DEPARTMENT OF HEALTH SERVICES

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August 10, 2001

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 246

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed are revisions to Article 24, Refugee Medical Assistance, of the Medi-Cal Eligibility Procedures Manual.

Procedure Revision:

Description:

Article 24

Revision/Correction to Article 24B-3 and the addition of two Sample Notice of Action Forms

to Article 24B, Section 9.

Filing Instructions:

Remove Pages

Insert Pages

Article 24B

Article 24B

Pages 24B-3 through B-4

Pages 24B-3 through 24B-4

Pages 24B-11 through 24B-14

Pages 24B-11 through 24B-16

If you have any questions concerning a specific revision, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

Original signed by

Shar Schroepfer, Chief Medi-Cal Eligibility Branch

Enclosures



2. RMA/EMA ELIGIBILITY REQUIREMENTS

Refugees and Entrants must be determined ineligible for California Opportunity and Responsibility to Kids (CalWORKs), Healthy Families, Supplemental Security Income/State Supplementary Payment (SSI/SSP) based Medi-Cal or Medi-Cal Only before they can be placed in RMA/EMA.

- a. Specific Requirements under RMA/EMA:
 - (1) Each member of the family must be considered ineligible for the public assistance programs listed above before RMA/EMA benefits can be granted. If any individual in a family unit is eligible for medical assistance under Medi-Cal, then medical assistance under Medi-Cal must be granted and not RMA/EMA. If a refugee is ineligible for Medi-Cal because there is no linkage, then place the refugee in RMA/EMA because linkage is not a requirement for RMA/EMA. For example, under sections 1902(a)(10) and 1902(l) of the Social Security Act, certain children under age 19 may be eligible for Medi-Cal even though their parents are eligible for RMA/EMA. Medical assistance may not be provided to such children under RMA/EMA if they are eligible under Medi-Cal.
 - (2) Refugee Children must be considered ineligible for Medi-Cal or Healthy Families medical assistance before being placed on RMA/EMA. For example, if a mother and child arrive in the United States one year or more after the father, and the father is employed, the child might either be eligible for Medi-Cal or Healthy Families, but the mother may not be eligible for zero share of cost Medi-Cal because of the father's income. Place the child in Medi-Cal or Healthy Families, if eligible, and the mother on RMA/EMA if she is ineligible for Medi-Cal.
 - (3) Refugees must meet the financial eligibility requirements of the Medi-Cal program, or in those cases where a Refugee does not meet the income maintenance need level for zero-share-of-cost (SOC) Medi-Cal, the individual may be placed on RMA/EMA if he or she is at or below 200 percent of the federal poverty level (FPL). These Refugees are eligible for RMA with a zero SOC for the eight-month time eligibility period. If they are above the 200 percent of FPL, then they may receive RMA/EMA with a SOC for the eight-month time eligibility period.
 - (4) Eligibility for RMA/EMA must be determined as of the date of application. This means whatever income/resources the Refugee has on the date he/she applies and signs the application for benefits; NOT the date of the interview, the date of processing the application, nor any date other than date of initial application. If the Refugee gains employment during the month of application, after the application date, the earnings cannot be counted as income.
 - (5) In meeting the financial eligibility requirements for RMA/EMA, do not consider the following as income::
 - (a) Any resources remaining in the Refugee's country of origin,
 - (b) A sponsor's income and resources.
 - (c) In-kind services and/or shelter provided to Refugees by a sponsor or resettlement agency.
 - (d) Income earned after the date of application.

- (6) County welfare departments must allow Refugee applicants who do not meet the eligibility standards for income and resources for RMA/EMA to spend down as is done for Medi-Cal eligibility.
- (7) Refugees in receipt of RCA are automatically eligible for RMA/EMA until the end of the eight-month eligibility period. RCA can be cash assistance from the county welfare department, from a voluntary settlement agency, or can be a cash grant from the federal Department of State or Department of Justice Reception and Placement programs.
- (8) Receipt of RCA is not necessary for Refugees to be eligible for RMA/EMA. Refugees may apply for RMA/EMA benefits without receiving RCA.
- (9) Loss of RCA does not mean Loss of RMA/EMA. If a Refugee loses or is terminated from RCA for any reason, RMA/EMA must be continued without redetermination or change in benefits until the end of the eight-month time eligibility period.
- (10) If a Refugee on Medi-Cal receives increased earnings from employment and loses Medi-Cal coverage, counties must transfer the Refugee to zero SOC RMA/EMA until the end of the eight-month time eligibility period. If the Refugee is eligible for TMC and the six-month TMC period is longer than the time remaining on RMA/EMA, then place the Refugee on TMC; i.e., whichever time period is longer.
- b. Refugees ineligible for RMA/EMA:

Refugees who are full-time students in an institution of higher education (MPP Section 69-206.51) unless it is part of an employability plan developed by a county welfare department or its designee (MPP Sections 69-206.52, 69-206.53, or 69-206.54), or is part of a plan for an unaccompanied minor (69-213.23 or 69-213.62).

3. REFUGEES UNDER THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT (PRWORA) AND THE BALANCED BUDGET ACT (BBA)

Refugees as identified on the chart on page 24D-1 of these procedures, who are otherwise eligible, are eligible for benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Balanced Budget Act. These refugees are also eligible for Temporary Assistance for Needy Families/CalWORKs, Targeted Assistance, and Refugee Employment Services. Please refer to the proper social and employment services agency in your county.

4. RESETTLEMENT AGENCY IDENTIFICATION

- a. Voluntary resettlement agencies have Reception and Placement (R&P) contracts with the United States Department of State. They are supposed to:
 - (1) Ensure that newly-arriving refugees are provided appropriate and adequate sponsorship.
 - (2) Assist these newly-arriving refugees for at least 90 days after their arrival in the United States.
 - (3) Assist them to become self-sufficient as soon as possible.

8. REDETERMINATION

When Refugees in aid codes 01, 0A, 02, and 08 have their eligibility for Medicaid benefits redetermined prior to the end of their eight-month RMA/EMA eligibility period, this redetermination must comply with the federal Medicaid regulations for redetermination. Federal regulations require Medi-Cal benefits be maintained until the beneficiary's eligibility for on-going benefits can be determined.

The county should conduct an examination of the file to see if there is any other eligibility for Medi-Cal. If there is not enough information in the file to make a determination, additional information can then be requested from the recipient. Refugees in aid codes 01, 0A, or 08 will be eligible for Edwards Medi-Cal benefits until the Medi-Cal redetermination is completed, even if the county uses a termination code that does not suppress Edwards. Refugees in RMA aid code 02 must be placed in another aid code while awaiting redetermination if it occurs after eight months of Refugee aid.

Refugees receiving SSI benefits receive full-scope Medi-Cal. If a refugee is discontinued from SSI, the appropriate procedures are:

- Medi-Cal benefits be maintained at current level until a redetermination demonstrates the beneficiary is not eligible for Medi-Cal only benefits.
- Complete required redetermination for beneficiaries losing categorical linkage to Medi-Cal.
- Use information on SDX from SSA to transfer these individuals into the medically needy aid codes: 14, 24, or 64 with an Eligibility Status Code of "--6" on MEDS. The INQX screen will show an "N13" termination code and the INQM screen will display Medi-Cal termination date.
- Send information notice at end of month of termination to notify beneficiaries that their Medi-Cal eligibility is now the responsibility of the State and not SSA.
- Send renewal packet and cover letter based on individual's former SSI redetermination month on MEDS INQM screen.

9. NOTICE OF ACTION

When sending a Notice of Action (NOA) to a Refugee, the notice must distinguish clearly that it relates to RMA. Counties are to indicate on the NOA that assistance is granted, denied, or terminated, and the NOA must specify the program to make sure it is a Notice for RMA or Medi-Cal. If the recipient is determined ineligible for Medi-Cal, but eligible for RMA, the NOA must so state. Counties should follow requirements for NOA's per Title 22, CCR, Sections 50179 and 50179.5. This will meet the requirements of federal regulation 45 CFR 400.93 for RMA.

Suggested NOA Language:

1. The reason for this denial/discontinuance is that you are at the end of your eight-month eligibility period for RMA and you are not eligible for any other Medi-Cal program.

Reference: 45 CFR Part 400.

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NOA FOR APPROVAL OF BENEFITS:

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10. TUBERCULOSIS (TB) PROGRAM

Refugees in Aid Codes 01 (RCA), 02 (RMA), and 08 (Entrants) are those refugees who are ineligible for regular assistance programs such as SSI, AFDC and Medi-Cal. When these individuals finish their eight-month time eligibility period for RMA or EMA, they usually go on to county General Assistance programs if they are still unemployed and have no health coverage. They are single adults or married adults with no children. These individuals would benefit from the new TB Medi-Cal program once their eight-month time eligibility period under RCA, RMA, or EMA has expired if they are infected with TB.

Eligibility Requirements for TB Program:

- a. Be infected with TB. This factor links a person to Medi-Cal.
- b. Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- c. Be a U.S. citizen or a person who has satisfactory immigration status.
- d. Have income and resources which do not exceed the maximum amount for a disabled individual under the SSI program. Income cannot exceed an amount referred to as the TB income standard. (See details under Article 5N, Part E of the MEPM.) Property can be no more than \$2,000 for an individual including a child. However, when two parents are present when determining a child's property eligibility, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.
- e. Meet all other Medi-Cal requirements. This factor addresses non-linking Medi-Cal requirements such as cooperation, verification, status reporting, etc.
- f. Eligibility for the TB program shall begin the first month eligibility is approved. A person with TB may be eligible for up to three months of retroactive benefits.
- g. TB infected individuals under this program shall be eligible for outpatient TB-related services **only**.
- h. Individuals eligible under this program shall have no share of cost.

11. MANAGED CARE

Legislation passed in 1991 and 1992 provided DHS with the authority for automatic enrollment of Medi-Cal beneficiaries into managed care, which in essence is to arrange and encourage access to health care through enrollment in organized, managed care plans of the type available to the general public. Managed care has been characterized as a planned, comprehensive approach to the provision of health care that combines clinical services and administrative procedures within an integrated, coordinated system that is carefully constructed to provide timely access to primary care and other necessary services in a cost-effective manner. This expansion of managed care into Medi-Cal is being done to improve access to quality medical care for Medi-Cal beneficiaries and to control costs.

Under managed care, the covered aid groups will generally be CalWORKs, Section 1931 Medi-Cal with no share of cost, and medically indigent children. Optional aid groups are those Medi-Cal beneficiaries receiving SSI grants, and SSI-linked Medi-Cal medically needy with no share of cost. Foster care children will be included in managed care on a county-by-county basis.

Since refugees may fall into the above categories eligible for managed care, there will be refugees in the managed care program. These refugees will be entitled to cultural and interpreter services if the ethnic population of a specific culture is above 3,000 in a specific area. The Refugee Health Branch of DHS is working with the Managed Care Division to ensure that access to quality medical care will be available to refugees and to ensure that there is an informational link between the county refugee health coordinators and the managed care plans regarding every refugee's health care needs beginning with their initial health assessment to continuing and preventive health care under the managed care program.

The Mental Health Managed Care Program has been implemented. This new program will have a single Mental Health Plan for each county, which will administer the Mental Health needs for that county. The purpose of this program is to improve access and encourage better management of benefits in the interface between the physical and mental health providers. All Medi-Cal and RMA beneficiaries are eligible for specialty mental health services under this program (Please see Article 6 of MEPM for particulars).

12. SAVE

The immigration status of RMA or RCA applicants is verified via the Systematic Alien Verification for Entitlements (SAVE) System if they claim satisfactory immigration status. However, because of delays in INS' ability to input data into the system on newly arriving refugees, California has been granted a waiver for a period of 12 months from the date of entry of a refugee. Therefore, when verifying the immigration status of a refugee, only primary verification will be required at the time of application. Secondary verification will be delayed until the time of the first redetermination or 12 months.

This waiver applies only to the secondary SAVE verification requirement. All applicants must have proper identification to substantiate whether they are a citizen or alien in satisfactory immigration status to receive full-scope Medi-Cal benefits. The waiver applies only to refugees applying for CalWORKs and Medi-Cal benefits, who have just entered the country, and for whom it is unlikely the SAVE system will have information. The waiver does not apply if a refugee has been on RCA or RMA, or has been in the country for six or more months.

13. ADJUSTMENT OF STATUS FOR REFUGEES

There is a federal vaccination requirement for all Refugees and Aliens who file for an adjustment of status or an immigrant visa application on or after September 30, 1996. This requirement requires them to show they have been vaccinated against vaccine-preventable diseases such as mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, influenza Type B, hepatitis B, and any other vaccinations recommended by the Advisory Committee for Immunization Practices. Their current recommendations also include the varicella, haemophilus influenzae Type B, and neumococcal vaccines.

Refugees have to comply with this requirement only if they apply for an adjustment of status one year after their Date of Entry into the United States. Refugees generally need only a "vaccination sign-off" to fulfill this requirement.

When a Refugee obtains an Adjustment of Status to Lawful Permanent Resident (LPR), **DO NOT** remove the Refugee Tracking Indicator Code on MEDS. Refugees should remain identified as Refugees on MEDS because they are still eligible for five years of Refugee Benefits until they become citizens. Counties also receive Targeted Assistance and Refugee Employment Social Services funding based on the number of Refugees in their county. This is 100 percent federal funding.

