

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

February 17, 1981

To: All County Welfare Directors

Letter No. 81-5

TRANSFER OF TIME EXPIRED REFUGEE CASH ASSISTANCE RECIPIENTS TO MEDI-CAL ONLY

The purpose of this letter is to provide the county advance notice of actions it will be required to take in anticipation of the April 1, 1981 effective date of the 36 month time limit on special Refugee Act funding for refugees. This letter:

1. Provides background information on the Refugee Act.
2. Describes Notice of Action requirements.
3. Details the requirements for Medi-Cal Only determinations for refugees whose cash based Medi-Cal has been discontinued.
4. Emphasizes that the Four Month Continuing Eligibility Medi-Cal program does not apply to refugees who are discontinued from Refugee Cash Assistance (RCA).
5. Reiterates certain instructions now in the Medi-Cal Eligibility Manual regarding the Department of Health Services' Refugee Tracking System.

A. Background

The federal Refugee Act of 1980 (PL 96-212) provides for reimbursement to states and public agencies for the cost of cash assistance and medical assistance provided to refugees, but limits such reimbursement to the first 36 months the refugee is in the United States. However, this limitation does not apply to services and assistance provided prior to April 1, 1981. Thus, March, 1981 will be the last month of eligibility for special refugee assistance for any refugee who entered the United States in April 1978 or earlier.

B. Termination of RCA Cash Assistance

DSS, as the agency responsible for administering the Refugee Resettlement Program, is providing counties with instructions for terminating Refugee Cash Assistance (RCA-aid codes 01 and 07) both for those refugees who will become time expired effective March 31, 1981 and for those who will become time expired in succeeding months after their 36th month in the United States. It also is providing a special Notice of Action, Form NA 991, "RCA/ECA MC Discontinuance/Decrease" (time expiration)" for use in all time expiration cases. The Notice of Action is a multi-purpose form which: (1) informs refugees of termination or reduction of refugee cash grant; (2) informs them that their cash based Medi-Cal is to be discontinued at the same time that their cash assistance is terminated; and (3) informs them of their Medi-Cal Only status or of steps needed to determine their Medi-Cal Only status.

C. Determination of Medi-Cal Only Eligibility of Time Expired Refugee

Individuals and families who are discontinued from RCA because they are time expired, and who do not qualify for either federal or state only AFDC cash, must be evaluated for Medi-Cal Only eligibility. This action is required by California Administrative Code (CAC), Title 22, Section 50183, which states in part:

"(a) A person or family who has been receiving Medi-Cal under any program other than SSI/SSP and whose eligibility is discontinued shall be evaluated by the county department to determine if Medi-Cal eligibility exists under any other program. If it appears that eligibility would exist for: . . .

(3) Only Medi-Cal, the county department shall initiate an intraprogram status change or interprogram transfer to the appropriate aid category and shall determine eligibility under that aid category. A new application is not required."

The Notice of Action, Form NA 991 contains space for notifying the individual or family of the results of the evaluation for Medi-Cal Only. The county shall note on this form that one of the following actions has been taken:

1. A referral for determination of Medi-Cal eligibility under another program is being made and notification of that determination will follow.
2. A Medi-Cal Only determination has been made and the specific results of that determination.
3. Additional information is required to permit completion of a Medi-Cal only determination. The information required may include the person's wishes concerning continued Medi-Cal eligibility. The county department may require that the person provide the information by a specific date.

An example statement for action 3 is:

"We need additional information in order to determine if you are eligible for Medi-Cal Only. If you want to continue receiving Medi-Cal, you must contact the county welfare department by (date). Otherwise you will not receive a Medi-Cal card for (month, year)."

Refugees who fail to provide the county with the information requested, or fail to contact the county to request continued Medi-Cal coverage, must then be sent a notice denying Medi-Cal Only eligibility in accordance with CAC, Title 22, Section 50179. Individuals who apply at a later date and request retroactive eligibility for the month(s) they were denied shall have eligibility for those months determined as authorized by CAC, Title 22, Section 50710 (Retroactive Eligibility), if good cause is established as provided for in Section 50175 (Denial Due to Lack of Information, Non-cooperation, or Loss of Contact).

February 17, 1981

D. Four Month Continuing Eligibility for Time Expired Refugees

Persons and families who are discontinued from RCA because they are time expired are not eligible for automatic four month continuing Medi-Cal eligibility. The only families who can qualify for such post entitlement are those who are discontinued from AFDC cash assistance and who also meet the other requirements of CAC, Title 22, Section 50243.

E. Reporting Requirements for Time Expired Refugees

We wish to emphasize that Medi-Cal Eligibility Manual Procedures Section 5F does not require counties to report refugees approved for RCA, (aid codes 01 and 07) to the Department's Refugee Tracking System; or to report any time expired refugee to this System. This is because logic has been built into the System which will enable the State to discontinue claiming for time expired refugees automatically, on a case by case basis.

However, if a time eligible RCA recipient is transferred to a Medi-Cal Only case, the county must report the refugee to the Department's Refugee Tracking System, as stated in Eligibility Manual Procedures Section 5F. Otherwise the State may not be able to claim allowable medical assistance costs from the federal government.

The procedures section of the Medi-Cal eligibility Manual is being revised and will include this information. If you have any questions regarding these instructions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Barbara V. Carr, Acting Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: August 31, 1981