recognize how family decisions and participation may depend upon competing needs of different family members?

Lack of health insurance is arguably the most significant impediment to the use of preventive services and medical treatment among Latinos (Emmons Huston, Pinedo, & Reese, 2017). The immigration experience itself has been shown to threaten individuals and family well-being due to separation from family, exposure to traumatic events, discrimination, and loss of social status (Siemons, Reymond-Flesh, Auerswald, & Brindis, 2016). In a study where 45 Latinos were interviewed about the medical disparities. Latinos immigration experiences affect their care in several ways. Some experienced posttraumatic stress associated with civil war

atrocities in their home countries. Another issue was provider insensitivity to the cultural shock of relocating to a foreign environment (Nápoles, Santoyo, Houston, & Stewart 2005).

As undocumented Latino immigrants' transition into adulthood, they also transition into illegality. They move from a somewhat protected status under which they had access to education and other social benefits, to the more vulnerable category of undocumented adults without access to social rights (Mallet, Calvo, & Waters, 2017). Being able to access health care is vital for undocumented adults and their families. In fact, it is the number one need for families to thrive especially during such difficult times for immigrant communities. Being able to see a doctor is a human right and should not depend upon your age or immigration status (Targeted News Service, 2018). Research suggests that foreign-born Latinos, especially the undocumented, face serious financial and linguistic constraints to access health care (Rodriguez, et al., 2009).

Undocumented Mexican immigrants are at-risk population for mental disorders, particularly depression and anxiety disorders (Garcini, Galvan, Malcarne, Pena, Fagundes, Klonoff, & 2017). Given that distress from post migration living difficulties is associated with meeting criteria for a disorder, revising policies and developing new alternatives to facilitate access and provision of context-sensitive mental health services for this population is necessary to protect the human rights of these immigrants and their U.S. families (Garcini, et al., & 2017). Undocumented Latinos were the least likely to have seen a mental health professional in the past year (3.9%) and were the least likely (26%) to have insurance that covered mental health treatment. Undocumented Latinos were the most likely (77%) not to seek help for mental health due to cost of treatment (Ortega, McKenna, Kemmick, Langellier, Roby, Pourat, & Wallace, 2018).

The journey that undocumented immigrants make to the United States is not easy. They leave their country that was filled with violence and poverty for a better life for themselves and their family. Once they arrive in the United States, they are excluded from all benefits such as medical insurance. Their children are covered, but once they transition to adulthood (over the age of 26 years old) they are left with restricted Medi-Cal services. The Medi-Cal program does not provide medical and mental health services to the entire family. It does not meet the needs of the family as a unit. It only offers emergency medical services to adults and older adults.

## **Limitations**

The family impact analysis was used to analyze the Medi-Cal program. This policy analysis identified important limitations which should be noted. Our findings are specific to undocumented Latino immigrants and are not generalizable to other immigrant groups. Also, the Medi-Cal program does not provide coverage to the whole family. Research showed that the Medi-Cal program only covers undocumented pregnant women and children up to the age of 26. Another limitation is the lack of research and peer reviewed articles that specifically address undocumented individuals. Many studies have not been conducted with undocumented immigrants because these individuals are a vulnerable population. Many undocumented Latino immigrants fear deportation, therefore, they do not take part in anything that might bring awareness to them. They prefer to stay out of the center of attention. Most research found was based on Latinos who were citizens or residents in the United States. In addition, the Medi-Cal program does not take into consideration undocumented immigrants who contribute to state and local revenues. According to California Budget and Policy Center, undocumented immigrants contribute \$3 billion annually in state and local taxes. Therefore, undocumented immigrants should be eligible to receive health insurance.

## **Conclusion**

This policy analysis examined the effects that the Medi-Cal program has on undocumented Latino immigrant families by using the theoretical framework of the family impact analysis. In 1966, Medi-Cal was created to provide health care benefits to California residents already receiving welfare (California Health Care Almanac, 2019). However, undocumented adults do not meet eligibility requirements and are entitled only to restricted scope Medi-Cal which is for emergency and pregnancy-related services. The implication for this policy is that undocumented immigrants are left without medical insurance. Undocumented immigrants constitute 6.8 percent of California residents and 24 percent of the state's uninsured population (Pourat, Wallace, Hadler, & Ponce, 2014). Our analysis found that undocumented Latino immigrants faced barriers when accessing healthcare. These barriers include fear of deportation, communication ability, financial resources, and lack of knowledge about the healthcare system. Although there is extensive research on Latino populations in general, there remains a lack of literature on undocumented Latinos and Medi-Cal in the United States. Second, research showed that accessibility for Medi-Cal insurance was not available for all family members (adults and older adults). Third, our findings provided insight that the Medi-Cal program is not diverse. Undocumented Latinos are being excluded from receiving proper health care services due to their immigration status. Finally, we found that undocumented Latino immigrants do not utilize mental health services, which would be beneficial based on the trauma that was endured on their journey to the United States.

Given that there are barriers in seeking medical treatment such as fear of deportation, communication ability, financial resources, and lack of knowledge about the healthcare system can represent important stressors for this group (Hacker, Anies, Folb, & Zallman, 2015). It is

important for clinicians to empower undocumented Latino immigrants to cope with these barriers and explore ways to gain medical access while navigating through the culture shock of their journey to the United States. The journey these individuals face is long and dangerous.

Undocumented Latino immigrants come to a country that is not welcoming to them. Stressors are further magnified for undocumented Latino immigrants who struggle even more for basic necessities, experience perpetual fear of deportation, and are often confined to the lowest-wage jobs (Pourat, Wallance, Hadler, & Ponce 2014). By assisting undocumented Latino immigrants to utilize Medi-Cal services and increase preventative health care, clinicians may help lessen the adverse impact that barriers associated with the unauthorized legal status might have on their family. Additionally, policymakers and advocacy work may focus on legislation that allows health care services to undocumented immigrants, which may facilitate more positive physical health for many in this population. Research suggests that negative experiences with U.S. health care providers and a lack of understanding about the U.S. healthcare system creates barriers for Latino immigrants' use of medical services (Van Hofwegen & Killion, 2011). Barriers seemed to be a huge stressor for many undocumented Latino immigrants, advocating for policies that allow for greater medical equality, such as the ability to provide medical insurance to all undocumented immigrants, may play an important role in positively impacting the family's experiences of being undocumented in the United States.

Our call of action is for the policy to extend services to undocumented Latino immigrants. Some services are already offered but come with restrictions and partially leave out some of the family members. Currently, this policy has extended their services to children under the age of 26 and pregnant women. Undocumented immigrant adults and older adults need to be included in Medi-Cal services. Excluding adults and older adults from receiving full scope Medi-

Cal benefits leaves the family unit in a vulnerable position. As social workers, we should advocate for this vulnerable population to receive proper access to healthcare services. Social workers can offer valuable input to policy discussions around funding for health care access. We hope that this policy analysis will inspire more research on this understudied, but important population.

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## Appendix A

Graduate Addendum required by Graduate Studies for joint Project

### ADDENDUM - Undocumented Latino Immigrants: Family Impact Analysis of the Medi-Cal Program

**This policy analysis** is a joint graduate project between **Kristie Bane** and **Zuky Guillen**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

**Kristie Bane** is responsible for all the following tasks/document sections:

- Introduction
- Background- California Medical assistance program
- Methods- Family Impact Analysis
- Results- Principals 1 & 2 out of 5

**Zuky Guillen** is responsible for all the following tasks/Documents sections:

- Abstract
- Background- Recipients and Eligibility
- Results- Principal 3, 4, & 5 out of 5
- Implications and Conclusion

Both Parties shared responsibilities for the following tasks/document sections:

- Background- Goals and Effectiveness
- Aims and Objective
- Paper Outline

_____ Kristie Bane	_____ Date	_____ Zuky Guillen	_____ Date
_____ Jodie L. Brown, Ph.D.	_____ Date	_____ Jodi L. Brown, Ph. D.	_____ Date
_____ Ioana Schmidt, Ph.D.	_____ Date	_____ Eli E. Bartle, Ph.D.	_____ Date
_____ Alejandra Acuna, Ph.D.	_____ Date		