

Limited English Proficiency and Cultural Barriers

When Language Makes Requirements Unintelligible

Phuong's Story

Phuong Nguyen, 39, came to the United States from Vietnam sixteen years ago through family sponsorship. Her older sister had immigrated eight years earlier, married a U.S. citizen, became a citizen herself, and petitioned for Phuong to join her. The immigration process took seven years. Phuong arrived at 23 with limited English education from secondary school in Hanoi, where she'd learned basic vocabulary and grammar but had never spoken with native English speakers.

She found work within two weeks of arrival. Her sister's husband knew someone who knew someone who ran a garment factory in Los Angeles's Fashion District. The factory makes clothing for small retailers and online sellers. Twenty sewing machines in two rows, Vietnamese women at each machine, fabric stacked against walls, finished pieces hanging on racks. The owner is Vietnamese-American, second generation, speaks English fluently but Vietnamese at home. Most workers speak little English. The work happens in Vietnamese. Instructions, conversations, breaks, everything in Vietnamese.

Phuong works 90 hours monthly, split across part-time schedules the owner arranges to avoid overtime requirements and full-time employee classification. Some weeks she works 30 hours. Some weeks 15. It averages to about 22 hours weekly, earning \$12 per hour cash at the end of each week. No paystubs. No W-2 forms. No tax withholding. No formal employment documentation. The owner keeps a notebook with workers' names and hours, but nothing official. The factory operates in what economists call the informal economy and what workers call survival: employment without paperwork, wages without withholding, work without official records.

This arrangement suits both employer and workers. The owner avoids payroll taxes, workers' compensation insurance, and regulatory compliance that would make the business unprofitable given how low margins run in garment manufacturing. The workers get immediate cash without tax withholding, which matters when you're sending money back to family in Vietnam and every dollar counts.

Phuong lives with her sister's family in a two-bedroom apartment in Little Saigon. She shares a room with her two daughters, ages 14 and 11. Her husband works construction day labor, also cash. Also undocumented. He came on a tourist visa ten years ago and stayed. Their daughters were born in the United States, citizens. The family is mixed-status: Phuong has a green card, the children are citizens, her husband is undocumented. Every interaction with government systems carries risk.

She doesn't speak English well enough for complex bureaucratic systems. She knows numbers for transactions. She can order food, ask directions, handle basic retail interactions. The Vietnamese grocery stores, the pho restaurants, the nail salons, the fabric shops in her neighborhood all have Vietnamese-speaking staff and Vietnamese signs. She navigates her neighborhood entirely in Vietnamese most days.

But documents in English, forms requiring written explanations, systems assuming English literacy create barriers she cannot overcome independently. Her older daughter helps translate sometimes when she's home from school. But asking a 14-year-old to navigate adult bureaucratic systems, to explain work requirements and verification procedures, to translate three-page government notices written in administrative language places burdens on children that systems shouldn't demand. Her daughter is good at school English but struggles with bureaucratic vocabulary. Words like "attestation" and "exemption criteria" and "administrative appeals" don't appear in eighth-grade curriculum.

The Medicaid work requirement notice arrived by mail in early October. English only. Three pages of dense text explaining verification deadlines, qualifying activities, hourly thresholds, exemption criteria, appeal rights, consequences of non-compliance. Phuong recognized the official seal on the envelope, the formatting that indicated government correspondence. She took it to Mrs. Tran, who runs the Vietnamese Community Center on the ground floor of an apartment building two blocks away.

Mrs. Tran, age 67, came to the U.S. in 1979 as a boat refugee. She speaks Vietnamese and English well. She reads both languages. She helps community members with translation, fills out forms, explains government programs, connects people to services. The community center is small: one room with folding tables, a bulletin board with flyers in Vietnamese, a coffee pot always on, elderly Vietnamese men playing cards in the corner every afternoon.

Mrs. Tran read the notice aloud, translating into Vietnamese as she went. The deadline was in ten days. Phuong must verify 80 hours of employment monthly or provide exemption documentation. The notice explained the online portal process, the documentation requirements, the consequences of missing deadlines. Mrs. Tran translated the words but couldn't explain what the system actually wanted or how to provide it because she didn't understand the verification system either. She'd helped people with immigration paperwork, with disability applications, with housing forms. But work requirement verification was new, and the process was confusing even to her.

Phuong asked what she needed to do. Mrs. Tran explained: login to the state portal, upload paystubs or employer letter, submit by the deadline. Phuong said she had no paystubs. Her employer paid cash. Mrs. Tran said maybe the employer could write a letter. Phuong shook her head. Her employer wouldn't provide written documentation. The factory operated informally specifically to avoid paperwork. Asking for an official letter would make the owner angry and might cost Phuong her job.

Mrs. Tran tried accessing the portal on the community center's old computer. The site loaded in English. There was a Spanish translation option at the top. She clicked it. The page reloaded in Spanish, which didn't help because neither of them spoke Spanish. She clicked through until finding language options. The automated translation to Vietnamese produced text that read incomprehensibly. Words were arranged incorrectly. Meanings were confused. The phrase "qualifying activities" translated as something like "making eligible actions" which didn't convey the policy meaning. The instructions for uploading documents translated as something about "carrying papers above" which made no sense.

Mrs. Tran said Phuong should call the helpline. The number was on the notice. Phuong called from Mrs. Tran's desk phone. The automated system offered English or Spanish. She pressed buttons



randomly until reaching a representative after 28 minutes. The representative spoke only English. Phuong tried to explain her situation using the English vocabulary she had. The representative spoke slowly, using simple words, but Phuong understood perhaps half.

"Do you receive paystubs?" the representative asked.

Phuong wasn't sure what paystubs meant. She knew "pay" and "stub" separately but not the compound meaning. She said she received cash.

"Can your employer provide verification?"

Her employer wouldn't provide anything in writing. Phuong tried to explain this but wasn't sure the representative understood.

"Are you self-employed?"

She didn't know how to answer. She worked for someone but received cash without documentation. Was that self-employed?

The representative said she needed an interpreter. She would transfer Phuong to the language line. Fifteen more minutes waiting, then connection to a Vietnamese interpreter. Now there were three people on the call: Phuong, the English-speaking Medicaid representative, and the Vietnamese interpreter translating between them.

Through the interpreter, the representative explained that cash employment must be verified through employer attestation or self-attestation under penalty of perjury. Employer attestation required the employer to provide written confirmation of employment, hours, and pay rate. Phuong explained her employer wouldn't do that. The representative said the alternative was self-attestation: Phuong would write a detailed explanation of where she worked, what hours, what tasks, why no formal documentation existed. This explanation must be submitted through the portal in English.

Phuong couldn't write explanatory text in English. Even if she could, explaining informal employment felt dangerous. Would this information go to immigration authorities? Her husband was undocumented. If she submitted detailed information about the garment factory, would that trigger an investigation? Would immigration come to her apartment looking for her husband? The children were citizens, but what happened to citizen children when their father was deported?

Mrs. Tran offered to write the explanation for Phuong. But Mrs. Tran didn't know the details of Phuong's work schedule. Which days did she work? What hours exactly? What tasks? What was the employer's full name and address? And even if Mrs. Tran wrote something, how could Phuong verify text she couldn't read? What if Mrs. Tran made a mistake translating Phuong's verbal description into English? What if the explanation didn't match what the system required? Phuong would be signing something she couldn't read, claiming accuracy she couldn't verify, accepting responsibility for content she couldn't understand.

The deadline passed. Phuong never successfully verified employment. She tried twice more with Mrs. Tran's help, but they couldn't figure out the portal system, couldn't produce documentation the system would accept, couldn't navigate the English-language requirements that made every step difficult.

Her coverage terminated November 15th. The termination notice arrived by mail November 23rd. English only. Three pages explaining appeal rights, reapplication process, fair hearing procedures, deadlines for requesting review. Phuong took it to Mrs. Tran. They both recognized it was bad news. The notice explained that appeal must be filed within 30 days through the online portal or by written request mailed to an address in Sacramento.

Mrs. Tran didn't know how to file an appeal. The community center didn't provide legal assistance. She called the Vietnamese Legal Aid hotline. They had a six-month waitlist for non-emergency cases. Coverage termination wasn't considered emergency. Mrs. Tran wrote down the information and told Phuong to call back in December to check on the waitlist position.

Three months without coverage, Phuong developed chest pain. She's diabetic, diagnosed eight years ago during her second pregnancy. She manages it with metformin 1000mg twice daily and monthly endocrinology appointments to monitor her A1C levels. With insurance, her medications cost \$15 monthly and her appointments were covered. Without insurance, the medication cost \$380 monthly and appointments cost \$250.

She couldn't afford it. She had \$80 in savings. Her cash income covered rent contribution to her sister, food, the money she sent to her mother in Vietnam monthly. There was nothing extra. She stopped taking the metformin. She tried to control her blood sugar through diet, eating less rice, more vegetables. But without medication, her blood sugar climbed. Fasting glucose went from controlled 110 to uncontrolled 240 within weeks.

The chest pain started in late February. Dull pressure behind her sternum, worse when she walked up stairs to her apartment. She ignored it for a week. Then it woke her at 3am one night, sharp enough that she couldn't go back to sleep. She sat up in bed, breathing carefully, afraid to wake her daughters.

Her sister found her in the morning, still sitting up, looking grey. Her sister called her brother-in-law, who drove Phuong to the emergency department at Los Angeles County General. The ER doctor ran tests: EKG, cardiac enzymes, blood sugar. Her blood sugar was 340. The EKG showed changes suggesting cardiac strain. The doctor explained that uncontrolled diabetes damages blood vessels, including those feeding the heart. Diabetic cardiac disease. Early stage, but present.

They admitted her overnight for observation and blood sugar stabilization. The hospital social worker came the next day. She helped Phuong reapply for emergency Medicaid, which was approved within 48 hours based on the hospitalization. But the work requirement still applied. Phuong still didn't have paystubs. The verification problem hadn't changed.

The social worker asked about employment. Phuong explained through a hospital interpreter: garment factory, cash payment, no documentation. The social worker said she'd seen this before, many times, mostly in immigrant communities where informal employment was common. The verification system wasn't designed for informal economy employment. People working cash jobs, paid by the day, employed in family businesses without formal payroll couldn't verify employment through standard documentation. She could help with the immediate reapplication, but unless something changed about either Phuong's employment or the verification system's language accessibility, coverage would terminate again in three months when the next verification deadline arrived.

The social worker printed out information about free ESL classes at the community college, about employment services that could help Phuong find formal employment with paystubs and documentation. Phuong took the papers and thanked her. She didn't say what she was thinking: that ESL classes met Monday and Wednesday evenings when she worked, that finding formal employment was hard when you didn't speak English well and didn't have documentation of your sixteen years of garment factory experience because none of it was formal, that the garment factory job paid better than most alternatives available to someone in her circumstances even though it created verification problems.

The social worker also gave her information about immigration legal services, recognizing that mixed-status family fears might be affecting Phuong's willingness to engage with verification. The legal aid organization had a six-month waitlist. The social worker wrote "URGENT" on the referral form but said that wouldn't significantly move up the appointment timeline. Everyone's situation was urgent when you were trying to maintain healthcare coverage while navigating immigration fears and language barriers.

She was discharged after two days. The hospital provided a month's supply of her diabetes medications and a week's supply of the new cardiac medications. The prescriptions after that would cost \$520 monthly total without insurance. The hospital bill was \$18,400. The social worker said the emergency Medicaid would cover most of it, though there might be copayments Phuong would need to arrange payment plans for.

Phuong went home with restarted medications, new cardiac medications she'd need long-term, follow-up appointments with cardiology and endocrinology she didn't know how she'd afford after the first month, and the knowledge that she'd be back in the same verification impossibility within weeks when her emergency coverage hit its first monthly verification requirement.

Phuong isn't exceptional among LEP expansion adults. Her experience reflects structural patterns affecting 900,000 to 1.8 million people who speak English "not well" or "not at all" and whose employment patterns don't generate the documentation verification systems demand. The question isn't whether LEP individuals should meet work requirements. Many can and do work, as Phuong demonstrated by maintaining employment throughout her coverage loss. The question is whether verification systems can accommodate linguistic diversity and cultural employment patterns, or whether they'll systematically exclude nearly 2 million people for whom English-language requirements and documentation-dependent verification represent barriers unrelated to actual work effort.

Demographics and Scope

Limited English proficiency affects 900,000 to 1.8 million Medicaid expansion adults, approximately 5-10% of the population subject to work requirements. These members speak English "less than very well" according to Census definitions, creating systematic barriers to understanding and navigating administrative systems designed for English speakers.

The national LEP Medicaid population numbers approximately 8.7 million individuals, with 52.9% in Medicaid-only coverage. Among Medicaid LEP enrollees, 65.6% identify as Hispanic, 9.5% as white, with remaining populations including Asian Americans and other groups. Expansion states with high immigrant populations show higher LEP percentages: Massachusetts, New York,

California, and New Jersey report LEP rates above 20% of Medicaid enrollment, while Montana, North Dakota, and Utah show rates below 8%.

Language diversity reveals the scope of accommodation needed. ***Spanish dominates LEP populations nationally at 71.4%, but substantial populations speak Vietnamese (3.2%), Chinese (3.0%), Arabic (2.3%), Korean, Tagalog, Russian, and Somali.*** Language distribution varies dramatically by geography: Spanish is the most common non-English language in all but four states (Alaska, Hawaii, Maine, Vermont), but California has substantial Chinese and Vietnamese populations, New York has significant Russian and Chinese speakers, Minnesota has large Somali communities, and Washington has notable Vietnamese and Korean populations.

Geographic concentration creates variation in MCO service requirements. ***LEP expansion adults concentrate in gateway cities including Los Angeles, New York, Houston, Chicago, and Miami, in agricultural regions including California's Central Valley, Florida's agricultural counties, and Texas Rio Grande Valley, and in meatpacking communities across Iowa, Nebraska, and Minnesota.*** This concentration means some MCOs serve populations where 20-30% of expansion adults have limited English proficiency while others serve populations where LEP rates are under 5%.

Cash economy employment creates documentation challenges beyond language barriers. A substantial portion of LEP expansion adults work in informal economy employment without formal documentation. Of 8.5 million undocumented workers in the U.S. economy, many are also LEP. Even among documented LEP workers, employment in ethnic economy businesses often involves cash payment, informal arrangements, and limited documentation.

The informal economy operates differently across ethnic communities but follows similar patterns. In Vietnamese garment districts, small factories employ workers on fluctuating schedules, paying cash to avoid payroll taxes and employment regulations. In Hispanic construction, day labor hiring through informal networks means workers show up at designated locations each morning, get assigned to crews, work the day, receive cash at end of shift. In Chinese restaurants, family-staffed kitchens employ extended family members and community connections without formal hiring processes or documentation. In Somali-owned small businesses, religious and cultural community ties create employment relationships that operate through trust and cash exchange rather than contracts and paystubs.

These employment patterns aren't marginal. They represent substantial portions of local economies in immigrant communities. Los Angeles's garment district employs tens of thousands in cash-based arrangements. Construction day labor sites across the Southwest hire hundreds of workers daily without documentation. Ethnic restaurants in every major city staff kitchens through informal community networks. The work is real, the hours are real, the wages support families, but the documentation verification systems demand doesn't exist.

Mixed-status families compound verification challenges with immigration fears. Many LEP Medicaid expansion adults live in families where some members are citizens (often U.S.-born children), some are legal permanent residents, and some are undocumented. Any request for employment documentation or personal information creates fear that information provided for one family member's benefit verification could expose another family member to immigration

enforcement risk. This fear is well-founded given historical data sharing between benefit programs and immigration authorities.

The demographic patterns matter for policy design because they reveal that LEP populations aren't randomly distributed but concentrate in specific regions, work in specific industries with specific documentation patterns, and face specific fears rooted in mixed-status family circumstances. Verification systems designed for English-speaking populations with formal employment don't simply create administrative burden for LEP populations, they create structural impossibility.

Failure Modes: When Language Barriers Create Impossibility

The interaction between limited English proficiency and work requirement verification systems creates systematic compliance impossibility for LEP populations. These failures occur at multiple system interaction points, compounding rather than adding to create systematic exclusion. These failures aren't individual deficiencies. They're structural mismatches between what administrative systems assume and what LEP populations can access.

The written materials language access failure creates the foundational barrier. Work requirement notices, verification instructions, exemption criteria, and appeal procedures arrive in English. States may provide translations in Spanish and sometimes a few additional languages, but translation coverage rarely matches the linguistic diversity of local LEP populations. A Vietnamese speaker in California, a Somali speaker in Minnesota, a Russian speaker in New York may receive materials in English only or with Spanish translation that doesn't help them. Machine translation produces incomprehensible text, translating words but not meaning, producing grammatically incorrect, contextually confused instructions that LEP individuals cannot follow.

The telephone interpretation failure compounds written communication barriers. Helpline interpretation services exist but create multi-party communication barriers. The LEP member must first navigate an English automated system to reach a live representative, then request interpretation, then wait 10-20 minutes for connection to a language line, then communicate through a three-way conversation where meanings are lost in translation and cultural context is missed. Complex procedural explanations that challenge English-speaking members become incomprehensible when filtered through multiple translation layers.

Representatives receive training in English-language procedures but not in culturally competent communication or understanding employment patterns common in immigrant communities. When a member says they work in a family restaurant and the owner pays cash, representatives apply standard informal employment verification procedures without understanding cultural context or documentation barriers specific to ethnic economy businesses.

The portal-only verification failure creates navigation impossibility even when translation exists. Online verification systems assume English literacy even when translation options exist. Navigating complex forms, understanding dropdown menus, uploading documents correctly, and troubleshooting errors all require English proficiency or access to bilingual assistance. Machine-translated portal interfaces produce confusing instructions. Cultural assumptions about employment, documentation, and bureaucratic procedures embedded in portal design create barriers beyond language.

Even with bilingual family members helping, verification creates impossible situations. Asking teenagers to navigate adult bureaucratic systems, verify parent employment, explain cash economy work patterns, and sign attestations under penalty of perjury places inappropriate burdens on children and creates liability risks when translation errors occur.

The cash economy documentation impossibility manifests because verification systems assume employment generates paystubs, W-2 forms, or formal employer verification letters. But cash economy employment common in immigrant communities generates no such documentation specifically because employers want to avoid formal records. When verification requires documentation that employment patterns deliberately don't produce, compliance becomes structurally impossible regardless of language proficiency.

Self-attestation procedures require written explanations in English of employment circumstances, reasons for lacking formal documentation, and detailed work schedules. LEP members cannot produce these written explanations independently. Community organization assistance helps but creates dependency on limited capacity resources and raises questions about attestation validity when someone else writes the explanation.

The cultural misunderstanding failure occurs because U.S. administrative systems assume individualistic cultures where adults independently navigate bureaucratic systems. Many immigrant cultures emphasize collective decision-making, elder consultation, and community intermediaries. Verification systems interpreting family or community assistance as fraud miss cultural patterns where collective action is normative, not suspicious.

Gender norms in some immigrant communities make it inappropriate for women to interact with male government officials, creating barriers when verification requires phone calls or in-person appointments. Religious practices affecting work schedules, cultural celebrations causing work absences, and family obligations taking priority over documentation collection all create verification conflicts when systems assume U.S. cultural norms.

The immigration fear creating verification avoidance manifests as LEP members in mixed-status families avoid verification entirely rather than risk exposing undocumented family members. Even when legal protections theoretically prevent information sharing between Medicaid and immigration enforcement, fear persists because immigration enforcement has historically accessed information from various government databases. When verification requires detailed employment information, address documentation, and family composition details, the perceived risk may outweigh the benefit of maintaining coverage.

The compound failure from multiple barriers creates the most intractable situations. LEP expansion adults often experience limited English proficiency plus cash economy employment plus mixed-status family fears plus limited digital literacy plus transportation barriers to in-person assistance. Each barrier might be manageable individually with appropriate accommodation. Combined, they create systematic exclusion that no single accommodation can address.

State Policy Choices: Accommodation or Exclusion

The policy architecture states construct around limited English proficiency reveals fundamental choices about language access obligations, cultural employment pattern recognition, and whether administrative systems should accommodate linguistic diversity or expect linguistic conformity.

2002 N. Lois Avenue, Suite 200, Tampa, FL 33607 | GroundGame.Health

Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health



The first choice involves translation comprehensiveness. Should states provide professional translation of all work requirement materials in every language spoken by significant local populations, or should they rely on English with machine translation backup? Professional translation requires human translators with subject-matter expertise producing culturally appropriate materials beyond literal word conversion. California requires translation in threshold languages where 5% or 1,000 beneficiaries speak the language. States refusing comprehensive professional translation force LEP populations to navigate inadequate machine translations that translate words but not meanings.

The second choice involves bilingual navigation support. Should states fund in-language navigation through bilingual staff, community health workers, and ethnic community organizations who understand both the verification system and cultural employment patterns, or should they provide interpretation services alone? Interpretation converts words but doesn't navigate systems. Bilingual navigators explain requirements in the member's language, help gather documentation or alternatives, submit verification on behalf of members experiencing barriers, and provide ongoing support through the verification cycle. States refusing to fund navigation force LEP populations to attempt independent navigation through interpretation alone.

The third choice involves community organization intermediaries. Should states accept verification attestation from trusted ethnic community organizations who know employment patterns in informal economy businesses, or should they require documentation only from formal employers? Vietnamese community centers in Little Saigon know which members work at which businesses, approximately how many hours, in what roles. This community knowledge can substitute for formal employer verification when cultural employment patterns don't generate documentation. States refusing to accept community intermediary attestation demand documentation that informal employment deliberately doesn't produce.

The fourth choice involves cash economy verification alternatives. Should states accept simplified verification including member self-attestation with community organization co-signature, photographs of members at workplaces with employer verbal confirmation, or bank deposit records showing regular cash deposits, or should they require formal paystubs regardless of employment patterns? Cash economy employment deliberately avoids documentation that standard verification demands. States refusing alternative verification methods create impossible requirements for populations whose employment patterns don't match administrative assumptions.

The fifth choice involves immigration firewall guarantees. Should states guarantee explicitly and repeatedly that work requirement verification information will not be shared with immigration enforcement under any circumstances, or should they maintain standard information sharing policies? Legal guarantees matter less than community trust. LEP immigrant communities have experienced information sharing despite legal protections. States refusing to establish and advertise immigration firewalls drive verification avoidance through fear regardless of actual work status.

The fundamental tension mirrors patterns across all special populations: administrative systems designed for English-speaking populations with formal employment assume conditions that LEP populations violate. Language barriers compound documentation barriers compound cultural

barriers compound immigration fears. Systems designed for standard employment cannot accommodate populations whose employment occurs in ethnic economy contexts with different documentation norms and different linguistic requirements.

Stakeholder Roles in Supporting LEP Populations

The structural failures in verification systems for LEP populations require multiple stakeholders to adapt their operations. Each occupies different positions in the ecosystem and can address different failure modes.

State Medicaid Agencies and MCOs must build multilingual verification infrastructure including professionally translated materials in threshold languages, in-language phone support with live bilingual representatives, culturally competent verification procedures accepting alternative documentation, and immigrant-focused community partnerships. MCOs operating in diverse areas must invest in language-concordant care management and member services, not just crisis interpretation services after problems emerge.

Ethnic Community-Based Organizations become critical navigation infrastructure, providing bilingual case managers who help members understand requirements, gather acceptable verification, submit documentation on members' behalf, and advocate when verification barriers emerge. Vietnamese community centers, Hispanic service organizations, Somali mutual assistance associations, and other ethnic organizations need sustainable funding for navigation services rather than grant-dependent temporary support.

Faith Organizations Serving Immigrant Populations provide trusted intermediaries where religious leaders can explain requirements, vouch for member employment in ethnic economy businesses, and connect members to appropriate support services. Churches, mosques, temples, and other religious organizations already serve as community hubs and information sources. Leveraging this existing trust requires training religious leaders about requirements and creating verification pathways that respect faith communities' willingness to help without creating fraud liability.

Legal Services Organizations must expand immigration law expertise to include benefits access issues. LEP members need clear legal guidance about information sharing protections, immigration consequences of benefit applications, and rights during verification processes. Legal aid capacity is insufficient, requiring increased funding and specialized training at the intersection of immigration law and Medicaid policy.

Employers in Ethnic Economy Sectors bear responsibility for providing employment verification even when operating informally. While many ethnic economy businesses avoid formal documentation deliberately, middle grounds exist: informal written confirmation, verbal verification to community intermediaries, or business association attestation all provide verification alternatives without requiring employers to formalize payroll systems they've structured to avoid.

The common thread across stakeholders is creating pathways that don't require LEP populations to navigate English-language systems designed for formal employment patterns. Phuong's cascade, from verification demands to language barriers to coverage termination to medication discontinuation to diabetic cardiac disease, could have been interrupted at multiple points. A

2002 N. Lois Avenue, Suite 200, Tampa, FL 33607 | GroundGame.Health

Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health

Vietnamese-speaking navigator helping her access alternative verification methods. A community organization authorized to attest to her employment. Simplified verification accepting photographs or community knowledge rather than formal documentation. The absence of any stakeholder building that bridging infrastructure left Phuong navigating impossible requirements alone.

Phuong's Situation as Structural Pattern

Phuong Nguyen's experience wasn't exceptional among LEP expansion adults. It was representative of structural patterns affecting hundreds of thousands. Her garment factory employment represents real work that verification systems can't see because they're designed for English-speaking populations with formal employment generating paystubs. Her inability to write English explanations represents language barriers that interpretation services alone can't solve. Her mixed-status family fears represent immigration concerns that affect verification behavior regardless of legal protections. Her coverage termination represents predictable outcomes when verification systems assume linguistic and employment circumstances unavailable to immigrant populations.

Her diabetes didn't cause the crisis. Administrative rigidity did. A verification requirement that couldn't accept cash economy employment without English-language written explanations. A system that provided Spanish translation when she spoke Vietnamese. A portal-only process that required English literacy even with inadequate machine translation. A helpline interpretation service that translated words but couldn't navigate the verification process for her. The combination transformed manageable chronic disease into acute cardiac emergency requiring hospitalization.

The financial calculus exposes the policy's counterproductive nature. Phuong's Medicaid coverage cost approximately \$400 monthly. Her emergency department visit and two-day hospitalization for diabetic cardiac crisis cost \$18,400. The three months without diabetes medication caused vascular damage that will require ongoing cardiology care for years. The coverage termination that was supposed to encourage work instead generated healthcare costs exceeding what two years of maintained coverage would have cost, while simultaneously undermining her work capacity through untreated medical conditions.

The human cost exceeds financial accounting. ***Phuong lost not just coverage but the health stability she'd maintained for eight years with diabetes management.*** The confidence that she could control her disease. The predictability of medication access enabling work. The dignity of managing chronic disease without acute crises. The emergency room visit carried shame, feeling like she'd failed to navigate a system that was actually designed to exclude people in her circumstances.

The policy question is whether work requirements should apply uniform verification processes to populations whose defining characteristics are linguistic difference and informal employment, or whether requirements should accommodate the documented reality of LEP populations through comprehensive professional translation, bilingual navigation, alternative verification methods for cash economy employment, community intermediary attestation, and explicit immigration firewalls.

The first approach maintains administrative simplicity but produces systematic exclusion of populations who work but cannot verify work through English-language systems requiring documentation their employment doesn't generate. The second approach requires investment in accommodation infrastructure but maintains coverage for populations whose linguistic circumstances and employment patterns make standard verification unachievable.

December 2026 implementation will reveal which approach states choose. The choices will manifest through outcomes: either verification systems accommodate linguistic diversity through comprehensive translation, bilingual navigation, and alternative verification methods, or they demand English proficiency and formal employment documentation, producing systematic LEP disenrollment. Phuong's situation, multiplied across 900,000 to 1.8 million LEP expansion adults, will demonstrate whether work requirements can coexist with linguistic diversity or whether administrative systems designed for English speakers will systematically exclude millions for whom language creates impossibility.

References

1. MACPAC. "Enrollment and Access Barriers for People with Limited English Proficiency in Medicaid and CHIP." July 2024.
2. Proctor K, Wilson-Frederick SM, Haffer SC. "The Limited English Proficient Population: Describing Medicare, Medicaid, and Dual Beneficiaries." *Health Equity*. 2018;2(1):82-89.
3. Kaiser Family Foundation. "Unwinding of the PHE: Maintaining Medicaid for People with Limited English Proficiency." 2022.
4. U.S. Bureau of Labor Statistics. "Foreign-Born Workers: Labor Force Characteristics." May 2024.
5. Center for Migration Studies. "Undocumented Workers in High-Growth U.S. Occupations." August 2025.
6. Federal Reserve Bank of San Francisco. "Recent Spike in Immigration and Easing Labor Markets." July 2024.
7. Federal Reserve Bank of Atlanta. "How an Immigration Slowdown Affects US Labor Market, Wages, Economy." May 2024.
8. Economic Policy Institute. "The U.S. Benefits from Immigration but Policy Reforms Needed." 2024.
9. Immigration Research Initiative. "Immigrants in the U.S. Economy: Overcoming Hurdles, Yet Still Facing Barriers." May 2023.
10. National Conference of State Legislatures. "Barriers to Work: Improving Access to Licensed Occupations for Immigrants." 2022.
11. Econofact. "How Tighter Curbs on Immigration Impact the U.S. Economy." November 2025.
12. U.S. Census Bureau. "American Community Survey: Language Spoken at Home." 2023 estimates.

13. Migration Policy Institute. "Language Diversity and English Proficiency in the United States." 2024.
14. National Immigration Law Center. "Public Charge Rule and Immigrant Access to Benefits." 2024.
15. Asian & Pacific Islander American Health Forum. "Language Access in Health Care." 2023.
16. National Health Law Program. "Section 1557 Nondiscrimination Protections and Language Access." 2024.
17. Congressional Budget Office. "The Demographic Outlook: 2024 to 2054." January 2024.
18. California Department of Health Care Services. "Medi-Cal Language Assistance Program Standards." 2024.
19. Massachusetts Executive Office of Health and Human Services. "Limited English Proficiency Plan for Medicaid." 2023.
20. Los Angeles County Department of Public Health. "Language Access and Immigrant Health: Assessment and Recommendations." 2024.