
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- Article 24 -- REFUGEE MEDICAL ASSISTANCE PROGRAM
- 24A -- INTRODUCTION
1. Background
 2. Program Administration
 3. Federal Regulations
 4. Program Organization
 5. Case Monitoring
 6. Sponsored Aliens
- 24B -- ELIGIBILITY REQUIREMENTS
1. Definition of Refugee
 2. RMA/EMA Eligibility Requirements
 3. Refugees Under PRWORA and BBA
 4. Resettlement Agency Identification
 5. Aid Codes
 6. Transitional RMA
 7. Time Eligibility Period
 8. Redetermination
 9. Notice of Action
 10. TB Program
 11. Managed Care
 12. SAVE
 13. Adjustment of Status For Refugees
 14. The Trafficking Victims Protection Act of 2000
- 24C -- RESETTLEMENT PROJECTS
1. Matching Grant
 2. Fish-Wilson
- 24D -- REFUGEE CHARTS
1. Refugee Identification and Tracking Chart
 2. Refugee Benefits Under PRWORA and BBA
- 24E -- REFUGEE TRACKING SYSTEM
1. Purpose
 2. Refugee Tracking System
 3. Changes to MEDS Transactions
 4. Specific Changes to MEDS Screens
 5. Aged Aliens Who Are Ineligible for Medicare
 6. Other Qualified and Not Qualified Aliens Not Refugees
 7. INS Entry Date
 8. Alien Registration Number
 9. Country of Origin
 10. Refugee Children
 11. NEW CODES/MEDS Screens/Data Element Dictionary/Error Messages

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24A – INTRODUCTION

1. INTRODUCTION

It has been the policy of the United States (U.S) to provide asylum and humanitarian assistance to persons subject to persecution in their homelands. This humanitarian resettlement assistance is provided through the states but is funded through the federal government. The purpose of this refugee assistance is to allow refugees to more quickly adapt to their new country, become economically self-sufficient, and ultimately participate in and contribute to their new communities.

2. BACKGROUND

Congress created the Cuban Refugee Program in 1962. This Act provided 100 percent federal refugee funding for cash assistance, medical assistance, and social services programs for needy Cuban refugees. Congress passed similar legislation for Indochinese refugees in 1975. In 1977, legislation was passed which required the transfer of refugees into the standard Aid to Families with Dependent Children (AFDC) and Medicaid programs if the refugees fit those programs, and provided for the phasedown of both special refugee programs over a period of from four to six years.

The federal Refugee Act of 1980 (Public Law 96-212), enacted March 17, 1980, repealed the Indochina Migration and Refugee Assistance Act of 1975 completely, but left in place the Cuban Program Phasedown (formerly the Cuban Refugee Program) for all Cubans who entered the U.S. prior to October 1, 1978. Public Law 96-212 removes national origin as eligibility factor for refugee assistance and provides for uniform treatment for all persons who are admitted to the U.S. as refugees. Cuban refugees who entered the U.S. on or after October 1, 1978 are included under this Act. The Act originally provided for special refugee funding (100 percent FFP) for a period of not more than 36 months beginning with the refugee's entry into the United States. The present time eligibility period is eight months.

Refugee Education Assistance Act of 1980 (Public Law 96-422), enacted October 10, 1980, was amended (Fascell/Stone Amendment) to provide Cuban and Haitian Entrants benefits similar to those provided to refugees. (Most Cuban and Haitian Entrants are not eligible under the Refugee Act since they are not considered refugees.) Entrants and refugees are given the same time eligibility period depending on current budget allotments.

Under Section 584, Foreign Operations Appropriations Act, incorporated as part of Fiscal Year 1988 Continuing Resolution, Public Law 100-202, certain Amerasians in Vietnam and their close family members are to be admitted through the Orderly Departure Program beginning March 20, 1988, under immigrant status. This legislation grants this group status as refugees and makes them potentially eligible to Office of Refugee Resettlement (ORR) funded cash assistance, medical assistance and social services.

3. FEDERAL REGULATIONS

Title 45, Code of Federal Regulations (CFR), Part 400, (Federal Register, Vol. 54, No. 22, 2/3/89 and Vol. 60, No. 124, 6/28/95), provides federal refugee funding, subject to availability, to states for cash and medical assistance for eligible refugees. As of July 1, 1989, and October 1, 1995, these regulations set forth the requirements for receipt of Refugee Cash Assistance (RCA), employment services, Refugee Medical Assistance (RMA), and refugee social services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) took effect on August 22, 1996. Refugees as identified in 24D-2 are Qualified Aliens under this legislation and are eligible for full-scope Medi-Cal if they meet all eligibility requirements. For specific eligibility information, please refer to the chart on page 24D-2.

Under recent revisions to Title 45, CFR, Part 400 effective June 20, 2000, Refugees will continue to receive RMA/EMA benefits without redetermination or change in benefits if they are discontinued from cash assistance for any reason. If they are receiving RMA or Entrant Medical Assistance (EMA) only, and the Refugee receives increased earnings from employment, the Refugee will continue to receive RMA/EMA until the end of the eight-month eligibility period without redetermination or a change in benefits. Every eligible Refugee is guaranteed eight months of medical assistance. Other changes will be reflected in Section 24B of this Article.

Under the Trafficking Victims Protection Act of 2000, adults and children who are certified as being victims of a severe form of trafficking are to receive the same benefits and services as Refugees.

4. PROGRAM ORGANIZATION

Under the Refugee Act, the Federal Office of Refugee Resettlement (ORR) administers the program nationally in order to provide financial assistance, medical assistance, and social services to all refugees in the United States regardless of national origin.

Under a refugee resettlement state plan submitted to ORR, the Department of Social Services (DSS) is designated to administer the Refugee Resettlement Program for the State of California, and the Director of DSS is the State Refugee Coordinator.

The Department of Health Services (DHS) is designated to administer the Refugee Medical Assistance (RMA) program for the State of California. DHS receives a grant directly from ORR for purposes of administering the RMA program. The Medi-Cal Eligibility Branch oversees the RMA program.

The Refugee Health Section in the Office of County Health Services oversees the public health component of the RMA Program. This includes oversight of the Refugee Health Assessment Program that reimburses local jurisdictions for the provision of comprehensive health assessments to newly arriving refugees, asylees, and victims of trafficking. In addition, the RHS administers funds received under the Refugee Preventive Health Discretionary Grant Program. Review of fiscal reports related to both of these programs will be performed by the RHS prior to submission to ORR.

Every Refugee is to be determined ineligible for CalWORKs, Healthy Families, SSI, TANF, or the Medi-Cal programs by the county welfare department before he or she may be determined eligible for the RMA/EMA program for a period of eight months. However, a refugee who is RMA/EMA eligible receives the same benefits as a Medi-Cal beneficiary.

Refugee information is reported to the Medi-Cal Eligibility Data System (MEDS) by the county welfare departments. This information is used by CDHS to claim 100 percent federal financial participation (FFP) for medical assistance rendered to time-eligible Refugees. CDSS uses this information to claim 100 percent FFP for Refugee Cash Assistance and for allocation of Refugee Employment Services and Targeted Assistance funding.

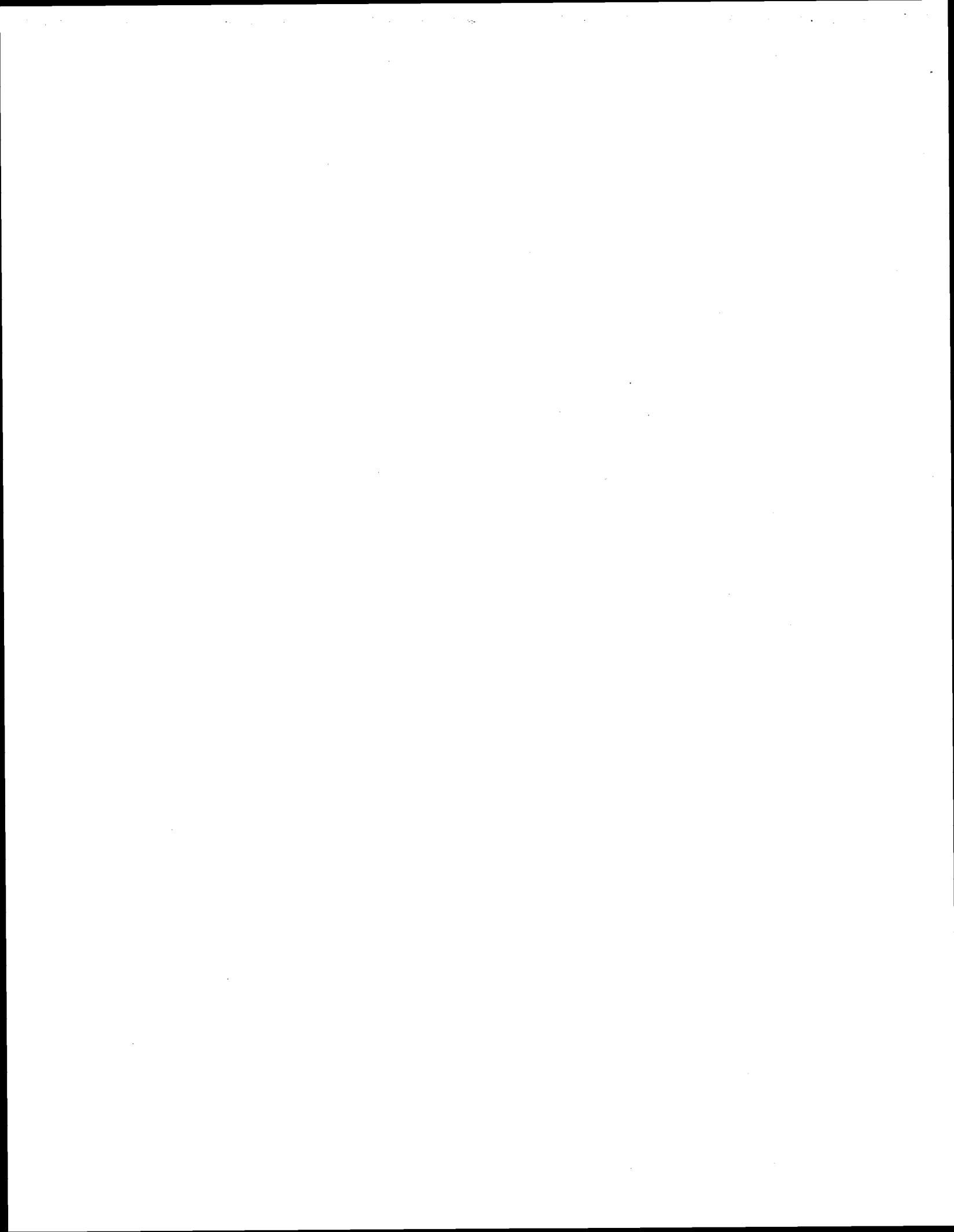
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. CASE MONITORING

The DHS Program Review Section will be monitoring RMA/EMA refugee cases. The protocol for RMA monitoring in California will be issued to the Office of Refugee Resettlement. The Program Review Section will begin its annual review and monitoring of RMA cases during 2003-04.

6. SPONSORED ALIENS

Individuals who are identified as a Refugee, an Asylee, a Victim of a Severe Form of Trafficking, or a Cuban/Haitian Entrant are exempt from sponsored alien regulations per the CDSS Manual of Policy and Procedures Section 43-229.123.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24B -- ELIGIBILITY REQUIREMENTS

1. DEFINITION OF REFUGEE

For purposes of determining eligibility for assistance, California Code of Regulations, Title 22, Section 50257, states that refugees and entrants who apply for Medi-Cal under the Refugee Medical Assistance (RMA) or Entrant Medical Assistance (EMA) programs shall meet the definition contained in the Department of Social Services Manual of Policy and Procedures (MPP) of "refugee" (MPP Sections 69.203.1 and 69.203.2), "children of refugees" (MPP Section 69-203.3), or "entrant" (MPP Section 69-301-305).

a. REFUGEE

(1) Persons identified by federal government as Refugees:

- An individual from Cambodia, Laos, or Vietnam who was paroled under Section 212(d)(5) of the Immigration and Nationality Act (INA), and who possesses a Form I-94 indicating the parole status.
- An individual from Cuba who entered the United States (U.S.) on or after October 1, 1978, and was paroled under Section 212(d)(5) of the INA as is indicated on Form I-94.
- An individual from any country other than Cambodia, Laos, Vietnam or Cuba who was paroled under Section 212(d)(5) of the INA as a refugee or asylee.
- An individual from any country admitted as a conditional entrant, prior to April 1, 1980, under section 203(a)(7) of the INA as is indicated on Form I-94.
- An individual from any country admitted as a refugee under Section 207 of the INA as indicated on Form I-94.
- All Asylees. An Asylee is an individual from any country who has been granted asylum under Section 208 of the Immigration and Naturalization Service (INS) as indicated on Form I-94; I-94 with admission codes AS-1, AS-2, or AS-3; I-94 with Visa 92 (or V-92); Order of an Immigration Judge Granting Asylum under Section 208 of INA; or Asylum Approval Letter from an Immigration and Naturalization Service (INS) Asylum Office. **(NOTE: DOE for all Asylees except Kurdish and Iraqi Asylees is date asylum is granted.)**
- An individual from any country who is now a permanent resident alien as indicated by a Form I-151 or I-551 (Resident Alien forms), who previously held one of the statuses specified above.
- An individual admitted under the Amerasian Homecoming Act as an Amerasian. Only Amerasians from Vietnam are eligible. Form I-94 with code AM1, AM2, AM3; I-551 with code AM1, AM2, AM3, AM6, AM7 or AM8; Vietnamese Exit Visa, Vietnamese passport, or U.S. passport if stamped AM1, AM2, or AM3.
- An individual or child who has been certified as a Victim of a Severe Form of Trafficking under the Trafficking Victims Protection Act of 2000. Must have Certification letter or letter for children. **(NOTE: DOE is date of certification.)**

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (2) Persons not identified by the federal government as refugees:
- Any person with INS status of applicant for asylum or Humanitarian/Public Interest Parolee.
 - Those persons who are actually dependent upon a repatriated U.S. citizen, except those dependents who qualify as refugees (eligible to Refugee Cash Assistance (RCA)/RMA/EMA after 90 days), and who meet one of the following categories of relationship with such citizen: spouse, parents, grandparents, unmarried minor (under 18), children (adopted children and stepchildren), unmarried adult children (dependent because of handicap), spouse's parents, spouse's grandparents and minor siblings of the repatriate and spouse.
- (3) Children of Refugees eligible for RMA/EMA and identified by the federal government as refugees:
- Children born in the U.S. of refugee parents are identified as a citizen child of a refugee.
 - Children who are born of a refugee and a U.S. citizen living with the refugee parent only are identified as a citizen child of a refugee.
 - Children who are born in U.S. of a refugee and a U.S. citizen where U.S. citizen is part of household **are not** eligible.
 - Children of refugees who are relinquished for foster care placement **are not** eligible.
 - Minor refugee children with no legal relationship to an adult should be referred to local county agency to establish that relationship.
- (4) Cuban/Haitian Entrants identified as Refugees and eligible for RMA/EMA:
- Cubans and Haitians who possess an INS Form I-94 which states "Cuban/Haitian Entrant (Status Pending)."
 - Haitians who possess an INS Form I-94 which states that the person is a citizen of Haiti who has been either "Paroled" or granted "Voluntary Departure" status.
 - Cubans who possess an INS Form I-94 which meets all of the following requirements: (a) states person is citizen of Cuba; (b) person was paroled on or after April 21, 1980; and (c) does **NOT** contain words "**Outstanding Order of Exclusion**".
 - **Cuban/Haitian Nationals paroled into the U.S. from Guantanamo or Havana with special status under the immigration laws for Cuban/Haitians. I-94 with notation "Public Interest Parolee per Presidential Policy" dated October 14, 1994.**

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 individual member of the family unit** must be considered ineligible (on their own) 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 there is a claim of disability and a DED referral must be made, if the Refugee is eligible for Medi-Cal with zero share of cost, place that individual in a disability aid code until disability has been determined. If there is a share of cost, place the Refugee in RMA until disability has been verified. If the Refugee is determined disabled, but has a share of cost, leave the Refugee on RMA until the eight-month eligibility period is over, and then place the Refugee on Medi-Cal. If the Refugee is determined not disabled, and there is no other linkage for Medi-Cal eligibility, place the individual in RMA retroactive to application. 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 zero share of cost Medi-Cal or Healthy Families medical assistance before being placed on RMA/EMA. But because the Healthy Families and Medi-Cal programs are administered by different departments, it is not possible for a Medi-Cal county staff person to place a refugee child on Healthy Families. However, if the parent(s) gives his/her or their permission, and the child may be eligible for Healthy Families, the child's application and supporting documentation should be forwarded to the Healthy Families Program for evaluation. Until it is determined that the child will receive Healthy Families coverage, the child may receive RMA/EMA with no share of cost. 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 refer the child to Healthy Families, if eligible, and place the mother on RMA/EMA if she is ineligible for Medi-Cal with no share of cost.
- (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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (4) Eligibility for RMA/EMA must be determined as of the date of application. This means whatever income/property 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 property remaining in the Refugee's country of origin,
 - (b) A sponsor's income and property,
 - (c) In-kind services and/or shelter provided to Refugees by a sponsor or resettlement agency,
 - (d) Income earned after the date of application.
 - (e) Refugee Cash Assistance from a voluntary agency, the county welfare department, or from the federal Department of State or Department of Justice Reception and Placement programs.
- (6) County welfare departments must allow Refugee applicants who do not meet the financial eligibility standards for RMA/EMA to spend down as is done for Medi-Cal.
- (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).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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.
- (4) Services to be provided are:
 - o Reception Services: Meeting refugees at the airport and providing decent housing, essential furnishings, food, and clothing.
 - o Counseling and Referral Services: Orientation to life in America, and referral for health screening and employment services.

b. Under federal RMA regulations, refugees who are applying for medical assistance must provide the name of the resettlement agency to the county welfare department.

- (1) The county may then contact the resettlement agency and ask what assistance is being provided.
- (2) The county may then enter the name and address of the agency in the case file.
- (3) The county should record the amount of the resettlement cash grant, if any, in the case file.
- (4) Do not consider in-kind services and shelter provided to a refugee by a resettlement agency as income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

List of Voluntary Agencies in U.S.:

Hebrew Immigrant Aid Society
Jewish Family and Children's Services
1600 Scott Street
San Francisco, California 94115
(415) 567-8860
Fax: (415) 922-5938

Hebrew Immigrant Aid Society
Jewish Family Service of Orange City
2029 West Orangewood Avenue
Orange, California 92668
(714) 939-1111
Fax: (714) 939-1772

Hebrew Immigrant Aid Society
Jewish Family Service of Greater Santa Clara
14855 Oka Road
Los Gatos, California 95030
(408) 356-7576
Fax: (408) 356-8736

Hebrew Immigrant Aid Society
Jewish Family Services of Palm Springs
255 North El Cielo, No. 430-A
Palm Springs, California 92262
(619) 325-7281
Fax: (619) 325-2188

Hebrew Immigrant Aid Society
Jewish Family Service of Sacramento
1333 Howe Avenue, Suite 103
Sacramento, California 95825
(916) 921-1921
Fax: (916) 921-1922

Hebrew Immigrant Aid Society
Jewish Family Service of San Diego
3715 Sixth Avenue
San Diego, California 92103
(619) 291-0473
Fax: (619) 291-2419

Hebrew Immigrant Aid Society
Southeast Asian Community Center
875 O'Farrell Street
San Francisco, California 94109
(415) 885-2743
Fax: (415) 885-3253

Hebrew Immigrant Aid Society
Santa Barbara Jewish Federation
104 West Anapamu, Suite A
Santa Barbara, California 93190
(619) 963-0244
Fax: (619) 963-1124

Hebrew Immigrant Aid Society
Jewish Family Service
7620 Foothill Road
Ventura, California 93004
(805) 659-5144

International Rescue Committee
3727 West 6th Street, Suite 619
Los Angeles, California 90020
(213) 386-6700
Fax: (213) 386-7916

International Rescue Committee
(East Asia)
3000 T Street, Suite 204
Sacramento, California 96816
(916) 739-0122

International Rescue Committee
(Former Soviet Union)
7238 Cromwell Way
Sacramento, California 95822
(916) 421-2163
Fax: (619) 284-2084

International Rescue Committee
4535 30th Street, Suite 110
San Diego, California 92116
(619) 641-7510
Fax: (619) 641-7520

International Rescue Committee
1370 Mission Street, 4th Floor
San Francisco, California 94103
(415) 863-3777
Fax: (415) 863-9264

International Rescue Committee
900 East Gish Road, Suite E and F
San Jose, California 95112
(408) 453-3536
Fax: (408) 453-1088

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

International Rescue Committee
1801 West 17th Street
Santa Ana, California 92706
(714) 953-6912
Fax: (714) 547-8738

International Institute of San Francisco
657 Mission Street, Suite 500
San Francisco, California 94105
(415) 538-8100
Fax: (415) 538-8111

International Institute of Los Angeles
14701 Friar Street
Van Nuys, California 91411
(818) 988-1332
Fax: (818) 988-1387

St. Anselm's Cross-Cultural
Community Center
13091 Galway Street
Garden Grove, California 92844
(714) 537-0608
Fax: (714) 537-7606

St. Anselm's Cross Cultural
Community Center
5250 Santa Monica Blvd., Rm. 305
Los Angeles, California 90029
(213) 667-0489
Fax: (213) 667-2271

Sacramento Refugee Ministry
2117 Cottage Way
Sacramento, California 95825
(916) 568-5020
Fax: (916) 568-7268

U.S. Catholic Charities (USCC)
11100 Valley Boulevard, No. 207
El Monte, California 91731
(818) 442-0587
Fax: (818) 251-3444

USCC
Refugee Services
149 North Fulton Street
Fresno, California 93701
(209) 264-6400
Fax: (209) 237-7144

USCC
Catholic Charities
10505 Hawthorne Boulevard
Lennox, California 90304
(310) 672-2208
Fax: (310) 251-3444

USCC
Immigration and Refugee Department
1400 West 9th Street
Los Angeles, California 90015
(213) 251-3489
Fax: (213) 251-3444

USCC
Catholic Charities
1810 Canal Street
Merced, California 95340
(209) 383-0283
Fax: (209) 383-3975

USCC
1232 33rd Avenue
Oakland, California 94601
(510) 532-2515
Fax: (510) 532-3837

USCC
Catholic Social Services
5890 Newman Court
Sacramento, California 95819
(916) 452-1445
Fax: (916) 452-4099

USCC
Catholic Charities
1450 North D Street
San Bernardino, California 92405
(909) 388-1239
Fax: (909) 384-1130

USCC
Catholic Charities
814 Mission Street, 6th Floor
San Francisco, California 94103
(415) 442-5217
Fax: (415) 281-1230

USCC
Catholic Charities
4575-A Mission George Place
San Diego, California 92120
(619) 287-9454
Fax: (619) 287-6328

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

USCC
Catholic Charities
2625 Zanker Road, 2nd Floor
San Jose, California 95134
(408) 944-0362
Fax: (408) 944-0347

World Relief
Garden Grove Resettlement Office
7461 Garden Grove Boulevard, Suite B
Garden Grove, California 92641
(714) 890-0665
Fax: (714) 890-0366

USCC
Catholic Charities
1506 Brookhollow, Suite 112
Santa Ana, California 92705
(714) 662-7500
Fax: (714) 545-7163

World Relief
Glendale SubOffice
422 Wing Street, No. 1
Glendale, California 9120-5
(818) 243-7818
Fax: (818) 243-7840

USCC
Refugee Resettlement Office
516 Morgan Street
Santa Rosa, California 95401
(707) 578-6000
Fax: (707) 578-3710

World Relief
Modesto SubOffice
824 Cadillac Drive
Modesto, California 95351
(209) 577-2779
Fax: (209) 577-2779

USCC
Refugee Resettlement Office
1106 North El Dorado Street
Stockton, California 95202
(209) 948-2557
Fax: (209) 948-2559

World Relief
San Francisco Resettlement Office
1095 Market Street, Suite 719
San Francisco, California 94103
(415) 431-5194
Fax: (415) 431-5198

World Relief
Sacramento Resettlement Office
4748 Engle Road
Carmichael, California 95608
(916) 978-2650
Fax: (916) 978-2658

World Relief
San Jose SubOffice
218 Kirk Avenue
San Jose, California 95127
(408) 729-3786
Fax: (408) 729-3086

World Relief
Fresno Resettlement Office
845 West Weldon Avenue
Fresno, California 93705
(209) 233-5323
Fax: (209) 233-5323

World Relief
Stock SubOffice
829 Rosemarie, Suite G
Stockton, California 95207
(209) 952-1414
Fax: (209) 952-5848

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. AID CODES

Aid codes are used to classify and report specific benefits provided to Medi-Cal beneficiaries. Aid codes for refugees are:

<u>CODE</u>	<u>BENEFITS</u>	<u>SHARE/COST</u>	<u>PROGRAM DESCRIPTION</u>
01	FULL	NO	Refugee Cash Assistance (Federal Financial Participation (FFP)). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the U.S. Unaccompanied children are not subject to the eight-month/limitation provision.
OA	FULL	NO	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the U.S. This population is the same as Aid Code 01 except they are exempt from CalWORKs grant reductions on behalf of the Assistance Payments Demonstration Project/California Work pays Demonstration Project.
02	FULL	YES/NO	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.
08	FULL	NO	Entrant Cash Assistance (ECA)(FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the U.S. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eight-month limitation provision.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

6. TRANSITIONAL REFUGEE MEDICAL ASSISTANCE

Pursuant to Title 45, Code of Federal Regulations, Part 400, as amended on June 20, 2000, Refugees on RMA/EMA are entitled to RMA/EMA benefits until the end of their eight-month time eligibility period with no redetermination or change in benefits even if they lose RCA cash benefits because of increased earnings from employment or for any other reason. Therefore, there is no longer a separate Transitional Refugee Medical Assistance program.

For Refugee family assistance units in RCA, if the head of the family loses RCA benefits for any reason, place the family unit in RMA with no redetermination or change in benefits for the remaining time eligibility period. Each individual family member retains his or her own time eligibility period from date of entry.

For refugees in a matching grant program where a voluntary resettlement agency provides cash and medical benefits for up to four months with direct Office of Refugee Resettlement (ORR) funding, if the refugee is employed at the end of the four months, he or she now can automatically be placed on zero SOC RMA until the end of the eight-month eligibility period. If a Refugee loses RCA from any program (matching grant, Fish-Wilson, or RCA from any agency) for any reason, that Refugee is entitled to RMA/EMA benefits for the remaining time eligibility period without a redetermination or change in coverage.

Refugees who are discontinued from CalWORKs and are no longer eligible for Section 1931(b) Medi-Cal benefits, or refugees who were discontinued from Section 1931(b)-Only benefits may be eligible for up to two years of no cost Medi-Cal or four months of no cost Medi-Cal if they meet the eligibility requirements of either the TMC or Four Months Continuing Program as described in Article 5B of these Procedures.

7. TIME ELIGIBILITY PERIOD

ORR sets forth the requirements for receipt of RCA and RMA. When this program first began in 1980 all refugees were entitled to 36 months of 100 percent of refugee resettlement funding for cash and medical assistance. Now, Congress has only appropriated 100 percent funding for eight months of eligibility. This funding is only available for refugees in RCA Aid Code 01, RMA Aid Code 02, and EMA Aid Code 08, which is for Cuban/Haitian Entrants. All other refugees in SSI, CalWORKs, and Medi-Cal are paid for through the normal 50/50 General Fund/Federal Fund Match.

Under federal and state regulation, eligibility for RMA or EMA programs shall be limited to the shorter of the following periods:

- a. The refugee's first eight months of U.S. residency, beginning with the month of entry, or the Entrant's (including Entrant children born in U.S. resettlement camps) first eight months of parole (release from INS custody).
- b. The time period for which the Department of Health Services (DHS) determines that sufficient federal funds are available under the Refugee Resettlement Program and Cuban and Haitian Entrant Program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 ongoing 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 Aid Code 38 Medi-Cal benefits until the Medi-Cal redetermination is completed. 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 Social Security Administration (SSA) to transfer these individuals into the medically needy aid codes: 14, 24, or 64 with an Eligibility Status Code of "--6" on Medi-Cal Eligibility Data System (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.
2. The reason for this notice is that you are at the end of your eight-month eligibility period for RMA, and you have been evaluated for benefits under other Medi-Cal programs. Effective (DD/MM/YY), you are eligible/ineligible for Medi-Cal benefits because of _____. Reference: 45 CFR Part 400.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

For Example: NOA FOR DENIAL/DISCONTINUANCE:

State of California - Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
DENIAL/DISCONTINUANCE FOR THE
REFUGEE MEDICAL ASSISTANCE (RMA)
ENTRANT MEDICAL ASSISTANCE (EMA)**

[]
[]
(COUNTY STAMP)

[]
[]
Notice date: _____
Case number: _____
Worker name/number: _____
Worker telephone number: _____
This affects _____

As of _____ your eligibility for the Refugee/Entrant Medical Assistance program is denied/discontinued because:

- You are at the end of your eight-month eligibility period for RMA/EMA and you are not eligible for any other Medi-Cal program.
- You are at the end of your eight-month eligibility period for RMA/EMA, and you have been evaluated for benefits under other Medi-Cal programs. You are eligible for Medi-Cal benefits under one of these other programs. **You will receive a separate Notice of Action regarding the approval of these benefits.**

- Your property of \$ _____ is more than the property limit for an individual/family of _____

Your property used in this determination is _____. Enclosed please find the Medi-Cal General Property Limitations (MC Information Notice 007) which provides information for you to spend down your property in order to qualify for Medi-Cal or RMA/EMA.

- Other _____

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become or are eligible for another Medi-Cal program.

The Regulation which requires this action is Title 45 Code of Federal Regulations, Part 400 and 401.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOA FOR APPROVAL OF BENEFITS:

State of California - Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS UNDER THE
REFUGEE MEDICAL ASSISTANCE (RMA)
ENTRANT MEDICAL ASSISTANCE (EMA)**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name/number: _____
Worker telephone number: _____
This affects _____

Your application dated _____ for the Refugee/Entrant Medical Assistance program has been approved.

Effective _____, you are entitled to receive medical services as follows:

- You are eligible for this program at no cost.
- Your income exceeds the 200% Federal Poverty Level limit of \$ _____ for an individual/family of _____. Therefore, you are eligible for this program with a monthly share of cost of \$ _____.

Income used to determine share of cost:

Net non-exempt income \$ _____

Less Maintenance Need \$ _____

Share of Cost \$ _____

Please notify your worker within 10 days if there are any changes in your living situation, income or property or other information you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon. Always present your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal or RMA/EMA benefits. DO NOT THROW AWAY YOUR PLASTIC I.D. CARD (BIC).

The Regulation which requires this action is Title 45 Code of Federal Regulations, Part 400 and 401.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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, California Work Opportunity and Responsibility to Kids (CalWORKs) 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 SOC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 SOC, and medically indigent children. Optional aid groups are those Medi-Cal beneficiaries receiving SSI grants, and SSI-linked Medi-Cal medically needy with no SOC. 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. SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

The immigration status of RMA or RCA applicants is verified via the 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. 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. Under this requirement these Refugees and aliens must show they have been vaccinated against vaccine-preventable diseases such as mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, influenza Type B,

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 pneumococcal 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 U.S. 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.

14. THE TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Under the Trafficking Victims Protection Act of 2000 (Public Law No. 106-386), adult victims of severe forms of trafficking who have been certified by the Office of Refugee Resettlement are eligible for the same benefits and services as provided to Refugees. Children under 18 years of age do not need to be certified, but will have a letter from ORR stating that they are victims of trafficking who should be treated as refugees for receipt of benefits and services.

Definition:

Severe Forms of Trafficking is defined in the Act as:

- (A) sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, debt bondage, or slavery.

ORR, after consultation with the Attorney General, may certify a victim who

- (I) is willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking in persons; and
- (II) (aa) has made a bona fide application for a visa under section 101(a)(15)(T) of the Immigration and Nationality Act . . . that has not been denied; or
(bb) is a person whose continued presence in the U. S. the Attorney General is ensuring in order to effectuate prosecution of traffickers in persons.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Certification:

Adults must be granted a Certificate by ORR that they are victims of severe forms of trafficking. Children under 18 years of age who are victims of severe forms of trafficking as described above will receive letters from ORR stating that the child is a victim under the Act. No further evaluation is necessary. They will be eligible for the same benefits and services as Refugees. However, no INS documentation is required for these individuals. The Certification letter or letter of certification for children is proof of a status that confers eligibility for Refugee benefits. Applicants must submit the original certification or letter, and a photocopy should be retained in the case file.

ORR will make all certification determinations and issue letters of certification for victims of severe forms of trafficking. No other agency is authorized to issue these certifications.

Eligibility Determination:

When a "Victim of a Severe Form of Trafficking" applies for benefits, the county welfare department (CWD) should follow their normal procedures for refugees, except CWDs should:

1. Accept the original Certification letter or letter for children in place of INS documentation. INS documentation is not required for these individuals.
2. Call the Trafficking Verification Line at (202) 401-5510 to confirm the validity of the Certification letter or letter for children and to notify ORR of the benefits for which the individual has applied. (Please do not contact the SAVE System concerning victims of severe forms of trafficking.)
3. Use the Date of Certification as the Date of Entry for these individuals. Use R as the Refugee Indicator Code.
4. Record the expiration date of the Certification letter or letter for children. The expiration date is eight months from the initial date of certification. A redetermination of trafficking certification must be conducted to determine if the individual will continue to meet the certification requirements. ORR intends to issue follow-up certification letters.

Other Applicants:

ORR is in the process of developing procedures under which an individual may apply for certification as a Victim of Severe Forms of Trafficking. Until a formal application process is implemented, the most expeditious method for establishing certification would be to contact the federal Department of Justice, Criminal Section of the Civil Rights Division at (202) 616-3807.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SAMPLE CERTIFICATION LETTER:



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

HHS Tracking Number
5555555555

Ms. Susie Doe
c/o Jim Thomas, Refugee Social Worker
Smith County Community Service Office
123 Main St.
Bellevue, WA 55555-5555

CERTIFICATION LETTER

Dear Ms. Doe:

This letter confirms that you have been certified by the Department of Health and Human Services (HHS) pursuant to section 107(b) of the Trafficking Victims Protection Act of 2000. Your certification date is _____. This certification is valid for eight months from the date of this letter. The expiration date is _____.

With this certification, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria. This certification does not confer immigration status.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (202) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

Carmel Clay-Thompson
Acting Director
Office of Refugee Resettlement

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SAMPLE CERTIFICATION LETTER FOR CHILDREN:



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

HHS Tracking Number
5555555555

Ms. Susie Doe
c/o Jim Thomas, Refugee Social Worker
Smith County Community Service Office
123 Main St.
Bellevue, WA 55555-5555

Dear Ms. Doe:

This letter confirms that, pursuant to section 107(b) of the Trafficking Victims Protection Act of 2000, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria.

Your initial eligibility date is _____. This eligibility is valid for eight months from the date of this letter. The expiration date is _____.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (202) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

Carmel Clay-Thompson
Acting Director
Office of Refugee Resettlement

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24C-REFUGEE RESETTLEMENT PROJECTS

1. MATCHING GRANT

The Match Grant Program is supported through funding from the federal Office of Refugee Resettlement (ORR). They provide a dollar for every dollar's worth of in-kind goods and services and/or cash contributed by a contracted voluntary resettlement agency (VOLAG). There is a stipulated dollar limit per refugee served, and the Volag's share must include at least 20 percent in cash contributions.

The purpose of this program is to promote the refugees to early self-sufficiency and social adjustment. The program is to be integrated with reception and placement services. The refugees are to be provided:

- o Case management
- o Employment services
- o Maintenance assistance
- o Administration
- o English Language Training
- o Health and Medical services
- o Employment Training or Recertification
- o Acculturation services

ORR awarded new grants to nine voluntary agencies serving over 27,000 refugees nationwide in 1995. These were the following Volags:

Immigration and Refugee Services of America (IRSA) 1717 Massachusetts Ave., N.W., Suite 701 Washington, DC 20036	Church World Service Immigration and Refugee Program 475 Riverside Drive, Rm. 664 New York, NY 10115-0050	Episcopal Migration Ministries The Episcopal Church Center 815 Second Avenue New York, NY 10017
Ethiopian Community Dev. Council, Inc. 1038 South Highland Street Arlington, VA 22204	Hebrew Immigrant Aid Society (HIAS) 333 Seventh Avenue New York, NY 10001-5004	Lutheran Immigration & Refugee Services (LIRS) 390 Park Avenue South New York, NY 10016-8803
U.S. Catholic Conference Migration and Refugee Svcs. 902 Broadway, 8th Floor New York, NY 10010	World Relief Refugee Svcs. P.O. Box WRC - 201 Route 9W North Congers, NY 10920-1797	International Rescue Committee 122 East 42nd Street New York, NY 10168-1289

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. WILSON-FISH PROGRAM

There is only one Wilson-Fish Project in California. The project is operated by Catholic Charities of San Diego. It is in its sixth year of operation.

This project is another comprehensive, integrated service delivery system operated by a Volag. General characteristics of this project are:

- o Private sector-directed
- o For selected clients, cash assistance outside welfare system
- o A single cash management system that links all stages of resettlement
- o Case management with effective authority until time-expiration
- o Concern for all resettlement needs
- o Focus upon the entire family and household
- o A flexible service system designed to deal with the diversity among refugees
- o Volag and Mutual Assistance Associations (MAA) linked in cooperation

All RCA/RMA and AFDC refugees are eligible for this project. They receive their cash assistance directly from the VOLAG, but receive medical assistance through the Medi-Cal program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24D—REFUGEE IDENTIFICATION AND TRACKING CHART

REFUGEE	DOCUMENTS AND/OR DOCUMENT CODE	OLD CODE	Refugee Code	Alien/Elig Code
Conditional Entrant -- INA Sec. 203(a)(7)	I-94 Arrival Departure Record	7	C	
Other Asylee -- INA Sec. 208 or Sec. 212(d)(5) w/notation Asylee; INS Entry Date is date asylum is granted	I-94 w/codes AS-1, AS-2, or AS-3; I-94 w/Visa 92 (or V-92); Order of an Immigration Judge Granting Asylum under Sec. 208 of INA; or Asylum Approval Letter from an INS Asylum Office; I-551 w/code AS6, AS7, AS8	7	L	
Kurdish or Iraqi Asylee -- INA Sec. 208 or 108(A) INS Entry Date is date asylum was granted on I-94.	I-94 or I-551 w/code AS6, AS7, AS8; Medical Doc. (Form 157); EAD card with QFI-Asylum granted or QT-II and QT-III -- Paroled in the Public Interest (274a.12(a)(5) or 274.12(c)(11).	7	Z	
Indochinese Refugee -- INA Sec. 207 or Sec. 212(d)(5) w/notation Refugee	I-94 Arrival Departure Record; I-551 w/code IC6, IC7	1	X	1*
Other Refugee - INA Sec. 207 or Sec. 212(d)(5) w/notation of Refugee; Not Indochinese.	I-94 Arrival Departure Record; I-551 w/code R86, RE6, RE7, RE8, RE9, Y64	7	R	1
Amerasian Refugee -- INA Sec. 207	I-94 w/code A11, A31, A32, A33, A12, AM1, AM2, AM3; AR1** or I-551 w/A16, A36, A37, A17, A38, AM6, AM7, AM8; AR6***; Vietnamese Exit Visa, Vietnamese Passport or U.S. Passport if stamped AM1, AM2, AM3	7	E	1
Cuban/Haitian Entrant	I-94 with Cuban/Haitian Entrant (Status Pending); or notices/letters of on-going deportation proceedings; or I-94 with Form I-589 filed; or I-94 with Parole or reference to Section 212(d)(5) or w/code CH6, CU6, CU7, LB6	8	8	
Citizen Child of Refugee	PARENTS I-94 or I-551 Document w/codes as shown above	5	5	

FOOTNOTES:

*Federal SDX input only.

**These codes reflect the Date of Arrival in United States.

***These codes reflect the Adjustment Date of Entry.

(NOTE: Indochinese: Rrefugee who is Vietnamese, Hmong, Laotian, Mien, Cambodian or Burmese.)

(NOTE: If Date of Entry missing on I-94 or if presented with I-571, Refugee Travel Document, file G-845 with INS.)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24D -- REFUGEE BENEFITS UNDER PRWORA AND BBA

REFUGEE BENEFITS UNDER PRWORA AND BBA				
REFUGEE	RCA/RMA	MEDI-CAL	SSI	TANF/ CALWORKS
<u>Refugees (INA* Sec. 207 or Sec. 212(d)(5) w/notation "Refugee":</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs*** Exempt Exempt
<u>Asylees (INA Sec. 208 or 212(d)(5) w/notation "Asylee":</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible Eligible	Eligible if on SSI** New Claims Eligible 7 yrs. from Status Change Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs*** Exempt Exempt
<u>Cuban/Haitian Entrants (Sec. 501(e), Refugee Education Assist. Act):</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs*** Exempt Exempt
<u>Amerasian:</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs*** Exempt Exempt
<u>Conditional Entrant Aliens (INA Sec. 203(a)(7):</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 years from DOE Eligible** New Claims Eligible for 7 years from DOE	Eligible for 5 yrs*** Eligible for 5 yrs*** Exempt Exempt
<u>Refugee Citizen Children:</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible	Eligible Eligible Eligible	Eligible until age 18 Eligible until age 18 Not Applicable

Footnotes:

* Immigration and Nationality Act

** No time limit. No change.

***Aid is time limited – a 5-year lifetime limit of TANF assistance, a limit of 24 consecutive months for current adult recipients and 18 consecutive months for new applicants after Jan 1, '98 (NOTE: CALIFORNIA WILL PROVIDE ALL LEGAL IMMIGRANTS FULL-SCOPE MEDI-CAL.)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

24E -- REFUGEE/ALIEN TRACKING SYSTEM

1. PURPOSE

To report and track specific information on all Refugees who enter the U.S. and who seek welfare assistance. This would include Refugees who are in Aid Codes 0A, 01, 02, and 08, who are eligible for eight months of federal funding, those who are eligible for California Work Opportunity and Responsibility to Kids, Supplemental Security Income (SSI), or Medi-Cal, those who are time-expired who reapply for aid and are not yet citizens, and citizen children born to Refugee parents.

Counties have been required to report Refugee information on Medi-Cal Eligibility Data System (MEDS) through the Refugee/Alien Tracking System. This information is used by the Department of Health Services to claim 100 percent federal financial participation (FFP) for medical assistance rendered to time-eligible refugees. The Department of Social Services (DSS) uses this information to claim 100 percent FFP for Refugee Cash Assistance and for allocation of Refugee Employment Services and Targeted Assistance funds. In order to claim this FFP, specific information such as the refugee's status and date of entry into the U.S. is required by the federal government.

Because the Personal Responsibility and Work Opportunity Reconciliation Act and the Balanced Budget Reconciliation Act both classify refugees as Qualified, it is necessary to identify and track them for FFP claiming. The Refugee/Alien Tracking System has been revised to allow tracking of all refugees and all aliens in California. The following pages have been revised to reflect those changes. Refugees are Qualified Aliens under this legislation, and new codes for Refugees appear on the chart in Section 24D. The new codes were implemented in the December 1997 Month of Eligibility, and counties should be using the new codes.

2. REFUGEE/ALIEN TRACKING SYSTEM

Counties were required to report the Refugee Name, Social Security number, Refugee Indicator Code (New: C, L, Z, X, R, E, 8, 5), County Identification Number (ID), and Immigration and Naturalization Service (INS) Entry Date on the MC 255. In March of 1996, counties were to report this information directly on MEDS in conjunction with their normal eligibility reporting and were to take advantage of the fact that MEDS maintains a single record irrespective of changes in the County ID. On March 1, 1996, the Refugee Tracking System (RTS) became part of the MEDS system. This was accomplished through a one-time conversion of the old RTS into the MEDS database. All information previously reported to the RTS was posted to MEDS. The MC 255 Form is now obsolete.

Refugee and Alien information will be placed directly into MEDS. The county will receive a Renewal Alert for any individual eligible in Aid Codes 0A, 01, 02, or 08 for whom MEDS does not have a Refugee Indicator and INS Entry Date. Daily alerts will be issued when eligibility is reported in one of those aid codes and the two required fields are not present either on MEDS or on the transaction.

The REFUGEE/ALIEN INDICATOR CODES used for the Refugee/Alien Tracking System have been revised and expanded so that all aliens can be identified by their Immigration and Naturalization Act (INA) classification, or, in certain cases, by their unique circumstances, such as the battered aliens, and those who are in the U.S. Armed Forces. The New Refugee Indicator Codes are:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

C	CONDITIONAL ENTRANT
L	ASYLEE
Z	KURDISH OR IRAQI ASYLEE
X	INDOCHINESE REFUGEE
R	OTHER REFUGEE (Including Victims of Trafficking)
E	AMERASIAN
8	CUBAN/HAITIAN
5	CITIZEN CHILDREN BORN TO REFUGEE PARENTS

(NOTE: Indochinese Refugees are now identified by the federal Office of Refugee Resettlement under the ethnic group Southeast Asian which are the Vietnamese, Hmong, Laotian, Mien, Cambodian and Burmese Refugees.)

3. CHANGES TO MEDS TRANSACTIONS

The six data elements to be used for MEDS transactions for the Refugee/Alien Tracking System process are:

Alien Registration Number	-	ALIEN-NO
Country of Origin	-	COUNTRY-OF-ORIGIN
Refugee/Alien Indicator	-	REF/ALIEN-IND
Alien Eligibility Code	-	ALIEN-ELIG-CODE
INS Entry Date	-	INS-ENTRY-DATE

4. SPECIFIC CHANGES TO MEDS SCREENS

The new data elements will be added to the following MEDS screens:

INQO	EW95	EW15	EW20	EW30
------	------	------	------	------

Rename Refugee/Alien to REF/ALIEN -IND on the following screens:

INQO	INQP	EW0-5	EW15	EW20
EW30	EW34	EW50	EW55	BI35

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. AGED ALIENS WHO ARE INELIGIBLE FOR MEDICARE

Aged aliens that are not eligible for Medicare Buy-In will no longer be coded with a "9" in the "Refugee/Alien Indicator" field on MEDS. Counties will code these aliens by their INA classification. Counties shall continue to follow California Code of Regulations, Title 22, Section 50777 regarding the requirement to apply for Medicare. MEDS will track the five-year residency requirement for Medicare and Buy-In eligibility by "looking" at the alien's Date of Entry and Date of Birth. A Date of Entry, Date of Birth, and Refugee/Alien Indicator Code must be reported to MEDS in order for MEDS to correctly track Medicare Buy-In eligibility.

6. OTHER QUALIFIED AND NOT QUALIFIED ALIENS NOT REFUGEES

REFUGEE/ALIEN Indicator value 0 will no longer be used. Please refer to the table on page 24E-6 for information about the new Refugee/Alien Indicator Codes. Aliens will have a code of K, D, W, Y, S and V with a secondary code, in some cases, of 4, 5, 6, or 9. For statistical data extraction and determination of benefits (including FFP availability), counties must enter the new code, the Alien Registration Number, and the INS Entry Date.

7. INS ENTRY DATE

The INS Entry Date must be entered for every Refugee. The information on the I-94 or I-551 should be sufficient for coding with the Refugee/Alien Indicator. The INS Date of Entry for Refugees is the date they entered the U.S. and is the date shown on SAVE. The Date of Entry for Asylees is the date asylum is granted. The date for Victims of Trafficking Refugees is the date of certification. (Refer to Page 24B-1 for specific documentation requirements.)

8. ALIEN REGISTRATION NUMBER

The Alien Registration Number must be entered for ALL Refugees.

9. COUNTRY OF ORIGIN

Counties should enter the COUNTRY-OF-ORIGIN for all Refugees and Aliens. This information is used to generate statistical reports and health trend data

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

10. REFUGEE CHILDREN

Children who are born in the U. S. of Refugee parents are citizens, but they are considered refugees by the Federal Office of Refugee Resettlement for both time-eligibility and for statistical purposes in determining federal funding allocations for Refugee Employment Services and Targeted Assistance which benefit refugee-impacted counties as identified by the Department of Social Services. Refugee Citizen Children are considered Refugees until they reach the age of 21 or until the date their parents become citizens. If one of the parents living in the home is a citizen, the citizen child is not to be considered a Refugee. The Country of Origin for these Citizen Children would be the same as parents.

Counties must report all Refugee Citizen Children with a Refugee Code of 5 (five). The INS Entry Date for the children in Aid Codes 0A, 01, 02, or 08 is the same as the parents, but if one parent arrived later than the other, the child is to be given the INS Entry Date of the later parent and the same eligibility period. For all other Refugee Citizen Children in CalWORKs, Medi-Cal, or SSI aid codes, the INS Entry Date is no longer optional. This Entry Date is mandatory for the Final Allocation of Targeted Assistance. When it is reported, use the INS Entry Date as above.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NEW CODES

MEDS SCREENS/DATA ELEMENT DICTIONARY/ERROR MESSAGES

The following pages will contain chart of new Refugee/Alien Indicator Codes, samples of new MEDS screens, Data Element Dictionary pages, and the error messages which will be received if edit messages are not done properly.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

		NEW CODES	
ALIEN CLASSIFICATION	OLD Codes	Refugee/Alien Indicator	Alien Eligibility Code
Battered/Subjected to extreme cruelty (that meet the conditions necessary to be considered a Qualified Alien)		K,C,S,U,V,W,Y	9*
Lawful Permanent Resident (LPR) <u>not</u> active duty/veteran or spouse/child	0 or 9	K	
LPR Active Duty/Veteran or spouse/dependent child	0 or 9	K	Active duty/veteran 4 Spouse 5 Child 6
Deportation Withheld admitted under INA Sec. 243(h) or 241(b)(3)	0 or 9	D	
Conditional Entrant admitted under INA Sec. 203(a)(7)	7	C	
Other Asylee admitted under INA Sec. 208 Date of entry is date asylum is granted	7	L	
Kurdish/Iraqi Asylee admitted under INA Sec. 208 Date of entry is date asylum is granted	7	Z	
Indochinese Refugee admitted under INA Sec. 207 and <u>not</u> Amerasian.	1	X	
Other Refugee admitted under INA Sec. 207 or Refugees who are Certified to be Victims of Trafficking, and <u>not</u> Indochinese Refugee or Amerasian Refugee. Date of Entry for Victims of Trafficking is Date of Certification.	7	R	
Amerasian Refugee admitted under INA Sec. 207	7	E	
Cuban/Haitian Entrant	8	8	
Citizen Child of Refugee	5	5	
Parolee admitted under INA Sec. 212(d)(5) w/period of parole <u>over</u> one year	7	W	
Parolee admitted under INA Sec. 212(d)(5) w/period of parole <u>less than</u> one year	7	Y	
Other Documented Full Scope Aliens ***	0 or 9	S	
Undocumented PRUCOL Aliens (Full Scope)	0 or 9	T	
Visitor/Student/VISA and other Aliens with Temporary Documentation (Emergency and Pregnancy-Related Services Only)	0 or 9	V	
Undocumented Aliens (Emergency and Pregnancy-Related Services Only)	0 or 9	U	

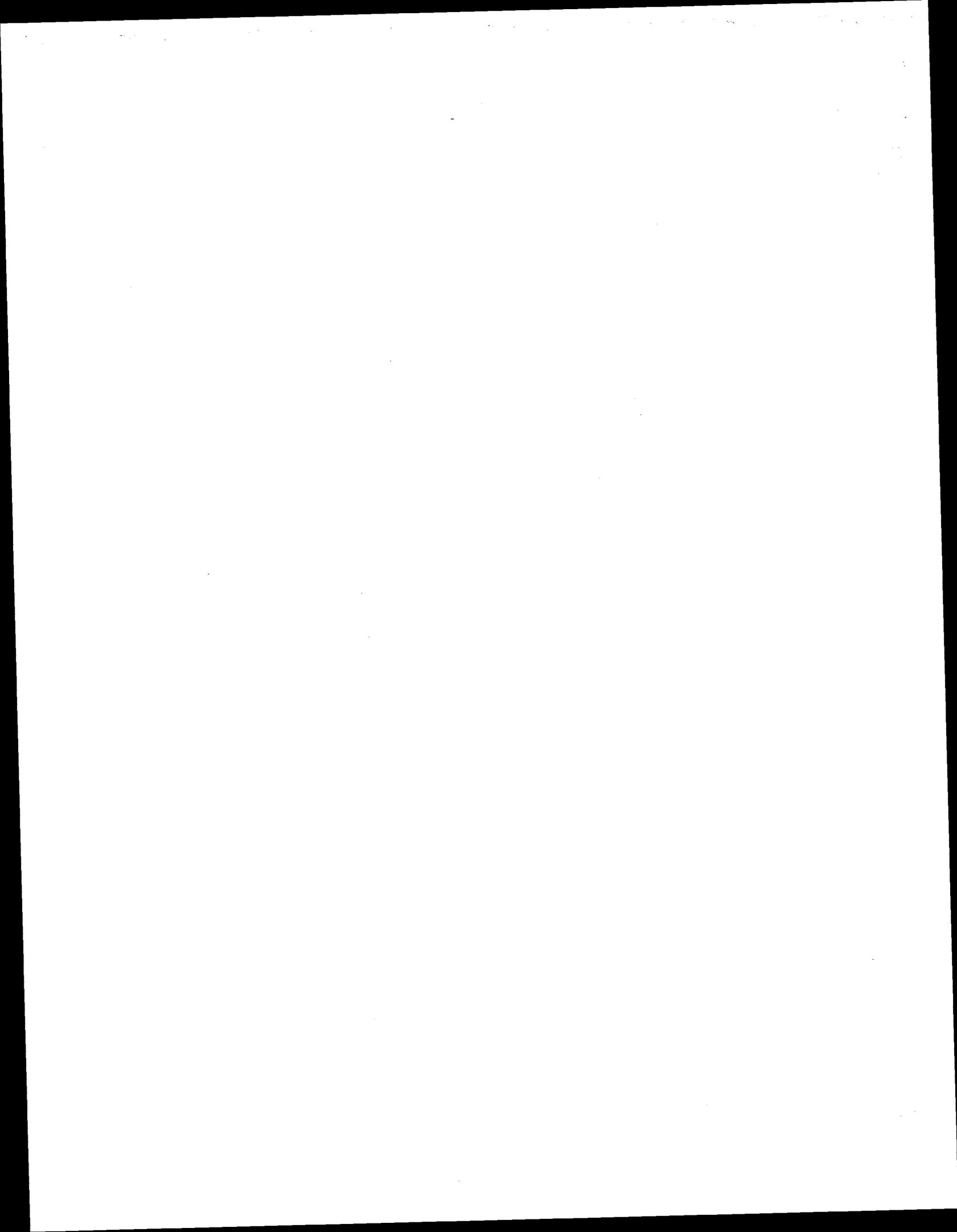
*An entry of 9 should not be reported if the alien can be coded with a 4, 5 or 6 or 8 in the alien eligibility code field.

***Other aliens, defined for identification and tracking purposes only, include aliens verified by INS through G-845 process as:

Voluntary Departure (INA 242(b))
Stay of Deportation (INA 106)
Suspension of Deportation (INA 244)
Lawful Temporary Resident
Extended Voluntary Departure

Indefinite Stay of Deportation
Application for Adjustment Status
Indefinite Voluntary Departure
Registry Alien (INA 249)

Deferred Action Status
Order of Supervision (INA 242)
Immediate Relative Petition
In U.S. w/Permission of INS



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INQP SCREENS: NON-SSI RECORD

```

INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      IBF - 08/20/98

MEDS-ID 444-44-4444  SSN-VER J   GOVT-RESP 1   BOND           , JAMILLE
BIRTHDATE 04-14-1972  SEX F  ALIEN-NO 06666666
CHAINED-ID                LAST-MC/CP-CHG 06-23-98  10631 HAZARD AVE
PRIOR-MEDS-ID            LAST-OTH-CHG 11-09-97  GARDEN GROVE CA      92843
LANGUAGE V      ETHNIC V   INS-ENTRY-MMY 02-95  ADDRESS-FLAG
DEATH-DT        DEATH-CD   REF/ALIEN-IND 1  PHONE
CA-DL/ID-NO     CLIENT-INDEX-NO 98888888D 8  HIC-NO
PGM-ELIG:  MC/CP C H   SP1           SP2           FS           AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID
APPLICATION-DATE         DENIAL-DATE             DENIAL-REAS
EXPECTED-DELIVERY-DATE  FAMILY-SIZE             TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS             LAST-SDX-CHG

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE             APPEAL-FLAG             APPEAL-LEVEL
NOA-DATE                NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

SSI RECORD

```

INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      IBF - 08/20/98

MEDS-ID 999-99-9999  SSN-VER J   GOVT-RESP 2   HOWAREYOU     , CHARMING  W
BIRTHDATE 05-08-1912  SEX F  ALIEN-NO
CHAINED-ID                LAST-MC/CP-CHG 07-30-98  1000 SIDEWALK WAY
PRIOR-MEDS-ID            LAST-OTH-CHG 08-19-98  CYPRESS           90630
LANGUAGE 6      ETHNIC 8   INS-ENTRY-MMY 11-90  ADDRESS-FLAG
DEATH-DT        DEATH-CD   REF/ALIEN-IND K  PHONE (714) 555-5555
CA-DL/ID-NO     CLIENT-INDEX-NO 99999999A 9  HIC-NO 99999999M
PGM-ELIG:  MC/CP C H   SP1 (MEDICR) C H  SP2           FS           AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID
APPLICATION-DATE         DENIAL-DATE             DENIAL-REAS
EXPECTED-DELIVERY-DATE  FAMILY-SIZE             TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS             LAST-SDX-CHG 12-18-97

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE             APPEAL-FLAG             APPEAL-LEVEL
NOA-DATE                NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS INPUT SCREENS:

EW05

```

EW05          ** TRANSFER COUNTY OF RESPONSIBILITY **

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID: PER-MEDS    _____    ALTERNATE
MEDS-ID _____    BIRTHDATE _____    NEW-BIRTHDATE *****
NAME: LAST _____    FIRST _____    INITIAL _____
SEX _____            ETHNIC _____    LANGUAGE _____
SSN-VER _____      CA-DL/ID-NO _____    HIC-NO _____
ADDRESS: C/O
          STREET _____
          CITY _____            STATE _____    ZIP-CODE _____
PHONE ( ) _____    COUNTRY-OF-ORIGIN _____    ALIEN-NO _____
EFFECTIVE-DATE _____    TERM-DATE _____    TERM-REAS _____
ESAC _____          REDETERM-MONTH _____    %-OBLIG **
SOC-AMOUNT _____      LTC-IND _____    SOC-FBU _____
MEDS-OHC * _____    RESTRICTION _____    ORIG-AID _____
NEW-OHC _____        REF/ALIEN-IND _____    INS-ENTRY-MMY _____
ELIG-APPROVAL-DATE _____    CARD-REQUEST-REASON _____    ALIEN-ELIG _____
MFG **
ALIAS/SSA-NAME: LAST _____    FIRST _____    INITIAL _____    CODE _____
NEXT-TRANS *****    SAME-PERSON * _____    SAME-CASE * _____
    
```

EW15

```

EW15          ** REPORT IMMEDIATE NEED ELIGIBILITY **

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID-PER-MEDS    _____    BIRTHDATE _____    NEW-BIRTHDATE _____
MEDS-ID _____
NAME: LAST _____    FIRST _____    INITIAL _____
SEX _____            CA-DL/ID-NO _____    HIC-NO _____
NEW-COUNTY-ID: AID-CODE _____    SERIAL _____    FBU _____    PERSON-NO _____
ESAC _____          NEG-ACTION * _____    %-OBLIG _____
SOC-AMOUNT _____    LTC-IND _____    SOC-FBU _____
MEDS-OHC _____      RESTRICTION _____    ORIG-AID _____
NEW-OHC _____        REF/ALIEN-IND _____    INS-ENTRY-MMY _____
ALIEN-NO _____      ALIEN-ELIG _____    CERT-DAY _____
VALID-MMY _____     CARD-ISSUE-SITE _____    CARD-REQUEST-REASON _____
ADDRESS: C/O
          STREET _____            STATE _____    ZIP-CODE _____
          CITY _____
NEXT-TRANS *****    SAME-PERSON * _____    SAME-CASE * _____
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EW20

```

EW20                ** ADD NEW CLIENT RECORD **

CASE-NAME                DISTRICT                EW-CODE

COUNTY-ID: PER-MEDS    _ _ _ _ _ ALTERNATE
MEDS-ID                _ _ _ _ _ BIRTHDATE        NEW-BIRTHDATE *****
NAME: LAST            _ _ _ _ _ FIRST            INITIAL _
SEX                    _ _ _ _ _ ETHNIC          LANGUAGE _
SSN-VER                _ _ _ _ _ CA-DL/ID-NO    HIC-NO
ADDRESS:              C/O
                     STREET _
                     CITY  _
PHONE ( )            _ _ _ _ _ STATE            ZIP-CODE _
EFFECTIVE-DATE        _ _ _ _ _ COUNTRY-OF-ORIGIN  ALIEN-NO
ESAC                  _ _ _ _ _ TERM-DATE          TERM-REAS
SOC-AMOUNT            _ _ _ _ _ REDETERM-MONTH    %-OBLIG
MEDS-OHC *            _ _ _ _ _ LTC-IND            SOC-FBU
NEW-OHC                _ _ _ _ _ RESTRICTION        ORIG-AID
ELIG-APPROVAL-DATE    _ _ _ _ _ REF/ALIEN-IND      INS-ENTRY-MMY
MFG **                _ _ _ _ _ CARD-REQUEST-REASON ALIEN-ELIG
ALIAS/SSA-NAME: LAST    _ _ _ _ _ APPLICATION-DATE   RETRO
                     FIRST            INITIAL        CODE

NEXT-TRANS                SAME-PERSON *          SAME-CASE *
    
```

EW30

```

EW30                ** MODIFY CURRENT/FUTURE **

CASE-NAME                DISTRICT                EW-CODE

COUNTY-ID: PER-MEDS    _ _ _ _ _ NEW **
MEDS-ID                _ _ _ _ _ BIRTHDATE        NEW-BIRTHDATE
NAME: LAST            _ _ _ _ _ FIRST            INITIAL
SEX                    _ _ _ _ _ ETHNIC          LANGUAGE
SSN-VER                _ _ _ _ _ CA-DL/ID-NO    HIC-NO
ADDRESS:              C/O
                     STREET _
                     CITY  _
PHONE ( )            _ _ _ _ _ STATE            ZIP-CODE
EFFECTIVE-DATE        _ _ _ _ _ COUNTRY-OF-ORIGIN  ALIEN-NO
ESAC                  _ _ _ _ _ TERM-DATE          TERM-REAS
SOC-AMOUNT            _ _ _ _ _ REDETERM-MONTH    %-OBLIG
MEDS-OHC *            _ _ _ _ _ LTC-IND            SOC-FBU
NEW-OHC                _ _ _ _ _ RESTRICTION        ORIG-AID
ELIG-APPROVAL-DATE    _ _ _ _ _ REF/ALIEN-IND      INS-ENTRY-MMY
MFG **                _ _ _ _ _ CARD-REQUEST-REASON ALIEN-ELIG
ALIAS/SSA-NAME: LAST    _ _ _ _ _ RECOVERY          INITIAL        CODE

NEXT-TRANS            ****          SAME-PERSON *          SAME-CASE *
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EW34

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID: PER-MEDS _____		NEW
MEDS-ID _____	BIRTHDATE _____	NEW-BIRTHDATE
NAME: LAST	FIRST	INITIAL
SSN-VER SEX	ETHNIC	LANGUAGE
CA-DL/ID-NO *****	HIC-NO	ALIEN-NO *****
ADDRESS: LINE-1		
LINE-2		
CITY/ST	STATE	ZIP-CODE +
PHONE () -	REF/ALIEN-IND	INS-ENTRY-DATE
APPLICATION-DATE		
DENIAL-DATE	DENIAL-REASON	NOA-DATE
APPEAL-DATE *****	APPEAL-FLAG *	APPEAL-LEVEL *
NEXT-TRANS *****	SAME-PERSON *	SAME-CASE *

EW50

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID-PER-MEDS _____		
MEDS-ID _____	BIRTHDATE _____	NEW BIRTHDATE
NAME: LAST	FIRST	INITIAL
SEX	CA-DL/ID-NO	HIC-NO
ESAC _____		%-OBLIG
SOC-AMOUNT	LTC-IND	SOC-FBU
MEDS-OHC *	RESTRICTION	ORIG-AID
NEW-OHC _____	REF/ALIEN-IND	INS-ENTRY-MMY
		CERT-DAY
VALID-MMY _____	CARD-ISSUE-SITE _____	CARD-REQUEST-REASON _____
NEXT-TRANS *****	SAME-PERSON *	SAME-CASE *

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EW55 SCREEN

```

EW55          ** SSI/SSP MODIFY/ID CARD REQUEST **          IBF - 08/07/98

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID-PER-MEDS     _____
MEDS-ID _____      BIRTHDATE _____      NEW-BIRTHDATE
NAME:  LAST              FIRST                  INITIAL
SEX    CA-DL/ID-NO
ADDRESS:  C/O
          STREET
          CITY                STATE                ZIP-CODE
PHONE (   )

MEDS-OHC                NEW-OHC
REF/ALIEN-IND           INS-ENTRY-MMY          ALIEN-NO
NEW-COUNTY
VALID-MMY              CARD-ISSUE-SITE      CARD-REQUEST-REASON

NEXT-TRANS *****    SAME-PERSON *          SAME-CASE *
    
```

B130 SCREEN

```

BI30          ** MEDICARE PART B BUY-IN INQUIRY/UPDATE **      MYH - 08/27/98

COUNTY-ID 30 60 9561628 7 30    HIC-SOURCE 3    LUTE          DIANE          C
MEDS-ID 561628730                HIC-NO 561628730A    NEW-HIC-NO
BIRTHDATE 05271946                TERM-DT - - -        DEATH-DT - - -
BUY-IN NAME LUTE                    DIANE          C BUYIN-DOB        DOME-DT - - -    BENDEX
PRIOR BUY-IN-STATUS 1161            MN-APPR-DT
CUR-BUY-IN STATUS 1180            BUY-IN-EFF-DT 0895    DEEMED-CASH-IND
INS-ENTRY-DT                        REF/ALIEN-IND Q        CUR-BUY-IN-ELIG D
PGM-ELIG: MC/CP & H    SP1(   )          SP2(   )          FS          AFDC
REJECT-FLAG                1998-----> 1997----->
    09-98 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      30      50  50  50  50  50  50  50  50  50  50  50  50
AID-CODE     60      60  60  60  60  60  60  60  60  60  60  60  60
ELIG-STAT 301      001 001 001 001 001 001 001 001 001 001 001 001
MEDICARE    32      32  32  32  32  32  32  32  32  32  32  32  32

TRANS-CD    SUB-CD    EFFECT-DT    PROCESS-DT    MANUAL TRANSACTION
14          0795        0696
1180        0895        0696
1787        0795        1095
1190        0895        1095
99          1293        1194
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B135 SCREEN

```

BI35          ** MEDICARE PART A BUY-IN INQUIRY/UPDATE **          MYH - 08/27/98

COUNTY-ID 30 60 9561628 7 30      HIC-SOURCE 3      LUTE          , DIANE          C
MEDS-ID 561628730                  HIC-NO 561628730A      NEW-HIC-NO
BIRTHDATE 05271946                 TERM-DT - - -          DEATH-DT - - -
BUY-IN NAME                          BUYIN-DOB
PRIOR BUY-IN-STATUS                 MN-APPR-DT            DEEMED-CASH-IND
CUR-BUY-IN STATUS                   BUY-IN-EFF-DT          CUR-BUY-IN-ELIG D
INS-ENTRY-DT                        REF/ALIEN-IND Q        LAST-MC-CHG-DT 06-19-96
PGM-ELIG: MC/CP C H      SP1(      )      SP2(      )      FS      AFDC
REJECT-FLAG          1998===== > 1997===== >
                   09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY
AID-CODE
ELIG-STAT
MEDICARE          32          32  32  32  32  32  32  32  32  32  32  32  32
TRANS-CD          SUB-CD          EFFECT-DT          PROCESS-DT          MANUAL TRANSACTION
                                                                -----
                                                                TRANS-CODE
                                                                EFFECTIVE-DT
                                                                -----
    
```

INQM SCREEN - NON-SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSIP INFORMATION **          IBF - 08/20/98

CASE-NAME NOONTIME          , FUN      DISTRICT          NOONTIME          , FUN
COUNTY-ID 59-38-4444444-1-02      EW-CODE 72GI
MEDS-ID 333-33-3333      SSN-VER 3      REDETERM-MO      77777 YESTERDAY DRIVE
BIRTHDATE 01-23-1958      SEX M      GOVT-RESP 1      GARDEN GROVE CA      92841
CHAINED-ID                  LAST-MC/CP-CHG 04-07-98      ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID              LAST-OTH-CHG 06-17-98      APDP-IND          PICKLE
WELFARE-PGM 005      DEATH-DT          DEATH-CD          TERM-DT 04-30-98      TERM-REAS 38
CIN 97777777D 7      HIC-NO          BIC-ISSUE 08-20-97      PAPER-ISSUE
PGM-ELIG: MC/CP      H      SP1          SP2          FS      H      AFDC
                   1998===== > 1997===== >
                   08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY          30          30  30  30  30  00  00  00  30  30  30  30  30
AID-CODE          38          01  01  38  38  00  00  00  01  01  01  01  01
ELIG-STAT 999          301  301  301  301  999  999  999  301  301  301  301  301
SOC-AMT
CERT-DAY
OHC          N          N      N      N      N      N      N      N      N      N      N      N
RESTRICT
MEDICARE 99          99  99  99  99  99  99  99  99  99  99  99  99
HCPI-NUM          506  506  506  506          506  506  506  506  506
HCPI-STAT          S1  01  S1  01          S1  01  01  01  01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INQM SCREEN - NON-SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 08/20/98

CASE-NAME BOND          , JAME          DISTRICT          BOND          , JAMILLE
COUNTY-ID 59-34-9999999-7-01          EW-CODE 72EL
MEDS-ID 444-44-4444          SSN-VER J          REDETERM-MO 02          88888 HAZARD AVE
BIRTHDATE 04-14-1972          SEX F          GOVT-RESP 1          GARDEN GROVE CA          92843
CHAINED-ID          LAST-MC/CP-CHG 06-23-98          ADDRESS-FLAG          RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG 11-09-97          APDP-IND          PICKLE
WELFARE-PGM 001          DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CIN 98888888D 8          HIC-NO          BIC-ISSUE 03-13-97          PAPER-ISSUE
PGM-ELIG: MC/CP C H          SP1          SP2          FS          AFDC

          1998-----> 1997----->
08-98 PEND          JAN          FEB          MAR          APR          MAY          JUN          JUL          AUG          SEP          OCT          NOV          DEC
COUNTY          30          30          30          30          30          30          30          30          30          30          30          30
AID-CODE          34          34          34          34          34          34          34          86          34          34          34          34
ELIG-STAT 301          301          301          301          301          301          301          301          301          301          301          301
SOC-AMT
CERT-DAY
OHC          N          N          N          N          N          N          N          N          N          N          N          N
RESTRICT
MEDICARE          99          99          99          99          99          99          99          99          99          99          99          99
HCP1-NUM 506          506          506          506          506          506          506          506          506          506          506          506
HCP1-STAT 01          01          01          S1          01          01          01          01          01          S1          01          01          01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

INQM SCREEN - SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **          IBF - 08/20/98

CASE-NAME          DISTRICT          HOWAREYOU          , CHARMING          W
COUNTY-ID 59-10-9999999-9-99          EW-CODE
MEDS-ID 999-99-9999          SSN-VER J          REDETERM-MO 04          1000 SIDEWALK WAY
BIRTHDATE 05-08-1912          SEX F          GOVT-RESP 2          CYPRESS          90630
CHAINED-ID          LAST-MC/CP-CHG 07-30-98          ADDRESS-FLAG          RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG 08-19-98          APDP-IND          PICKLE
WELFARE-PGM 001          DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CIN 99999999A 9          HIC-NO 999999999M          BIC-ISSUE 05-01-94          PAPER-ISSUE
PGM-ELIG: MC/CP C H          SP1 (MEDICR) C H          SP2          FS          AFDC

          1998-----> 1997----->
08-98 PEND          JAN          FEB          MAR          APR          MAY          JUN          JUL          AUG          SEP          OCT          NOV          DEC
COUNTY          30          30          30          30          30          30          30          30          30          30          30          30
AID-CODE          10          10          10          10          10          10          10          10          10          10          10          10
ELIG-STAT 301          301          301          301          301          301          301          301          301          301          301          301
SOC-AMT
CERT-DAY
OHC          N          N          N          N          N          N          N          N          N          N          N          N
RESTRICT
MEDICARE          22          02          02          02          02          02          22          22          02          02          02          02
HCP1-NUM 506          506          506          506          506          506          506          506          506          506          506          506
HCP1-STAT 01          01          01          01          01          01          01          01          01          01          01          01          01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INQP SCREEN - NON-SSI RECORD

```

INQP          ** PENDING/DENIED APPLICATIONS & APPEALS **          IBF - 08/20/98

MEDS-ID 333-33-3333  SSN-VER 3      GOVT-RESP 1      NOONTIME      , FUN
BIRTHDATE 01-23-1958  SEX M  ALIEN-NO 05555555
CHAINED-ID                      LAST-MC/CP-CHG 04-07-98  77777 YESTERDAY DRIVE
PRIOR-MEDS-ID                      LAST-OTH-CHG 06-17-98  ANYTOWN, CA          99999
LANGUAGE V      ETHNIC V      INS-ENTRY-MMY 07-97  ADDRESS-FLAG
DEATH-DT                      DEATH-CD      REF/ALIEN-IND 1  PHONE
CA-DL/ID-NO                      CLIENT-INDEX-NO 97777777D 7  HIC-NO
PGM-ELIG: MC/CP  H  SP1                      SP2                      FS  H  AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                      DISTRICT                      EW-CODE
COUNTY-ID
APPLICATION-DATE              DENIAL-DATE                  DENIAL-REAS
EXPECTED-DELIVERY-DATE      FAMILY-SIZE                  TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE                  DENIAL-REAS                  LAST-SDX-CHG

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE                  APPEAL-FLAG                  APPEAL-LEVEL
NOA-DATE                      NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

INQO SCREEN - NON-SSI RECORD

```

INQO          ** OTHER MISCELLANEOUS INFORMATION **          IBF - 08/20/98

MEDS-ID 333-33-3333  NAME NOONTIME      , FUN          BIRTHDATE 01-23-1958
CA-DL/ID-NO                      CLIENT-INDEX-NO 97777777D 7  ALIEN-NO 05555555
PHONE                      AUTH-REP-NAME
ETHNIC V      LANGUAGE V      AUTH-REP-ADDR
SSN-VER-BIRTHDATE
DEATH-POSTED
EXPECTED-DELIVERY-DATE      ELIG-APPROVAL-DATE 03-10-98
REF/ALIEN-IND 1 )          ALIEN-ELIG          SSI-LAST-RECEIVED
INS-ENTRY-MMY 07-97      ALIEN-SPONSOR-STAT  PICKLE-TICKLER
COUNTRY-OF-ORIGIN VM          LAST-PICKLE-CHG
LAST-MC/CP-CHG 04-07-98  LAST-FS-CHG 01-13-98  LAST-OTHER-CHG 06-17-98
LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS
FILE-FIX-DATE          CARD-ISSUE-DATE 08-20-97  PAPER-CARD-DATE

PGM-ELIG: MC/CP  H  SP1                      SP2                      FS  H  AFDC
                                1998=====> 1997=====>
                                08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
ORIG-AID
NEG-ACTN
MULTI-SOC

OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

APPENDIX II - DATA ELEMENT DICTIONARY

MEDS NETWORK NAME: COUNTRY-OF-ORIGIN

NARRATIVE NAME: COUNTRY OF ORIGIN

SOURCE: COUNTY, SDX

LENGTH: 2

DEFINITION: Country of Origin is the country of citizenship if known, otherwise, country of birth.

VALUES:

FEDERAL INFORMATION PROCESSING STANDARDS PUBLICATION 10-4
ISSUED APRIL 1995

COUNTRIES, DEPENDENCIES, AREAS OF SPECIAL SOVEREIGNTY, AND THEIR
PRINCIPAL ADMINISTRATIVE DIVISIONS

AF	AFGHANISTAN	BU	BULGARIA	ET	ETHIOPIA
AL	ALBANIA	UV	BURKINA	EU	EUROPA ISLAND
AG	ALGERIA	BM	BURMA	FK	FALKLAND ISLANDS
AQ	AMERICAN SAMOA	BY	BURUNDI		(ISLAS MALVINAS)
AN	ANDORRA	CB	CAMBODIA	FO	FAROE ISLANDS
AO	ANGOLA	CM	CAMEROON	FM	FEDERATED STATES
AV	ANGUILLA	CA	CANADA		OF MICRONESIA
AY	ANTARCTICA	CV	CAPE VERDE	FJ	FIJI
AC	ANTIGUA AND BARBUDA	CJ	CAYMAN ISLANDS	FI	FINLAND
AR	ARGENTINA	CT	CENTRAL AFRICAN	FR	FRANCE
AM	ARMENIA		REPUBLIC	FG	FRENCH GUIANA
AA	ARUBA	CD	CHAD	FP	FRENCH POLYNESIA
AT	ASHMORE AND	CI	CHILE	FS	FRENCH SOUTHERN
	CARTIER ISLANDS	CH	CHINA		AND ANTARCTIC LANDS
AS	AUSTRALIA	KT	CHRISTMAS ISLAND	GB	GABON
AU	AUSTRIA	IP	CLIPPERTON ISLAND	GA	GAMBIA, THE
AJ	AZERBAIJAN	CK	COCOS (KEELING)	GZ	GAZA STRIP
BF	BAHAMAS, THE		ISLANDS	GG	GEORGIA
BA	BAHRAIN	CO	COLOMBIA	GM	GERMANY
FQ	BAKÉR ISLAND	CN	COMOROS	GH	GHANA
BG	BANGLADESH	CF	CONGO	GI	GIBRALTAR
BB	BARBADOS	CW	COOK ISLANDS	GO	GLORIOSO ISLANDS
BS	BASSAS DA INDIA	CR	CORAL SEA ISLANDS	GR	GREECE
BO	BELARUS	CS	COSTA RICA	GL	GREENLAND
BE	BELGIUM	IV	COTE D'IVOIRE	GJ	GRENADA
BH	BELIZE		(IVORY COAST)	GP	GUADALOUPE
BN	BENIN	HR	CROATIA	GQ	GUAM
BD	BERMUDA	CU	CUBA	GT	GUATEMALA
BT	BHUTAN	CY	CYPRUS	GK	GUERNSEY
BL	BOLIVIA	CZ	CZECH REPUBLIC	GV	GUINEA
BK	BOSNIA AND	DA	DENMARK	PU	GUINEA-BISSAU
	HERZEGOVINA	DJ	DJIBOUTI	GY	GUYANA
BC	BOTSWANA	DO	DOMINICA	HA	HAITI
BV	BOUVET ISLAND	DR	DOMINICAN REPUBLIC	HM	HEARD ISLAND AND
BR	BRAZIL	EC	ECUADOR		MCDONALD ISLANDS
IO	BRITISH INDIAN	EG	EGYPT	HO	HONDURAS
	OCEAN TERRITORY	ES	EL SALVADOR	HK	HONG KONG
VI	BRITISH VIRGIN	EK	EQUATORIAL GUINEA	HQ	HOLLAND ISLAND
	ISLANDS	ER	ERITREA	HU	HUNGARY
BX	BRUNEI	EN	ESTONIA	IC	ICELAND

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

IN	INDIA	NR	NAURU	ST	ST. LUCIA
ID	INDONESIA	BQ	NAVASSA ISLAND	SB	ST. PIERRE AND MIQUELON VC
IR	IRAN	NP	NEPAL		ST. VINCENT AND THE GRENADINES
IZ	IRAQ	NL	NETHERLANDS		
EI	IRELAND	NT	NETHERLANDS ANTILLES	SU	SUDAN
IS	ISRAEL			NS	SURINAME
IT	ITALY	NC	NEW CALEDONIA	SV	SVALBARD
JM	JAMAICA	NZ	NEW ZEALAND	WZ	SWAZILAND
JN	JAN MAYEN	NU	NICARAGUA	SW	SWEDEN
JA	JAPAN	NG	NIGER	SZ	SWITZERLAND
DQ	JARVIS ISLAND	NI	NIGERIA	SY	SYRIA
JE	JERSEY	NE	NIUE	TW	TAIWAN
JQ	JOHNSTON ATOLL	NF	NORFOLK ISLAND	TI	TAJIKISTAN
JO	JORDAN	CQ	NO. MARIANA ISLANDS	TZ	TANZANIA
JU	JUAN DE NOVA ISLAND	NO	NORWAY	TH	THAILAND
KZ	KAZAKHTAN	MU	OMAN	TO	TOGO
KE	KENYA	PK	PAKISTAN	TL	TOKELAU
KQ	KINGMAN REEF	LQ	PALMYRA ATOLL	TN	TONGA
KR	KIRIBATI	PM	PANAMA	TD	TRINIDAD AND TOBAGO
KN	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (NORTH) KOREA, REPUBLIC OF (SOUTH)	PP	PAPUA NEW GUINEA	TE	TROMELIN ISLAND
KS		PF	PARACEL ISLANDS	PS	TRUST TERRITORY OF THE PACIFIC ISLANDS (PALAU)
KU	KUWAIT	PA	PARAGUAY		
KG	KYRGYZSTAN	PE	PERU	TS	TUNISIA
LA	LAOS	RP	PHILIPPINES	TU	TURKEY
LG	LATVIA	PC	PITCAIRN ISLANDS	TX	TURKMENISTAN
LE	LEBANON	PL	POLAND	TK	TURKS AND CAICOS ISLANDS
LT	LESOTHO	PO	PORTUGAL	TV	TUVALU
LI	LIBERIA	RQ	PUERTO RICO	UG	UGANDA
LY	LIBYA	QA	QATAR	UP	UKRAINE
LS	LIECHTENSTEIN	RE	REUNION	TC	UNITED ARAB EMIRATES
LH	LITHUANIA	RO	ROMANIA	UK	UNITED KINGDOM (ENGLAND)
LU	LUXEMBOURG	RS	RUSSIA	US	UNITED STATES
MC	MACAU	RW	RWANDA	UY	URUGUAY
MK	MACEDONIA	SM	SAN MARINO	UZ	USBKISTAN
MA	MADAGASCAR	TP	SAO TOME AND PRINCIPE	NH	VANUATU
MI	MALAWI	SA	SAUDI ARABIA	VT	VATICAN CITY
MY	MALAYSIA	SG	SENEGAL	VE	VENEZUELA
MV	MALDIVES	SR	SERBIA	VM	VIETNAM
ML	MALI	SE	SEYCHELLES	VQ	VIRGIN ISLANDS
MT	MALTA	SL	SIERRA LEONE	WQ	WAKE ISLAND
IM	MAN, ISLE OF	SN	SINGAPORE	WF	WALLIS AND FUTUNA
RM	MARSHALL ISLAND	LO	SLOVAKIA	WE	WEST BANK
MB	MARTINIQUE	SI	SLOVENIA	WI	WESTERN SAHARA
MR	MARTINIQUE	BP	SOLOMON ISLANDS	WS	WESTERN SAMOA
MR	MAURITANIA	SO	SOMALIA	YM	YEMEN
MP	MAURITIUS	SF	SOUTH AFRICA	CG	ZAIRE
MF	MAYOTTE	SX	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	ZA	ZAMBIA
MX	MEXICO			ZI	ZIMBABWE
MQ	MIDWAY ISLANDS			ZZ	UNKNOWN
MD	MOLDOVA	SP	SPAIN		
MN	MONACO	PG	SPRATLY ISLANDS		
MG	MONGOLIA	CE	SRI LANKA		
MW	MONTENEGRO	SH	ST. HELENA		
MH	MONTserrat	SC	ST. KITTS AND NEVIS (ST. CHRISTOPHER & NEVIS)		
MO	MOROCCO				
MZ	MOZAMBIQUE				
WA	NAMIBIA				

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS NETWORK
USER MANUAL

SECTION NUMBER: A2.4
PAGE: 267.1

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

MEDS NETWORK NAME: REF/ALIEN-IND

NARRATIVE NAME: Refugee/Alien Indicator

AKA NAMES: Refugee/Alien, SDX Alien Status, Alien Indicator, INDOCD, Alien Status Code

SOURCE: County, SDC

LENGTH: 1

DEFINITION:

This code indicates whether an individual is a refugee, in a special alien status category or is a U.S. citizen. The information is used for the Refugee and Qualified and Not Qualified Alien Tracking Systems.

VALUES:

- A ** Proven U.S. citizen
- B ** Alleged U.S. citizen
- C Conditional Entrant admitted under INA section 203(a)(7)
- D Deportation Withheld admitted under INA section 243(h) or 241(b)(3)
- E Amerasian Refugee admitted under INA section 207
- F ** Refugee status admitted under Section 207 or 203(a)(7) of the INA
- G ** Parolee admitted under INA section 212 (d)(5)
- H ** Silva vs. Levi alien
- K Lawful permanent resident (LPR)
- L Asylee admitted under INA section 208, *but not Kurdish or Iraqi Asylee*
- M ** Resident of the Northern Mariana Islands
- N ** Identify and citizenship of the individual verified by the Numident interface (code was previously A or B)
- P ** Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence)
- Q ** Alleged born in the U.S. – allegation corroborated by a U.S. place of birth shown on the on-line Numident
- R Other Refugee admitted under INA section 207 *and not Amerasian or Indochinese refugee*
- S Other Aliens (not a temporary visa holder)
- U Undocumented Alien
- V Visitor / Student / VISA and other aliens with temporary documentation
- W Parolee admitted under INA section 212 (d)(5) with a period of parole over one year
- X Indochinese Refugee admitted under INA section 207
- Y Parolee admitted under INA section 212 (d)(5) with a period of parole less than one year
- Z Kurdish or Iraqi Asylees admitted under INA section 208
- 0* Other Alien (*not 1, 5, 7, 8 or 9*)
- 1* Indochinese Refugee admitted under INA section 207

REVISION NUMBER: 14

REVISION DATE: 9/2/97

SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 **24E-18**

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS NETWORK
USER MANUAL

SECTION NUMBER: A2.4
PAGE: 267.2

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

- 5 Citizen Child Born to Refugee Parent(s)
- 7* Other Refugee
- 8 Cuban / Haitian Refugee
- 9* Aged Alien – Medicare ineligible alien and not 1, 7 or 8

* Values are being obsoleted

** Values are from SDX input only

SPECIAL CONSIDERATIONS:

The values 5, 8, C, E, L, R, X, and Z are to be used by counties to identify time-eligible refugees, non-time eligible refugees and citizen children born to refugee parents so that DHS can obtain 100 percent federal reimbursement for their expenses under the Medi-Cal program, and DSS can obtain 100 percent federal reimbursement for Refugee Cash Assistance, funding for Refugee Employment Services, and Targeted Assistance.

The values of D, K, S, V, W, and Y are to be used to identify Qualified and Not Qualified Aliens. The value K will require will require an entry in the alien eligibility code field *when* the LPR is active duty/veteran or the spouse/child of active duty/veteran.

Because of the continued availability of enhanced funding refugee values should not be changed if a refugee subsequently becomes a U.S. citizen.

The values A, B, F, G, H, M, N, P, and Q are valid only when reported for SSI/SSP recipients via the SDX update files and will not be accepted on county transactions. SDX values will not overlay existing MEDS values when the existing MEDS value has more information (e.g., SDC value G will not over a county value W).

The value F is used by SDX for refugee status Sections 207 or 203 (a)(7) of the INA. If counties see an F, they will need to reevaluate the alien's documentation and enter the appropriate refugee/alien indicator. The value G is used by SDX to identify a Parolee. If Counties see a G, they will need to reevaluate the alien's documentation to determine if the Parolee is admitted to the United States with a period of parole of under one year or over one year, and enter the correct value.

If Refugee/Alien information is reported erroneously for a recipient, it is removed by following the standard MEDS convention for deleting incorrect data; i.e., entry of an * (asterisk) for online and entry of the data element followed by an equal sign and a comma (2009=,) for bath. Deletion of the Refugee/Alien Indicator will also delete the INS Entry Date and the alien eligibility code from MEDS.

REVISION NUMBER: 14

REVISION DATE: 9/2/97

SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-19

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS NETWORK
USER MANUAL

SECTION NUMBER: A2.4
PAGE: 267.20

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

When either a refugee aid code or a refugee alien indicator other than A, B, U, 5 or 0 is reported to MEDS, the Immigration and Naturalization Services entry date must also be reported if it is not already present on MEDS. Additionally, if the Alien registration number is known it should be reported.

Counties began using the new codes on December 1, 1997. Applicants will be coded with the new values when counties process the application. Beneficiaries will need to be reviewed and have their values changed (if necessary) at annual redetermination. Only citizen children of refugees and Cuban/Haitain entrants can remain in their current codes.

The values 0, 1, 7, and 9 are obsolete as of December 1998. The value 0 had been requested by counties to identify aliens who did not fall into any other categories. Since the values have been expanded and changed, the new values will accommodate the various groups of aliens previously reported using 0. Counties requested a full set of new values so they could easily tell whether or not a client's refugee/alien status had been reevaluated. The values 1 and 7 have previously been used to identify Conditional Entrants, Asylees, Indochinese and other Refugees, Parolees, and Amerasian. These various groups of aliens have now been given more specific indicators in order to identify them for the refugee DED NO. 2009 program and as Qualified and Not Qualified Aliens. The value 9 was previously used to identify aliens who were over 65 but not eligible for Medicare because they had not met their five-year residency requirement. The Medicare Buy-In unit is able to continue to suppress the potential Medicare Buy-In alert message issued by MEDS renewal by using the date of entry of the alien and the date of birth.

REVISION NUMBER: 14

REVISION DATE: 9/2/97

SECTION NO.: 50257

MANUAL LETTER NO.: 256

DATE: 01/04/02

24E-20

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS NETWORK
USER MANUAL

SECTION NUMBER: A2.4
PAGE: 67.1

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2033

MEDS NETWORK NAME: ALIEN-ELIG-CODE
NARRATIVE NAME: Alien Eligibility Code
AKA NAMES:
SOURCE: County, SDX

LENGTH: 1

DEFINITION:

The Alien Eligibility Code is used by Social Security Administration and the counties to identify those aliens who may be affected by the requirements in the Welfare Reform Act of August 1996.

VALUES:

- 1* Refugee admitted under section 207 of the INA.
- 2* Deportation Withheld under section 243(h) or 241(b)(3) of the INA.
- 3* Lawful Permanent Residence (LPR) with 40 work quarters.
- 4 LPR Alien on active duty in the military or an honorable discharged veteran.
- 5 LPR spouse or unremarried surviving spouse of active duty military/veteran.
- 6 LPR dependent child of active duty military/veteran.
- 9 Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien.

SPECIAL CONSIDERATIONS:

*These values are SDX input only and will not be accepted on a county transaction.

The values 4, 5, and 6 are only valid when sent with an alien indicator of K on a county transaction. An LPR who is an Amerasian and meets the military criteria should be coded as a 4, 5, or 6 rather than an 8. Values 4, 5, or 6 may appear with a value other than K on an SSI/SSP client; if an SSI client with this coding becomes a county client, the county will need to re-evaluate the alien indicator and alien eligibility code to determine what the appropriate coding should be.

The value 9 is valid when sent with any alien indicator code; however, it is specifically intended to be used with the alien indicator code of K, C, or S. EXCEPTION: K with a value of 4, 5, or 6 should never be changed to a value of 9.

REVISION NUMBER: 14

REVISION DATE: 10/31/97

SECTION NO.: 50257

MANUAL LETTER NO.: 256

DATE: 01/04/02

24E-21

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDS NETWORK
USER MANUAL

SECTION NUMBER: A2.4
PAGE: 160

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2005

MEDS NETWORK NAME: INS-ENTRY-MMY
NARRATIVE NAME: INS-ENTRY-DATE
AKA NAMES: Alien Date of Entry, Alien Date of Residence
SOURCE: County, SDX, Buy-In Unit
LENGTH: 4

DEFINITION:

This field identifies the reported date of entry into the United States or the month and year of residence in the United States. This field may be provided by counties, the Buy-In Unit, or by the SDX file when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. This information is used for Refugees and other Qualified and Not Qualified Aliens for tracking and identification, and for Buy-In for Medicare.

VALUES:

Date in the format MMY where MM is month and YY is year.

SPECIAL CONSIDERATIONS:

An INS date of entry must be reported when the county reports a Refugee/Alien Indicator of C, D, E, K, L, R, S, V, W, X, Y, Z, or 8. Additionally, the 1, 7, or 9, if reported, must have an INS entry date. The value 5 will require a date of entry for citizen children born to a refugee when they are in the refugee aid codes. (See MEM, Article 24).

The INS Entry Date must be entered for every Refugee and Alien. The information on the 1-94 or 1-551 should be sufficient for coding with the Refugee/Alien Indicator. The INS Entry Date for Refugees is the date they entered the U.S. The INS Entry Date for Asylees is the date Asylum is granted. For Other Qualified and Not Qualified Aliens, please follow the instructions in Article 7 of MEM Procedures.

If the SDX file identifies a recipient as an alien (see Refugee/Alien Indicator) and there is an alien date of residence present on the SDX file, this field will contain that date. Note: If the SDX alien date of residence was input prior to 10/80, the SDX month would have defaulted to January 1980. If the SDX alien date of residence is prior to April 1975, MEDS post a 4/75 date in this field. If the SDX file identifies a recipient as an alien and there is no alien date of residence present on the SDX file, MEDS will post the SDX date of application (which is the most recent SDX application date) in this field.

If the Refugee or Alien information is reported erroneously for a recipient, the INS Entry Date is removed by MEDS when the County requests deletion of the Refugee/Alien Indicator.

REVISION NUMBER: 14

REVISION DATE: 10/30/2000

SECTION NO.: **50257** MANUAL LETTER NO.: 239 DATE: 3/23/01 24E-22

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EDITS:	ERROR MESSAGE:	ACTION
	<u>ONLINE</u>	
REFUGEE/ALIEN IND = '9', AGE < 64 YEARS 8 MONTH	385 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YEARS 9 MONTHS	REJECT TRANS
INS-ENTRY-DATE < BIRTHDATE	386 INS-ENTRY-MMYM CANNOT BE PRIOR TO BIRTH DATE	REJECT TRANS
INS-ENTRY-DATE > CURRENT DATE	315 INS-ENTRY-MMYM MAY NOT BE A FUTURE DATE	REJECT TRANS
REFUGEE/ALIEN IND = 'K', 'D', 'C', 'Z', 'L', 'X', 'E', 'R', '8', '5', 'W', 'Y', 'S' NO INS-ENTRY-DATE ON MEDS OR TRANS	314 INS-ENTRY-MMYM DATE REQUIRED WHEN REFUGEE/ALIEN ENTERED	REJECT TRANS
INS-ENTRY DATE > SPACES NO REFUGEE/ALIEN IND ON MEDS OR TRANS	317 REFUGEE/ALIEN REQUIRED WHEN INS-ENTRY-MMYM ENTERED	REJECT TRANS
ELIG-APPROVAL-DATE > CURRENT DATE	401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE	REJECT TRANS
	<u>BATCH TRANS</u>	
INS-ENTRY-DATE GREATER THAN CURRENT DATE	1616 INS-ENTRY-MMYM MAY NOT BE A FUTURE DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
INS-ENTRY-DATE LESS THAN BIRTH DATE	1091 INS-ENTRY-MMYM CANNOT BE PRIOR TO BIRTH DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
REFUGEE/ALIEN IND IS ALPHA	0004 INVALID CHARACTER WITHIN FIELD ACCEPT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
REFUGEE/ALIEN IND = '9' AGE < 64 YEARS 9 MONTHS	1090 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YRS 9 MONTHS URGENT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
MEDS AID CODE = '01', '02', OR '08' TRANS REFUGEE/ALIEN IND = '0' OR '9'	2155 REFUGEE/ALIEN INFORMATION INCOMPLETE OR INCONSISTENT ACTION	MEDS REFUGEE ALIEN IND IS NOT CHANGED
	<u>RENEWAL</u>	
CHECK IF THERE IS A 01, 02 OR 08 AID CODE IN THE CURRENT OR HISTORY SEGMENTS WITHOUT A REFUGEE/ALIEN IND	8503 REFUGEE/ALIEN INFORMATION MISSING OR INCOMPLETE	ACTION

