PETE WILSON, Governor

OF CALIFORNIA–HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

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October 19, 1998

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 206

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

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

| Procedure Revision | Description |
| --- | --- |
| Article 24 | Revisions to the Procedures for Refugee Medical Assistance due to clarifications in policy, the Refugee/Alien Tracking System, Personal Responsibility and Work Opportunity Reconciliation Act, and the Balanced Budget Reconciliation Act of 1996 |

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

Sincerely,

Original signed by

Glenda Arellano for
Angeline Mrva, Chief
Medi-Cal Eligibility Branch

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## 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 so that refugees can 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The federal Refugee Act of 1980 (Public Law 96-212), enacted March 17, 1980, repealed the Indochina Migration and Refugee Assistance Act of 1975 completely, but left in place the Cuban Program Phasedown (formerly the Cuban Refugee Program) for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 an 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.

The 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 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, and a new requirement to provide RMA to eligible refugees even if they lose cash assistance eligibility due to increased earnings from employment.

Public Law 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Balanced Budget Act (BBA); Public Law 105-33) are both effective on August 22, 1996. Refugees as identified in 24D-12 are Qualified Aliens under this legislation and are eligible for Medi-Cal. For specific eligibility information, please refer to the chart on page 24D-2.

## 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 (RRP) 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 Medical Services Division oversees the RMA program. The Refugee Health Branch in the Preventive Health Division oversees the refugee preventive health program through county refugee health coordinators to ensure that every refugee, upon initial entry into the State of California, is given a complete health assessment and screening and, if needed, follow-up treatment and care. This is also funded through ORR.

The county welfare departments are to determine the eligibility of refugees for California Work Opportunity and Responsibility to Kids (CalWORKs), RCA, RMA, or Medi-Cal, and to aid in the identification and tracking of refugees through the Medi-Cal Eligibility Data System (MEDS). Individuals who were eligible for AFDC-related Medi-Cal will be determined eligible for CalWORKs, Medi-Cal Only, or for a new category for persons who meet the old AFDC income and resource requirements.

## 5. CASE MONITORING

Through an agreement with the DSS Refugee Programs Branch, case monitoring for the RMA program is done by their Quality Control Bureau along with the case monitoring for RCA cases in the counties. Since the same documentation and similar criteria except for a few Medi-Cal requirements must be met for RMA eligibility, it was decided that it was cost effective for DSS to monitor RMA cases along with RCA cases in their normal county case monitoring reviews. DHS provided an RMA case monitoring form to DSS for this process.

## 24B -- ELIGIBILITY REQUIREMENTS

### 1. DEFINITION OF REFUGEE

For purposes of determining eligibility for assistance, California Code of Regulations (CCR), 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, or 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.
- An individual from any country who has been granted asylum under Section 208 of the INA as indicated on Form I-94. **(NOTE: DOE for Kurdish and Iraqi asylees is date asylum granted on the I-94.)**
- 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.

(2) Persons not identified by the federal government as refugees:

- o Any person with INS status of applicant for asylum or Humanitarian/Public Interest Parolee.
- o 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:

- o Children born in the U.S. of refugee parents, but must first be determined if eligible for Medi-Cal.
- o Children who are born of a refugee and a U.S. citizen living with the refugee parent only, but must first be determined if eligible for Medi-Cal.
- o Children who are born of a refugee and a U.S. citizen where U.S. citizen is part of household **are not** eligible.
- o Children of refugees who are relinquished for foster care placement **are not** eligible.
- o 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

- o Cubans and Haitians who possess an INS Form I-94 which states "Cuban/Haitian Entrant (Status Pending)."
- o 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.
- o 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**".
- o **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.

## 2. RMA/EMA ELIGIBILITY REQUIREMENTS UNDER THE MEDI-CAL PROGRAM

Refugees and Entrants must be determined ineligible for California Opportunity and Responsibility to Kids (CalWORKs), Supplemental Security Income/State Supplementary Payment (SSI/SSP) Medi-Cal or Medically Indigent Child programs before they can be placed in RMA/EMA. They are ineligible for Medi-Cal for lack of linkage, but must meet all other Medi-Cal eligibility requirements, such as property limits, state residence, cooperation, institutional status.

a. Specific Requirements under RMA/EMA:

(1) Must meet financial eligibility requirements for Medi-Cal program in accordance with California Code of Regulations, Title 21, Articles 4-13, except that in-kind services and/or shelter provided to refugees by a sponsor or resettlement agency **are not to be considered** as income.

(2) Eligibility is to be determined for each individual member of a family. For example, if a child is eligible for Medi-Cal but parents are not, place this child on Medi-Cal and parents on RMA/EMA.

**(NOTE: This requirement pertains to RMA only; Not for CalWORKs, RCA, or Transitional Refugee Medical Assistance (TRMA).)**

(3) Recipients of RCA or Entrant Cash Assistance (ECA) shall automatically receive à Medi-Cal Beneficiary Identification Card (BIC). Refugees may apply for RMA-EMA benefits without receiving RCA/ECA cash assistance.

b. Refugees ineligible for RMA/EMA:

(1) Refugees who have been denied or have been terminated from RCA/ECA for failure or refusal to comply with registration, employment, education or training requirements of MPP Section 69-208.

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

## 3. MEDI-CAL ELIGIBILITY REQUIREMENTS 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 BBA, and are classified as Qualified Aliens. 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 United States.

(3) Assist them to become self-sufficient as soon as possible.

(4) Services to be provided are:

- Reception Services: Meeting refugees at the airport and providing decent housing, essential furnishings, food, and clothing.
- 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. These grants are considered unearned income in month received.

(4) Do not consider in-kind services and shelter provided to a refugee by a resettlement agency as income.

(5) List of Voluntary Agencies in U.S.:

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

Church World Services
St. Anselm's Cross Cultural
Community Center
5250 Santa Monica Boulevard, Room 305
Los Angeles, California 90029
(213) 667-0489
Fax: (213) 667-2271

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

Church World Services
St. Anselm's Cross Cultural
Community Center
3295 Meade Avenue
San Diego, California 92116
(619) 284-1184
Fax: (619) 284-2084

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

DFMS
Diocese of Los Angeles
5250 Santa Monica Boulevard, Room 30
Los Angeles, California 90029
(213) 667-0489
Fax: (213) 667-2271

Ethiopian Community Development
African Community Refugee Center
6399 Wilshire Blvd., Room 315
Los Angeles, California 90048
(213) 966-5537
Fax: (213) 658-8717

Ethiopian Community Development
Alliance for African Assistance
3148 University Avenue
San Diego, California 92104
(619) 282-2318
Fax: (619) 282-4235

Hebrew Immigrant Aid Society
Jewish Family & Children Services
of East Bay
2484 Shattuck Avenue, White 210
Berkeley, California 94704
(510) 704-7475
Fax: (510) 704-7494

Hebrew Immigrant Aid Society
Jewish Family and Children Services
3801 East Willow Street
Long Beach, California 90815
(310) 427-7916
Fax: (310) 427-7910

Hebrew Immigrant Aid Society
Jewish Family Service
6380 Wilshire Boulevard, 12th Floor
Los Angeles, California 90048
(213) 651-5573
Fax: (213) 651-5649

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

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

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

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

IRSA - I.I.L.A.
10180 East Valley Boulevard
El Monte, California 91731
(818) 452-9421
Fax: (818) 452-8520

IRSA
International Institute of Los Angeles
3845 Selig Place
Los Angeles, California 90031
(213) 224-3800
Fax: (213) 224-2810

IRSA
International Institute of the East Bay
297 Lee Street
Oakland, California 94610
(510) 451-2846
Fax: (510) 465-3392

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 5. AID CODES

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

| CODE | BENEFITS | SHARE/COST | PROGRAM DESCRIPTION |
|---|---|---|---|
| 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. Possible share of cost if income above Medi-Cal level. **Transitional RMA has no share of cost.** |
| 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. |

## 6. TRANSITIONAL REFUGEE MEDICAL ASSISTANCE

Title 45, Code of Federal Regulations, Part 400 entitled Refugee Resettlement Program; Final Rule, as amended on June 28, 1995, eliminates the restriction of a maximum of four months of TRMA. With the new federal regulation change, RMA recipients who become employed are entitled to TRMA benefits until the end of their eight-month time eligibility period, or they can lose RCA cash benefits because of increased earnings from employment after the first month of RCA and be eligible for up to seven months of zero share-of-cost TRMA to the end of the present time eligibility period of eight months.

For Refugee family assistance units in RCA, if the head of the family loses RCA benefits because of increased earnings, place the family unit in transitional RMA with no share of cost for the remaining time eligibility period. Each individual family member would still retain 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/she now can automatically be placed in the RMA program until the end of the eight-month eligibility period. The old regulation for TRMA technically implied that a person was required to have been receiving RCA cash benefits in order to be eligible for TRMA. This implied requirement is no longer a barrier to receipt of TRMA benefits. TRMA benefits under this regulation are available to any refugee who loses refugee cash assistance in any program (matching grant, Fish-Wilson, or RCA) because of increased earnings from employment, regardless of whether the refugee obtains private medical coverage, as long as the RMA payment is reduced by the amount of the third party payment.

Refugees who are discontinued from CalWORKs may be eligible for Initial Transitional Medi-Cal (TMC). This is six months of transitional Medi-Cal for individuals discontinued from CalWORKs due to increased earnings, or hours of employment, or loss of the $30 and 1/3 disregard. This is for full benefits with no share of cost under **Aid Code 39**. An additional six months of TMC is available to persons if the increased earnings did not increase their income above the 185 percent poverty level. This is also for full benefits with no share of cost under **Aid Code 59**.

Assembly Bill 3483 amended Welfare and Institutions (W&I) Code Sections 14005.8 and 14005.85 and added W&I Code Section 14005.81 to change TMC upon receipt of a federal waiver approval. Once the waiver is approved, persons receiving TMC because they were terminated from CalWORKs due to increased hours of employment, income from employment, or loss of the earned income disregard will be eligible for **TWO** years of **TMC**. However, this additional year will **NOT BE** provided to persons who are also receiving **TMC** due to the reuniting of spouses or marriage (Wedfare).

## 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/Haitians. 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 Department of Health Services (DHS) determines that sufficient federal funds are available under the Refugee Resettlement Program (RRP) and Cuban and Haitian Entrant Program (CHEP).

## 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 refugee aid, this redetermination must comply with the federal Medicaid regulations for redetermination. Federal regulations require Medi-Cal benefits be maintained until the beneficiary's eligibility for on-going benefits can be determined.

The county should conduct an examination of the file to see if there is any other eligibility for Medi-Cal. If there is not enough information in the file to make a determination, additional information can then be requested from the recipient. If the recipient fails to provide the requested information within 20 days from the mailing of the request, benefits can then be terminated. Refugees in aid codes 01, 0A, or 08 will be eligible for Edwards Medi-Cal benefits until the Medi-Cal redetermination is completed, if the county uses a termination code that does not suppress Edwards. Refugees in RMA aid code 02 must be placed in another aid code while awaiting redetermination if it occurs after eight months of Refugee aid.

Federal law under BBA has revised previous SSI eligibility restrictions for Qualified Aliens and Refugees and has extended eligibility to seven years before citizenship is required for SSI benefits. All refugees present in the United States on August 22, 1996 are eligible for SSI. Others who enter the United States as refugees after that date will be eligible for seven years to meet citizenship criteria. There is no anticipated discontinuance or denial of SSI benefits to refugees because of the new federal laws. However, 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 no longer eligible.
- Complete required redetermination for beneficiaries losing categorical linkage to Medi-Cal.
- Use information on SDX from SSA to transfer these individuals into the medically needy aid codes: 14, 24, or 64 with an Eligibility Status Code of "–6" on MEDS. The INQX screen will show an "N13" termination code and the INQM screen will display Medi-Cal termination date .
- Send information notice at end of month of termination to notify beneficiaries that their Medi-Cal eligibility is now the responsibility of the State and not SSA.
- Send renewal packet and cover letter based on individual's former SI 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 is RMA or Transitional 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, Transitional 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 Language:**

1. The reason for this denial/discontinuance is that you have been discontinued from RMA because your earnings from employment are higher than the standard set by the State of California Medi-Cal program. However, you are eligible for Transitional RMA until the end of your eight-month time eligibility period. Reference: 45 CFR Part 400.

2. 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.

3. The reason for this denial/discontinuance is that you are at the end of your eligibility period for Transitional RMA. Reference: 45 CFR Part 400.

4. 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. You are now eligible/ineligible for Medi-Cal benefits because of_____. Reference: 45 CFR Part 400

## 10. TUBERCULOSIS (TB) PROGRAM

Refugees in Aid Codes 01 (RCA), 02 (RMA), and 08 (Entrants) are those refugees who are ineligible for regular assistance programs such as SSI, AFDC and Medi-Cal. When these individuals finish their eight-month time eligibility period under the federal program, 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 and 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. However, retroactive coverage is only available on or after October 1, 1994.

g. TB infected individuals under this program shall be eligible for outpatient TB-related services **only**.

h. Individuals eligible under this program shall have no share of cost.

## 11. MANAGED CARE

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

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

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

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

## 12. SAVE

All applicants for RMA, RCA, or any other assistance program are verified as having satisfactory immigration status through the Systematic Alien Verification for Entitlements (SAVE) program. 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, only primary verification will be required and secondary verification will be delayed until the time of the first redetermination or 12 months.

This waiver applies only to the secondary verification requirement. All applicants must have proper identification to substantiate whether they are a citizen or alien in satisfactory immigration status to receive Medicaid benefits. The waiver will apply only to refugees applying for AFDC and Medicaid 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.

## 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 entered U.S. | I-94 Arrival Departure Record; 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.)

**REFUGEE BENEFITS UNDER PRWORA AND BBA**

| REFUGEE | RCA/RMA | MEDI-CAL | SSI | FOOD STAMPS | TANF/ CALWORKS |
|---|---|---|---|---|---|
| Refugees (INA* Sec. 207 or Sec. 212(d)(5) with notation "Refugee"): | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible if on SSI** | Reestablish Eligibility***or/Not Elig.**** | Eligible for 5 yrs***** |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible for 7 years | Eligible for 5 yrs***** |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible ** | Eligible | Exempt |
| Who were present in U.S. after August 22, 1996 and become aged | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible | Exempt |
| Asylees (INA Sec. 208 or 212(d)(5) w/not. "asylee") after granting of Asylum: | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible if on SSI** | Reestablish Eligibility***or/Not Elig.**** | Eligible for 5 yrs***** |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | New Claims Eligible 7 yrs from Asylee Status Change | Eligible for 7 years | Eligible for 5 yrs***** |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible** | Eligible | Exempt |
| Who were present in U.S. after August 22, 1996 and become aged | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible | Exempt |
| Cuban/Haitian Entrants ( Sec. 501(e), Refugee Education Assist. Act): | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible if on SSI** | Reestablish Eligibility***or/Not Elig.**** | Eligible for 5 yrs***** |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible for 7 years | Eligible for 5 yrs***** |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible ** | Eligible | Exempt |
| Who were present in U.S. after August 22, 1996 and become aged | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible | Exempt |
| Amerasian: | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible if on SSI** | Reestablish Eligibility***or/Not Elig.**** | Eligible for 5 yrs***** |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible for 7 years | Eligible for 5 yrs***** |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible** | Eligible | Exempt |
| Who were present in U.S. after August 22, 1996 and become aged | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible | Exempt |
| Conditional Entrant Aliens (INA Sec. 203(a)(7): | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible if on SSI** | Reestablish Eligibility***or/Not Elig.**** | Eligible for 5 yrs***** |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible for 7 years | Eligible for 5 yrs***** |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible** | Eligible | Exempt |
| Who were present in U.S. after August 22, 1996 and become aged | Eligible for 8 mos. | Eligible | New Claims Eligible for 7 years from DOE | Eligible | Exempt |
| Refugee Citizen Children: | | | | | |
| Who were present in U.S. on August 22, 1996- | Eligible for 8 mos. | Eligible | Eligible | Eligible | Eligible until age 18 |
| Who were present in U.S. after August 22, 1996 | Eligible for 8 mos. | Eligible | Eligible | Eligible | Eligible until age 18 |
| Who were present in U.S. on August 22, 1996 and become blind or disabled | Eligible for 8 mos. | Eligible | Eligible | Eligible | Not Applicable |

Footnotes:

* Immigration and Nationality Act

** No time limit. No change.

*** Certain categories of Refugees (Hmong or Highland Lao former military) who were in the U.S. on August 22, 1996 are now able to reestablish indefinite eligibility for the Food Stamp Program. Additionally, able bodied adult Refugees under the age of 65 in the U.S. on August 22, 1996 who had already received food stamps for less than 7 years can reestablish eligibility for up to 7 years.

**** Able bodied adult Refugees under the age of 65 in the U.S. on August 22, 1996 who had already received food stamps for 7 years remain barred from continued eligibility.

***** Aid is time limited with a five-year lifetime limit on receipt of assistance, a limit of 24 consecutive months for current adult recipients and 18 consecutive months for new applicants after January 1, 1998.

(NOTE: CALIFORNIA WILL PROVIDE ALL LEGAL IMMIGRANTS FULL-SCOPE MEDI-CAL.)

## 24E -- REFUGEE/ALIEN TRACKING SYSTEM

### 1. PURPOSE

To report and track specific information on all Refugees who enter the United States 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 re-apply 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 (DHS) 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 United States is required by the federal government

Because the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) 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 MOE, and counties should be using the new codes.

### 2. REFUGEE/ALIEN TRACKING SYSTEM

Counties were required to report the Refugee Name, Social Security number (SSN), Refugee Indicator Code (New: C, L, Z, X, R, E, 8, 5), County ID Number, 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 became part of the MEDS system. This was accomplished through a one-time conversion of the old Refugee Tracking System into the MEDS database. All information previously reported to the Refugee Tracking System 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 INA classification, or, in certain cases, by their unique circumstances, such as the battered aliens, and those who are in the United States Armed Forces. The New Refugee Indicator Codes are:

| | |
|---|---|
| C | CONDITIONAL ENTRANT |
| L | ASYLEE |
| Z | KURDISH OR IRAQI ASYLEE |
| X | INDOCHINESE REFUGEE |
| R | OTHER REFUGEE |
| 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 |

## 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 value 0 will no longer be used. Under the new codes, Qualified and Not Qualified 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, determination of benefits (including FFP availability), and verification with the Systematic Alien Verification for Entitlements (SAVE), 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 Entry Date for Refugees is the date they entered the U.S. and is the date shown on SAVE. The only exception to this rule is for Kurdish and Iraqi Asylees whose Entry Date is the date asylum was granted.

## 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 can be used to generate statistical reports and health trend data

## 10. REFUGEE CHILDREN

Children who are born in the United States 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 then 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 AFDC, 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.

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.

| | | CODES EFFECTIVE 12/1/97 | |
|---|---|---|---|
| **ALIEN CLASSIFICATION** | **Current 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, or S | 9*** |
| Other Lawful Permanent Resident (LPR) not 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<br>Spouse 5<br>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 or Sec. 212(d)(5) w/notation "Asylee" INS Entry Date is date entered U.S. | 7 | L | |
| Kurdish or Iraqi Asylee admitted under INA Sec. 208 or 108(A) INS Entry Date is date asylum was granted on I-94. | 7 | Z | |
| Indochinese Refugee admitted under INA Sec. 207 or Sec. 212(d)(5) w/notation "Refugee". Not Amerasian. | 1 | X | |
| Other Refugee admitted under INA Sec. 207 or Sec. 212(d)(5) w/notation of "Refugee" and not Indochinese. | 7 | R | |
| Amerasian Refugee admitted under INA Sec. 207 | 7 | E | |
| Cuban/Haitian Entrant | 8 | 8 | |
| Citizen Child of Refuge | 5 | 5 | |
| Parolee admitted under INA Sec. 212(d)(5) w/period of parole over one year | 7 | W | |
| Parolee admitted under INA Sec. 212(d)(5) w/period of parole less than one year | 7 | Y | |
| Other Aliens *-- Not a temporary Visa Holder | 0 or 9 | S | |
| Visitor/Student/VISA and other Aliens with Temporary Documentation | 0 or 9 | V | |
| Undocumented Aliens | 0 or 9 | U | |

* Other aliens, defined for identification and tracking purposes only, include aliens verified by INS through G-845 process as: Voluntary Departure, Indefinite Stay of Deportation, Deferred Action Status, Stay of Deportation, Application for Adjustment Status, Order of Supervision, Suspension of Deportation, Indefinite Voluntary Departure, Immediate Relative Petition, Lawful Temporary Resident, Registry Alien, In U.S w/Permission of INS, Extended Voluntary Departure

DEPARTMENT OF HEALTH SERVICES
DATA SYSTEMS BRANCH
PROGRAM SPECIFICATIONS

PROGRAM REFUGEE TRACKING
REVISION MODIFICATION
DATE 8/20/98

SECTION 3. MEDS SCREEN MODIFICATIONS.

MEDS Inquiry Screens - INQO Screen- Non-SSI Record

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

MEDS-ID 444-44-4444   NAME BOND            , JAMI          BIRTHDATE 04-14-1972
CA-DL/ID-NO           CLIENT-INDEX-NO 98888888D 8           ALIEN-NO  066666666
PHONE                                AUTH-REP-NAME
ETHNIC V      LANGUAGE V             AUTH-REP-ADDR
SSN-VER-BIRTHDATE 04-14-1972
DEATH-POSTED
EXPECTED-DELIVERY-DATE               ELIG-APPROVAL-DATE 03-12-97
REF/ALIEN-IND  1            ALIEN-ELIG                  SSI-LAST-RECEIVED
INS-ENTRY-MMYY 02-95        ALIEN-SPONSOR-STAT          PICKLE-TICKLER
COUNTRY-OF-ORIGIN VM                                    LAST-PICKLE-CHG
LAST-MC/CP-CHG 06-23-98     LAST-FS-CHG                 LAST-OTHER-CHG  11-09-97
LAST-MC/CP-TRANS            LAST-FS-TRANS               LAST-OTHER-TRANS
FILE-FIX-DATE               CARD-ISSUE-DATE 03-13-97    PAPER-CARD-DATE

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
ORIG-AID
NEG-ACTN
MULTI-SOC

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

INQO Screen - SSI Record

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

MEDS-ID 999-99-9999   NAME HOWAREYOU       , CHARMING   W  BIRTHDATE 05-08-1912
CA-DL/ID-NO           CLIENT-INDEX-NO 99999999A 9          ALIEN-NO
PHONE (714) 555-5555                 AUTH-REP-NAME
ETHNIC 3      LANGUAGE 6             AUTH-REP-ADDR
SSN-VER-BIRTHDATE 05-08-1912
DEATH-POSTED
EXPECTED-DELIVERY-DATE               ELIG-APPROVAL-DATE
REF/ALIEN-IND  K            ALIEN-ELIG                  SSI-LAST-RECEIVED
INS-ENTRY-MMYY 11-90        ALIEN-SPONSOR-STAT A        PICKLE-TICKLER
COUNTRY-OF-ORIGIN CH                                    LAST-PICKLE-CHG
LAST-MC/CP-CHG 07-30-98     LAST-FS-CHG                 LAST-OTHER-CHG  08-19-98
LAST-MC/CP-TRANS            LAST-FS-TRANS               LAST-OTHER-TRANS BI35 B
FILE-FIX-DATE               CARD-ISSUE-DATE 05-01-94    PAPER-CARD-DATE

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
ORIG-AID
NEG-ACTN
MULTI-SOC

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

**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-MMYY 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-MMYY 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 999999999M
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
```

**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-MMYY
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 __ __ _______ _ __
MEDS-ID _________                  BIRTHDATE _________        NEW-BIRTHDATE

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-MMYY
ALIEN-NO                           ALIEN-ELIG                 CERT-DAY
VALID-MMYY ____                    CARD-ISSUE-SITE ____       CARD-REQUEST-REASON __

ADDRESS:    C/O
          STREET
            CITY                           STATE             ZIP-CODE

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

**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 _                      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-MMYY
ELIG-APPROVAL-DATE              CARD-REQUEST-REASON     ALIEN-ELIG
MFG **                          APPLICATION-DATE        RETRO
ALIAS/SSA-NAME: LAST                    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                                         ADDRESS-FLAG
          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-MMYY
ELIG-APPROVAL-DATE              CARD-REQUEST-REASON     ALIEN-ELIG
MFG **                          RECOVERY
ALIAS/SSA-NAME: LAST                    FIRST           INITIAL       CODE

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

**EW34**

```
EW34            **   MODIFY APPLICANT/APPEAL INFORMATION   **     IBF - 08/07/98

 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**

```
EW50              ** ELIGIBILITY OVER 12 MONTHS PRIOR **       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             HIC-NO

 ESAC _                                                 %-OBLIG
 SOC-AMOUNT                     LTC-IND                 SOC-FBU
 MEDS-OHC *                     RESTRICTION             ORIG-AID
 NEW-OHC _                      REF/ALIEN-IND           INS-ENTRY-MMYY
                                                        CERT-DAY

 VALID-MMYY ____                CARD-ISSUE-SITE ____    CARD-REQUEST-REASON __




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

**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-MMYY            ALIEN-NO
 NEW-COUNTY
 VALID-MMYY                     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               DEEMED-CASH-IND
 CUR-BUY-IN STATUS 1180           BUY-IN-EFF-DT 0895       CUR-BUY-IN-ELIG D
 INS-ENTRY-DT                     REF/ALIEN-IND Q          LAST-MC-CHG-DT 06-19-96
 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         |   TRANS-CODE          |
   1787                      0795           1095         |   EFFECTIVE-DT        |
   1190                      0895           1095         |   ENDING-DT           |
   99                        1293           1194         +-----------------------+
```

**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            DOME-DT
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/CMSP 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    N
 RESTRICT
 MEDICARE   99       99   99   99   99   99   99   99   99   99   99   99   99
 HCP1-NUM           506  506  506  506                  506  506  506  506  506
 HCP1-STAT           S1   01   S1   01                   S1   01   01   01   01
 OPTION    < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
```

**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   30
AID-CODE   34        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  301
SOC-AMT
CERT-DAY
OHC         N         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
HCP1-NUM  506       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   30
AID-CODE   10        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  301
SOC-AMT
CERT-DAY
OHC         N         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   02
HCP1-NUM  506       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
```

**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-MMYY 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  055555555
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-MMYY 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
```

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

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

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

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 overly 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.

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 INS 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 will need to begin 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 will be obsoleted 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.

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 SSA 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 Immigration and Naturalization Act (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.

DED NO. 2005

MEDS NETWORK NAME: INS-ENTRY-MMYY
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 MMYY 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 I-94 or I-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 only exception to this rule is for Kurdish and Iraqui Asylees whose Entry Date is the date asylum was granted. For all other Refugees and Asylees, the INS Entry Date is the date they entered the U.S. 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.

| EDITS: | ERROR MESSAGE: | ACTION |
|---|---|---|
| | **ONLINE** | |
| REFUGEE/ALIEN IND = '9', AGE<64 YEARS 8 MONTH | 385 REFUGEE/ALIEN VALUE INAPPRO-PRIATE FOR UNDER 64 YEARS 9 MONTHS | REJECT TRANS |
| INS-ENTRY-DATE<BIRTHDATE | 386 INS-ENTRY-MMYY CANNOT BE PRIOR TO BIRTH DATE | REJECT TRANS |
| INS-ENTRY-DATE>CURRENT DATE | 315 INS-ENTRY-MMYY 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-MMYY 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-MMYY ENTERED | REJECT TRANS |
| ELIG-APPROVAL-DATE > CURRENT DATE | 401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE | REJECT TRANS |
| | **BATCH TRANS** | |
| INS-ENTRY-DATE GREATER THAN CURRENT DATE | 1616 INS-ENTRY-MMYY MAY NOT BE A FUTURE DATE ACTION | MEDS INS ENTRY DATE IS NOT CHANGED |
| INS-ENTRY-DATE LESS THAN BIRTH DATE | 1091 INS-ENTRY-MMYY 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 INAPPRO-PRIATE 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 |
| | **RENEWAL** | |
| 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 |