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INFORMATIONAL LETTER

TRANSMITTAL: 10 OHIP/INF-2

DIVISION: Office of Health
Insurance Programs

TO: Commissioners of
Social Services

DATE: July 27, 2010

SUBJECT: Refugee Medical Assistance (RMA)

SUGGESTED

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Attachments: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
05 OTDA/ADM-01 06 OMM/INF-5		18 NYCRR 373-2	SSL §358(3) 8 U.S.C. §1521 et seq. 45 C.F.R. §400.90 to 400.107		GIS 09 MA/017 GIS 08 MA/029 GIS 08 MA/015 GIS 08 MA/012 GIS 08 MA/009

The purpose of this Office of Health Insurance Programs Informational Letter (INF) is to clarify Medicaid policy regarding the Refugee Medical Assistance (RMA) program. This INF also provides local departments of social services (LDSS) with the appropriate Welfare Management System (WMS) coding for individuals who are eligible for RMA.

A refugee is an individual who comes to the United States because he/she faces persecution or fear of persecution in his/her home country. New York State has services in place to ease the transition of these refugees to their new home. Among the services provided, resettlement agency case workers help refugees in applying for benefits and other services upon arrival to assist them in achieving economic self-sufficiency as quickly as possible. Most refugees enter the United States with few resources and face many obstacles to self-sufficiency. Availability and accessibility of health care is a crucial component of successful assimilation for these individuals who may have been exposed to torture, injury or disease, and who likely have had little or no medical attention.

The Federal Office of Refugee Resettlement (ORR) within the Department of Health and Human Services established the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs in order to assure the availability of short-term cash and medical assistance to new refugee arrivals. At the time of program initiation, many states did not have benefit programs for single individuals or childless couples (S/CCs). In 1996, New York State implemented the RCA and RMA programs for S/CCs. The New York State Office of Temporary and Disability Assistance (OTDA), through the Bureau of Refugee and Immigrant Assistance (BRIA) and New York State Department of Health (NYSDOH), Bureau of Tuberculosis Control, funds a network of qualified licensed health care providers/agencies. These providers/agencies help to fulfill the entry requirement for a comprehensive physical assessment for individuals in an eligible refugee status within 90 days of their date of arrival or the date of status granted.

The term refugee includes the following groups: Refugees, Asylees, Cuban and Haitian Entrants and Amerasians. Aliens who are considered "refugees" for the purpose of Medicaid eligibility also include federally certified victims of a severe form of human trafficking, certain family members of certified trafficking victims, and Special Immigrant Visa Holders (SIV) from Afghanistan and Iraq.

Newly-arriving refugees receive assistance to apply for Medicaid, typically within days of their arrival in New York State. Refugees may be covered under one of two sources of Medicaid funding: State Medicaid Plan (where costs are shared between the Federal government, the State and local districts) or Federal RMA, which is 100% federally reimbursed. Refugee Medical Assistance provides Medicaid to refugees who are not eligible under a State's Medicaid Plan, but who meet the financial eligibility standards for the RMA program. The RMA is primarily limited to refugees who are single or childless couples (S/CCs). Refugee families with children can receive RMA during their first eight months in the U.S. only if they become ineligible for the State's "regular" State Plan Medicaid program. Medicaid rules and regulations generally apply to RMA, unless noted otherwise in this INF.

REFUGEE MEDICAL ASSISTANCE (RMA) ELIGIBILITY

Eligibility for RMA is primarily limited to persons aged 21 through 64 who are not living with a dependent child, not pregnant or certified blind/disabled who:

- (1) Are eligible for or receiving Safety Net Assistance (SNA); or
- (2) Are financially ineligible for Medicaid under the Single/Childless Couples category of assistance or FHPlus; and
- (3) Meet immigration status and identification requirements set forth on pages four through six of this INF; and
- (4) Provide the name of the resettlement agency which resettled them, if he/she is a refugee or entrant; and
- (5) Are not full-time students in an institution of higher education, except where such enrollment is expected to be approved as part of an individual employability plan.

MEDICAID APPLICATION PROCESS

A refugee is not required to actually receive or apply for RCA as a condition of eligibility for RMA. An application for Medicaid must be filed, signed and dated by the applicant or his/her authorized representative.

When reviewing a Medicaid application for an S/CC in one of the acceptable immigration statuses listed on pages four through six, the Medicaid eligibility worker must:

- First, determine if the refugee is eligible for Medicaid using an "02", S/CC budget.
- If the individual is not eligible for Medicaid under the S/CC budget, a determination of eligibility under Family Health Plus (FHPlus) must be made (100% of the FPL).

Note: Medicaid Budget Logic (**MBL**) will calculate FHPlus eligibility for an "02", S/CC budget when an Expanded Eligibility Code (EEC) of "S" (FHP for Singles/Childless Couples) is entered. If eligible for Medicaid or FHPlus, coverage must be authorized for 12 months, without regard to RMA. There are no special coding requirements when the applicant is eligible using an "02", S/CC budget.

- If an applicant is not eligible under the S/CC or FHPlus budget, then an ADC-related budget (Budget Type 01) must be calculated, allowing the S/CC individual to spenddown. Since the Medically Needy income level is below the FHPlus level, the ADC-related budget for the S/CC will always result in a spenddown. When calculating the 01 budget, the EEC of "S" must be removed, as this EEC is not allowed under the 01 budget.
- S/CCs are allowed to spenddown under the RMA program. Special coding instructions are included on page eight of this INF for those cases eligible under an ADC-related ("01") budget.

TREATMENT OF INCOME FOR THE RMA PROGRAM

Eligibility for RMA is based on the applicant's income on the date of application. The LDSS may not average income prospectively for the application-processing period to determine income eligibility for RMA.

The following may **not** be considered in determining an individual's eligibility for RMA:

- A sponsor's income solely because the person is serving as a sponsor;
- In-kind services and shelter provided to an applicant by a sponsor or resettlement agency; or
- Any cash grant received by the applicant from the United States Department of State or Department of Justice during the initial 30-day Reception and Placement Program period.

Certain local voluntary agencies have a Match Grant Program under direct agreement with the ORR in which employable individuals receive a cash grant and employment services for 120 days. Match grants received in the first 120 days **are** counted in determining Medicaid income eligibility. Match Grant Program guidelines specifically state that the amount of the grant should not cause the individual to be ineligible for Medicaid.

If a refugee who is receiving RMA receives new or increased earnings from employment after eligibility for RMA has been determined, the increased earnings will not affect his/her continued RMA eligibility. For example, the spenddown will not increase during the initial eight-month eligibility period. Should earnings/income decrease during the initial eight-month eligibility period, eligibility must be redetermined. If the individual is now eligible under regular Medicaid or FHPlus, authorize coverage as appropriate. If the individual continues to be ineligible under regular Medicaid or FHPlus as an S/CC, but the decrease in earnings/income results in a decrease in the excess income amount under the ADC-related budget, notify the individual of his/her decrease in excess income.

If a refugee who is receiving "regular" Medicaid has been residing in the United States for less than the eight-month eligibility period for RMA and becomes ineligible for Medicaid due to new or increased earnings from employment, the individual must be transferred to RMA without an RMA eligibility re-determination. This requirement affects refugees receiving Medicaid through the Family Assistance (FA) Program or under the Low Income Family (LIF) category of assistance. Such individuals, if determined ineligible due to employment earnings, should first be evaluated for eligibility under Transitional Medical Assistance (TMA) and, if eligible, provided coverage under TMA provisions. If they do not meet the TMA criteria, Medicaid must be continued under the Federal RMA program for the remainder of the eight-month RMA eligibility period. See page eight of this INF for specific coding instructions for the RMA program.

DOCUMENTATION OF IMMIGRATION STATUS FOR THE RMA PROGRAM

An applicant for RMA must, as a condition of eligibility, provide proof of his/her immigration status. The eligibility worker must establish that the applicant for RMA is in an eligible immigration status by reviewing the documentation issued by the United States Citizenship and Immigration Services (USCIS) or ORR.

Typical immigration documentation includes such items as an Arrival Departure Record (I-94), Permanent Resident Card (I-551) or a USCIS Notice of Action (I-797). For additional information regarding immigration documentation, see 06 OMM/INF-5, "Eligibility for 'Federal Medicaid' Based on Immigration Status and Required Documentation", or the Desk Guide attached to GIS 08 MA/009, "Revised Desk Guide: 'Documentation Guide to Citizenship and Immigrant Eligibility for Health Coverage in New York State'".

Listed below are various immigration statuses that may be found on the immigration documents mentioned above. This list is not all-inclusive.

- Admitted as a conditional entrant under Section 203(a)(7) of the Immigration and Nationality Act (INA).
- Admitted as a refugee under Section 207 of the INA.
- Granted asylum under Section 208 of the INA.
- Any national of Cuba or Haiti granted parole status as a Cuban/Haitian Entrant (status pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided.
- Any other national of Cuba or Haiti who:
 - a) Was paroled into the U.S. and has not been given any other status under the INA; or is facing exclusion or deportation proceedings under the INA; or has an application for asylum pending with the USCIS; and
 - b) With respect to whom a final, non-appealable, and legally enforceable order of deportation or exclusion has not been entered.
- Amerasian immigrants (aliens who were born in Vietnam after January 1, 1962, and before January 1, 1976, and whose fathers were U.S. citizens and such alien's spouses or minor children) who are admitted to the U.S. as immigrants pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in Section 101(e) of Public Law 100-202 and as amended by Public Law 100-461).
- Adjusted to permanent resident status from one of the previously held eligible statuses described above.
- Office of Refugee Resettlement documentation for trafficking victims, as described in 06 OMM INF-5. There are two categories of trafficking victims:
 - a) Adult (18 years of age or older) victims of a severe form of human trafficking who are certified by the ORR of the Federal Department of Health and Human Services. These individuals must submit the original certification letter to the LDSS. This letter is used instead of USCIS documents; and
 - b) Children younger than 18 years of age do not have to be certified but are issued an eligibility letter by the ORR stating that they are eligible for benefits as victims of a severe form of human trafficking.

The ORR certification or eligibility letter is proof of the alien's immigration status. However, the Medicaid worker must call the Trafficking Verification Line at 1-866-401-5510 to verify the document(s).

Certain family members of victims of a severe form of trafficking are also eligible for RMA benefits and services to the same extent as refugees. These individuals will have either a T-2, T-3, T-4 or T-5 visa, which is referred to as a Derivative T-Visa. Derivative T-Visas may be issued while the immigrant is in the U.S. or an individual may be issued a Derivative T-Visa upon entering the U.S.

- Iraqi and Afghan Special Immigrant Visa Holders (SIV). Category/code "SI" will be stamped in the foreign passport or appear on the I-551 - Lawful Permanent Resident Card ("green card"). Refer to GIS 08 MA/012, GIS 08 MA/015 and GIS 09 MA/017 for additional information.

RMA ELIGIBILITY PERIODS

Refugee Medical Assistance is a Federal program available to certain refugees for a limited period of time. Listed below are individual immigration statuses that are acceptable for the RMA program, as well as the specific eligibility periods during which these persons are eligible for RMA:

- Refugees, Cuban/Haitian entrants and Amerasian immigrants are eligible for eight months from the date of arrival into the United States.
- Asylees are eligible for eight months from the date that asylum status is granted.
- Trafficking victims are eligible for RMA benefits for eight months from the date indicated in the certification (for adults) or eligibility letter (for children) issued by the ORR.

Certain family members of victims of a severe form of human trafficking are eligible for eight months from the date they acquired the Derivative T-Visa status. The date of eligibility depends on whether the Derivative T-Visa is issued in the United States or the family member of a victim of a severe form of human trafficking enters the United States on the basis of a Derivative T-Visa.

- For family members who received the Derivative T-Visa in the United States, the date of eligibility for RMA benefits is the notice date found on the I-797 Notice of Action.
- For family members who enter the United States with a Derivative T-Visa, the date of eligibility is the date the individual entered the country which is stamped on the individual's passport or I-94 Arrival/Departure Record.

- Iraqi/Afghan Special Immigrant Visa Holders' eligibility continues for eight months from the date they entered the U.S. or, if already in the U.S., for eight months from the date that they acquired their Special Immigrant status.

The chart on the next page summarizes the individual eligibility periods, the Alien Citizenship Indicator (ACI) codes and State/Federal (S/F) charge code for the immigrants discussed above.

**REFUGEE MEDICAL ASSISTANCE PROGRAM (RMA)
ELIGIBILITY PERIODS, STATE/FEDERAL (S/F) CHARGE CODE AND ALIEN CITIZENSHIP
INDICATOR CODES (ACI)**

State and Federal Charge Code 30 is **only** assigned when a Single Individual or Childless Couple (S/CC), age 21-64, is not otherwise eligible for "regular" Medicaid (S/CC/FHPlus - 02 budget) and eligibility for the Refugee Medical Assistance program has been determined (ADC-related - 01 budget).

Immigration Status	ACI RMA Eligible	S/F Charge Code	Eligibility Period
			Based on either the Date Entered Country (DEC) or the Date Status is granted or achieved (DOS)
Refugee	R	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Amerasian Immigrants	R	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Cuban/Haitian Entrants	H	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Asylee	A	30	Eight months from the date asylum status is granted (DOS)
Federally Certified Victims of a Severe Form of Human Trafficking	D	30	Eight months from the date of the Certification letter for adults (DOS); date of eligibility letter for children
Family Member of victims of a severe form of human trafficking issued a Derivative T-Visa (T2, T3, T4, or T5) while in the United States	D	30	Eight months from the notice date found in the I-797 (Notice of Action) (DOS)
Family Member of victims of a severe form of human trafficking issued a Derivative T-Visa (T2, T3, T4, or T5) when entering the United States	D	30	Eight months from the date entered country (DEC) as indicated on the I-94 or other immigration documentation
Iraqi/Afghan Special Immigrant (SI)	R	30	Eight months from the date they entered the U.S. (DEC) or, if already in the U.S., eight months from the date they acquired their Special Immigrant status (DOS)

RMA CASES MUST BE "FLAGGED"

The eligibility worker must "flag" RMA cases for the following reasons:

- When a worker determines that a refugee who is in receipt of RMA has reached the end of his/her eight-month initial eligibility period, the worker must reassess the individual's eligibility for on-going Medicaid. A reassessment must be done 30 days prior to the end of the eight-month eligibility period of RMA. There must not be a break in benefits if the individual remains otherwise eligible.
- If an individual is eligible for Medicaid and becomes ineligible due to increased earnings while in the initial eight-month eligibility period, the worker must transfer the individual to RMA without a RMA eligibility re-determination. Therefore, keeping track of the remaining eight-month eligibility period is required, as explained below.

SYSTEMS IMPLICATIONS

The RMA program is eligible for 100% Federal reimbursement (100% FFP) for the cost of benefits and administration. Cases eligible to receive RMA must be opened with the appropriate Alien Citizenship Indicator (ACI) of "R" (Person Admitted as Refugee/Amerasian), "A" (Person Granted Asylum), "H" (Cuban and Haitian Entrant) or "D" (Trafficking Victim) and Federal Charge Code of 30 (Refugee Assistance Programs - RCA/RMA) for the initial eight-month eligibility period. Federal Charge Code 30 requires entry of the following information: Date Entered Country (DEC), Date of Status (DOS) and the individual's Alien Number. The RMA program is primarily for S/CCs; therefore, Individual Categorical Code "09" must be used.

Upstate

Workers must authorize the RMA case for twelve months, prospectively. The Anticipated Future Action (AFA) code 317 (End of State-Federal Charge) is used to remind the worker to reassess eligibility before the end of the eight-month initial eligibility period to determine eligibility for on-going coverage. When setting the AFA date, districts should consider the amount of time needed to make a redetermination and set the date allowing enough time for processing the necessary changes. At the end of the eight-month initial eligibility period, S/CC RMA recipients are no longer entitled to have eligibility determined using an ADC-related budget (Budget Type 01). The Federal Charge Code of 30 must be removed at the end of the initial eight-month eligibility period.

New York City (NYC)

Workers must authorize the RMA cases for 12 months, prospectively, and must reassess eligibility before the end of the eight-month eligibility period. In NYC, these cases will be selected for a special milestone recertification and must be re-budgeted using the "02" (S/CC) budget. Federal Charge Code 30 will be converted to 88 at the end of the eight-month eligibility period using the automated charge code conversion process.

Reminder: Both Upstate and NYC must authorize individuals who are eligible for Medicaid using the "02" S/CC/FHPlus budget for twelve months, prospectively. These individuals will be included in the normal recertification process. At recertification, the worker must check to see if the individual's immigration status has changed. There are no special coding requirements.

Client Notice System

Federal regulation requires specific notices that clearly distinguish between RMA and the Medicaid program. In providing notice to an applicant or recipient to indicate that assistance has been authorized or that it has been denied or terminated, the LDSS must specify the program(s) for which the notice applies.

For example: If a refugee applies for assistance, is determined ineligible for Medicaid but eligible for RMA, the notice must clearly specify the determinations with respect to both the Medicaid and RMA programs.

Upstate Client Notice System (CNS)

Opening MA Reason Code

- S89 (X0093) Accept RMA Excess Income for Medicaid

Undercare MA Reason Codes

- S92 (X0084) RMA with Spenddown to FHP, Chose a Plan, S/CC
- C47 (X0082) RMA with Spenddown to Medicaid Standard, Decrease in Income, S/CC
- C49 (U0188) RMA to FPBP, S/CC
- X28 (C0274) Discontinue RMA, Discontinue Medicaid, Excess Income, S/CC

Upstate Edits

Edit 0338 - ALIEN NUMBER IS REQUIRED FOR STATE/FED CHARGE IND. 30 OR 31. If State/Federal Charge Indicator is 30 or 31, then Alien Number must be entered (F, E, U).

Edit 0384 - STATE FED CHRГ CD 30 REQUIRES AFA CD 317 or 351. If the State/Federal Charge Ind. is 30, then there must be at least one AFA Code on screen 1 equal to 317 or 351 (F, E, U).

Edit 0951 - MA COVERAGE CODE 34 OR 36 NOT ALLOWED WITH THIS S/F CHARGE CODE. If State/Fed Charge Code is 30, then MA Coverage Code must not be 34 or 36 (F, E, U).

Date July 27, 2010

Trans. No. 10 OHIP/INF-2

Page No.11

New York City Notices

New York City manual and CNS notices are in the process of being developed.



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