CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: May 1, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 25-10
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: REDUCTION OF THE REFUGEE MEDICAL ASSISTANCE PERIOD AND TERMINATION OF CATEGORICAL PAROLE PROGRAMS

Reference: Medi-Cal Eligibility Division Information Letter No.: I 23-46

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of a reduction in the time-limited eligibility period for Refugee Medical Assistance (RMA) from 12 months to 4 months pursuant to new federal policy (See Federal Register / Vol. 90, No. 54 / Friday, March 21, 2025), Notices and new federal rules regarding the termination of certain parole programs including the Cuban, Haitian, Nicaraguan, and Venezuelan (CHNV) and the Uniting for Ukraine (U4U) parole program.

Guidance from the Office of Refugee Resettlement (ORR) issued on March 28, 2025, announced the reduction of the eligibility period for RMA effective 45 days from the issuance of the bulletin. As a result, California must reduce the eligibility period for ORR-eligible populations, including RMA with an eligibility date for ORR benefits on or after May 5, 2025.

Termination of categorical parole programs are a result of the executive order issued on January 20th, 2025. This change does not affect individuals already in the U.S. under categorical parole programs or other non-citizens.

Background

The 1980 Refugee Act (8 U.S.C. 1522(e)(1)) authorizes ORR to provide RMA to refugees. ORR's regulations (45 CFR 400.211(a)) allow the Director to determine the time-eligibility period for these benefits based on available appropriated funds, refugee arrival flows, and State reports on receipt of assistance and expenditures. The ORR Director has decided to shorten the Refugee Cash Assistance (RCA) and RMA eligibility period from 12 to 4 months to avoid a significant budget shortfall.

The Executive Order ends categorical parole programs effective immediately. The programs affected include the Cuban, Haitian, Nicaraguan, and Venezuelan (CHNV) parole program, and the Uniting for Ukraine (U4U) parole program. This means the

effective end of parolee arrivals to the United States (U.S.) through the CHNV and U4U parole programs. Individuals may still be paroled into the U.S. on a case-by-case basis.

Reduction of RMA Eligibility Period

For applications submitted prior to May 5, 2025, the eligibility period will remain 12 months. For applications with an eligibility date for ORR benefits on or after May 5, 2025, the eligibility period for RMA will be 4 months. All members who are currently eligible to the RMA program will not be impacted by this change. All other RMA eligibility requirements remain unchanged and in effect. Counties must maintain RMA eligibility for 12 months for current beneficiaries who are ineligible for Medi-Cal due to income, regardless of current income levels.

Reminder: In accordance with the redetermination policy outlined in ACWDL 22-33, counties must evaluate for other Medi-Cal program eligibility before terminating RMA. Medi-Cal eligibility shall not be terminated until the county makes a specific determination based on facts clearly demonstrating that the individual is no longer eligible for Medi-Cal benefits under any basis and when all due process rights have been met. The determination of whether an individual is eligible for Medi-Cal benefits under any basis includes, but is not limited to, a consideration of eligibility for both MAGI and Non-MAGI Medi-Cal programs following the hierarchy of Medi-Cal programs outlined in ACWDL 17-03.

Notices of Action and MEDS Alerts

Counties shall issue the enclosed updated notices of action with the 4-month eligibility period using the language below for RMA applications received on or after May 5, 2025. DHCS is working with CalSAWS to update these notices of action in the template repository. The approval and discontinuance language are being provided in English and Spanish. All remaining threshold languages will be provided as they become available in a subsequent Medi-Cal Eligibility Division Information Letter (MEDIL).

DHCS will initiate a work effort to update the MEDS alerts (9554, 9555, 9570, and 9571) regarding RMA terminations and will provide additional information on the release date in a forthcoming MEDIL.

Termination of Categorical Parolee Programs

This termination of certain parole programs does not eliminate the federal government's parole authority. Non-citizen populations may continue to arrive in the U.S. through various immigration pathways.

Importantly, the termination of these parole programs does not affect the eligibility of individuals already in the U.S. under these programs or otherwise eligible non-citizens. Parolees and other eligible non-citizens will remain eligible for Medi-Cal or RMA, if otherwise eligible.

SAVE Verification

Regarding parolees, counties must follow all program verification requirements, including SAVE verification of immigration status. For unusual situations requiring additional verification, contact: SAVE.Help@uscis.dhs.gov.

If you have any questions, or if we can provide further information, please contact Buck Harris, by phone at (916) 345-8162 or by email 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

Enclosures

State of California — Health and Human Services Agency

Department of Health Care Services
Medi-Cal Program

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 4 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.

State of California — Health and Human Services Agency

Department of Health Care Services
Medi-Cal Program

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 4 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.

State of California — Health and Human Services Agency

Department of Health Care Services
Medi-Cal Program

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 4 months.
As of _____ your eligibility for RMA will stop because you are at the end of your 4-month eligibility period.

Depending on your refugee status, your 4 -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.
- 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.* Or call 800-541-5555.
- 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.

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State of California — Health and Human Services Agency

Department of Health Care Services
Medi-Cal Program

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 4 meses.
A partir del _____ su elegibilidad para RMA se detendrá porque esta al final de su periodo de elegibilidad de 4 meses.

Dependiendo en su estatus de refugiado, su elegibilidad de 4 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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