CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: July 31, 2026

Medi-Cal Eligibility Division Information Letter No.: I 26-22

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: REFUGEE MEDICAL ASSISTANCE EXTENSION

The purpose of this Medi-Cal Eligibility Division Information Letter is to update the time-limited eligibility period for Refugee Medical Assistance/Entrant Medical Assistance (RMA/EMA) from four months to eight months pursuant to new federal policy. (See the **Federal Register** Published Document: 2026-14095 (91 FR 43107) Tuesday July 17, 2026 / Notices).

In accordance with Federal guidance issued by the Office of Refugee Resettlement (ORR) DCL 26-05, the RMA eligibility period has been extended to eight months for RMA-eligible individuals whose RMA eligibility period began on January 1, 2026, or later.

Background

Under the Refugee Act of 1980, the federal ORR administers the RMA Program to provide social services to refugees in the United States. The Department of Health Care Services (DHCS), in coordination with the California Department of Public Health, provides time-limited RMA to refugees, asylees, federally-certified victims of human trafficking, and others who are not eligible to receive Title XIX Medi-Cal benefits but meet RMA eligibility requirements.

RMA and Medi-Cal Eligibility
The RMA eligibility period has been extended from four months to eight months for anyone whose:

- RMA eligibility period began January 1, 2026, or later, and
- First month of RMA eligibility was less than eight months ago.

All other RMA eligibility requirements remain unchanged and in effect.

Beginning Date of RMA/EMA Eligibility Period and Documentation
Refugees and Entrants are entitled to an eight-month period of eligibility for RMA/EMA beginning with their Date of Entry into the United States. The Date of Entry is equivalent to the month of entry. There are different requirements for determining the date of entry for refugees. For Asylees, use the month that they were granted asylum as their date of entry. For victims of severe forms of trafficking and certain family members use the date of the Certification Letter or the date of the T visa. Counties must verify immigration status in accordance with current Medi-Cal policies and procedures. Once approval of RMA/EMA eligibility has been approved, counties will need to include complete information about the member's current citizenship or immigration status. This includes ensuring that Alien Numbers, Citizen/Alien Codes, INS Entry/Grant Dates, and Country of Origin fields are fully populated in CalSAWS and properly transmitted to the system of record in MEDS.

MEDS Alerts
MEDS renewal logic is being updated to adjust the timing of existing reevaluation alerts (9570 and 9571) consistent with an eight-month eligibility period. The initial renewal alert (9570) to review RMA eligibility will be modified to be generated at six months following the Date of Entry/Grant Date in the Medi-Cal Eligibility Data System (MEDS). Similarly, renewal alert (9571) will no longer be generated at four months when the renewal is overdue. MEDS RMA renewal logic is being updated to trigger this alert at eight months and each month thereafter until the issue is resolved.

RMA Notice of Action requirements:
Approval and discontinuance notices have been updated to reflect the new eight-month RMA eligibility period. All previous versions are obsolete and should no longer be used. Once approval of RMA eligibility has been determined, counties will use the enclosed Notice of Action (***NOA Approval of RMA DHCS 7111 and/or NOA DISCONTINUANCE OF RMA DHCS 7110***). The updated NOA informs the member that

this is an eight-month program. Include either Enclosure 1, or Enclosure 2 as appropriate to notify RMA applicants and program members of the action taken by the counties.

Translation into Threshold Languages
DHCS is in the process of having the notices associated with this MEDIL translated into the Medi-Cal threshold languages. English and Spanish versions of these notices are included with this MEDIL for county use. DHCS will publish a new MEDIL when the additional threshold language translations are complete.

Review for other coverage before terminating RMA
Counties must always review for other Medi-Cal program eligibility before terminating RMA. This requirement applies in all discontinuance scenarios. Eligibility must be determined for each group where the member has potential eligibility. When an individual is eligible for more than one Medi-Cal program and one is more beneficial than others are, the members must be placed into the program that is the most beneficial in accordance with Medi-Cal hierarchy (See ACWDL 17-03).

If you have any questions regarding the information provided in this letter, please contact the Immigration Unit at MCEDImmigrationUnit@dhcs.ca.gov. County questions regarding policy guidance should be sent to MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division
Department of Health Care Services

Enclosures

MEDI-CAL
NOTICE OF ACTION

APPROVAL OF REFUGEE
MEDICAL ASSISTANCE (RMA)

(County Stamp)

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

You qualify for the RMA Program.

We reviewed all information we have for you. We evaluated you for all Medi-Cal programs and RMA. You are eligible for the RMA Program. You can get RMA benefits for up to 8 months. Depending on your refugee status, benefits start on your date of entry into the United States, the date you were granted asylum, or the date of your Certification Letter. You are entitled to medical services as checked below:

☐ You qualify for the RMA program at **no cost** starting the first day of _____.

Or

☐ Your income is above the 200% Federal Poverty Level limit. You qualify for the RMA program starting on the date above with a **monthly share of cost** of $_____.

Income used to figure share of cost:

Net non-exempt (countable) income $_____

Minus 200% Poverty Level $_____

Share of cost $_____

Remember:
If you have changes that could affect your eligibility, report them to your county representative. These include changes to your income, property, medical condition, disability status, or household.

Be sure to keep your plastic Benefits Identification Card (BIC).
Your can use it again if you become eligible for Medi-Cal.

You have the right to appeal
If you think we made a mistake, you can appeal. To learn how to appeal, read "Your Hearing Rights" on the back of this letter. You have 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

The regulation that requires this action is Title 22, California Code of Regulations, Section 50257.

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF REFUGEE MEDICAL ASSISTANCE (RMA)

(County Stamp)

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

Your eligibility for RMA is limited to 8 months.

As of _____ your eligibility for RMA will stop because you are at the end of your 8-month eligibility period.

Depending on your refugee status, your 8-month eligibility for RMA started on your date of entry into the United States, the date you were granted asylum, or the date of your Certification Letter.

If you want Medi-Cal, you must contact your county representative or complete an application. To find out if you qualify for Medi-Cal, you can apply in one of the following ways:

- Apply online at *CoveredCA.com* or *BenefitsCal.com*
  Call Covered California at 800-300-1506. Or call your local county office. Or call 800-541-5555.
- Apply in person at your local county office. Find your local county office information at: https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx.
- Return a completed paper application to the address above in this letter. You can also download a paper application in many languages at *https://www.dhcs.ca.gov/applyformedi-cal*.

Remember:
If you have changes that could affect your eligibility, report them to your county representative. These include changes to your income, property, medical condition, disability status, or household.

Be sure to keep your plastic Benefits Identification Card (BIC)
You can use it again if you become eligible for Medi-Cal.

You have the right to appeal
If you think we made a mistake, you can appeal. To learn how to appeal, read "Your Hearing Rights" on the back of this letter. You have 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

The regulation that requires this action is Title 22, California Code of Regulations, Section 50257.

MEDI-CAL
AVISO DE ACCIÓN

APROBACIÓN DE LA ASISTENCIA MÉDICA PARA REFUGIADOS (RMA)

(Sello del Condado)

Fecha de aviso: _____
Número del caso: _____
Nombre/número del trabajador: _____
Número de teléfono del trabajador: _____
Esto afecta: _____

Usted califica para el Programa de RMA.

Hemos revisado toda la información que tenemos para usted. Lo evaluamos para todos los programas de Medi-Cal y RMA. Usted es eligible para el programa de RMA. Usted puede recibir beneficios de RMA por hasta 8 meses. Dependiendo en su estatus de refugiado, los beneficios comienzan en la fecha de su entrada a los Estado Unidos, la fecha en que se le concedió asilo, o la fecha de su Carta de Certificación. Usted tiene derecho a recibir servicios médicos como se indica a continuación:

☐ Usted califica para el programa de RMA **sin ningún costo** a partir del primer día de _____.

O

☐ Sus ingresos están por encima del límite del 200% del Nivel Federal de Pobreza. Usted califica para el programa de RMA comenzando en la fecha que figura arriba con un **costo compartido mensual** de $_____.

Ingresos utilizados para calcular el costo compartido:

Ingresos netos no exentos (contable) $_____

Menos el 200% del Nivel de Pobreza $_____

El costo compartido $_____

Recuerde:
Si tiene cambios que podrían afectar su elegibilidad, repórtelos a su representante del condado. Estos incluyen cambios a sus ingresos, propiedad, condición médica, estado de discapacidad o hogar.

Asegúrese de conservar su tarjeta de Identificación de Beneficios (BIC) de plástico.
Puede usarla nuevamente si vuelve ser elegible para Medi-Cal.

Usted tiene el derecho de apelar.
Si usted cree que cometimos un error, puede apelar. Para aprender como apelar, lea “Sus Derechos de Apelar” en el reverso de esta carta. Tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de que el condado le envió este aviso.
La regulación que requiere esta acción es el Title 22, California Code of Regulations, Section 50257.

MEDI-CAL
AVISO DE ACCION

DESCONTINUACIÓN DE LA ASISTENCIA MÉDICA PARA A LOS REFUGIADOS (RMA)

(Sello del Condado)

Fecha de aviso: _____
Número del caso: _____
Nombre/número del trabajador: _____
Número de teléfono del trabajador: _____
Esto afecta: _____

Su elegibilidad para RMA está limitada a 8 meses.

A partir del _____ su elegibilidad para RMA se detendrá porque esta al final de su periodo de elegibilidad de 8 meses.

Dependiendo en su estatus de refugiado, su elegibilidad de 8 meses para RMA comenzó en la fecha de su entrada a los Estado Unidos, la fecha en que se le concedió asilo, o la fecha de su Carta de Certificación.

Si desea Medi-Cal, usted debe comunicarse con el representante de su condado o completar una solicitud. Para saber si califica para Medi-Cal, usted puede presentar una solicitud de una de las siguientes maneras:

- Solicite en línea en *CoveredCA.com* o *BenefitsCal.com*
- Llame a Covered California al 800-300-1506. O llame a la oficina local de su condado.
- Solicite en persona en la oficina local de su condado. Encuentre la información de su oficina local del condado en: *https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx.* Or call 800-541-5555.
- Devuelva una solicitud en papel completa a la dirección que figura arriba en esta carta. También puede descargar una solicitud en papel en varios idiomas en *https://www.dhcs.ca.gov/applyformedi-cal*.

Recuerde:
Si tiene cambios que podrían afectar su elegibilidad, repórtelos a su representante del condado. Estos incluyen cambios a sus ingresos, propiedad, condición médica, estado de discapacidad o hogar.

Asegúrese de conservar su tarjeta de Identificación de Beneficios (BIC) de plastico.
Puede usarla nuevamente si vuelve ser elegible para Medi-Cal.

Usted tiene el derecho de apelar.
Si usted cree que cometimos un error, puede apelar. Para aprender como apelar, lea “Sus Derechos de Apelar” en el reverso de esta carta. Tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de que el condado le envió este aviso.

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