STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
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December 28, 1982

To: All County Welfare Directors
All County Health Officers

Letter No. 82-76

IMPACT OF AB 799 ON REFUGEE/ENTRANT MEDICAL ASSISTANCE

AB 799 (Chapter 328, Statutes of 1982) transfers the responsibility for providing medical care for most persons aged 21 through 64 who are not linked to a federal program to the counties effective January 1, 1983. In addition to those categories of adults specifically identified in All County Welfare Directors Letter No. 82-59, refugees/entrants in the following groups may establish or continue eligibility for Medi-Cal program coverage.

Aid Code	Program Title
01, 07, 08	Refugee Cash Assistance (RCA)/Entrant Cash Assistance (ECA) recipients Coverage is limited to the refugee's/entrant's (adults and children) first 18 months in the United States.
02 (new)	Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA) recipients. Coverage is limited to refugee/entrant adults between 21 and 65 years of age who have resided in the United States 18 months or less and are not eligible for AFDC, RCA or ECA.
35	State-Only Aid to Families with Dependent Children-Unemployed Parent (State Only AFDC-U). Refugee/entrant children who are public assistance recipients under the State-Only AFDC-U program shall receive Medi-Cal under this aid category. Provisions of AB 799, Section 5 which prohibit Medi-Cal coverage to non-federally linked adults in the State-Only AFDC-U program apply to adult refugees/entrants. (See the Department of Social Services' (DSS) All County Information Notice I-128-82).

82, 83	Medically Indigent Children (MIC) Refugee/entrant children to age 21 who otherwise meet Medi-Cal eligibility requirements will be eligible for Medi-Cal.
53, 86, 87	Medically Indigent Adults in LTC, Medically Indigent Adult Pregnant Women. Refugees/Entrants who meet eligibility requirements for these limited MI programs will be eligible for Medi-Cal, without regard to the length of time in the United States.

The basis for continued Medi-Cal coverage for non-federally linked refugees/entrants is 45 Code of Federal Regulations (CFR) Part 400. This federal regulation requires the State to provide medical services to refugees/entrants in the same manner and to the same extent as under the State's Medicaid (Medi-Cal) program for all refugees/entrants who are in their first 18 months in the United States.

A. Treatment of Non-Federally Linked Refugee/Entrant Groups

1. RCA/ECA -- Aid Codes 01, 07, 08

   a. Determine eligibility in accordance with Department of Social Services (DSS) rules.

   b. Report all pertinent information to Department of Health Services in accordance with Medi-Cal Eligibility Manual Procedure 2F.

   c. Discontinue Medi-Cal for RCA/ECA recipients effective the last day of the 18th month from the month of entry into the United States, or the loss of program eligibility, whichever is sooner. Adults should be referred to the county medical services program; children should be transferred to the Medi-Cal MIC program.

2. RMA/EMA -- Aid Code 02

   a. Determine eligibility in accordance with Medi-Cal eligibility criteria, except for federal program linkage.

   b. Report all pertinent information to Department of Health Services in accordance with Medi-Cal Eligibility Manual Procedure 2F.

   c. Discontinue Medi-Cal effective the last day of the 18th month from the month of entry into the United States, or the loss of program eligibility, whichever is sooner.

3. State Only AFDC-U Program -- Aid Code 35

   a. Determine eligibility according to applicable Department of Social Services (DSS) regulations.

   b. Report all pertinent information on children under 21 in the case to the Department of Health Services (DHS) in accordance with Medi-Cal Eligibility Manual Procedure 2F.

   c. Adult family members between 21 and 65 who are receiving State-Only AFDC-U are not eligible for Medi-Cal under this program.

4. Medically Indigent Adult Program -- Aid Codes 53, 86, 87

   a. Determine eligibility in accordance with the following:

      (1) Refugees/entrants in first 18 month period -- Determine eligibility under RMA/EMA, aid code 02.

      (2) Refugees/entrants in second 18 month period or after -- Determine eligibility under limited MI category.

   b. Report all pertinent information to DHS in accordance with Medi-Cal Eligibility Manual Procedure 2F.

B. Refugee Resettlement Program (RRP) and Cuban and Haitian Entrant Program (CHEP) Reimbursement for Refugee/Entrant County Health Services Costs.

Federal regulations provide for reimbursement of the cost of medical care provided to refugees/entrants by counties under the following conditions:

1. The refugee/entrant has been in the United States 19 through 36 months.

2. Eligibility requirements for refugees/entrants are no more restrictive than for non-refugees/non-entrants.

3. The scope of coverage is equal to that provided to non-refugees/non-entrants who are in the same circumstances.

DHS has agreed to act as the claiming and reimbursement conduit between DSS and those counties which choose to claim RRP/CHEP reimbursement for county health services costs. DHS will receive, review and forward approved county invoices to DSS. Upon receipt of RRP/CHEP funds from DSS, DHS will reimburse counties for cost of services provided to refugees/entrants. The Office of County Health Services (OCHS) within DHS will have responsibility for this function.

In general, counties will be required to document and maintain information on refugee/entrant eligibility and on the use and type of services provided to refugees/entrants. Records must be maintained for at least three years from the end of the fiscal year in which services were provided, or from the date the final expenditure report to the Federal Government is submitted, or until the termination of all state and federal audits.

Detailed information on county documentation, claiming instructions, etc. will be provided at a later date.

Contact your Medi-Cal Program Consultant for information on Medi-Cal related questions. Contact Mike Rodrian, OCHS at (916) 445-1161 for information on county health services claiming.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
Office of County Health Services