DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: September 27, 2023

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

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 (RMA) from eight months to twelve months pursuant to new federal policy. (See the **Federal Register**/Vol. 87, No. 59/Monday March 28, 2022 / Notices).

In accordance with Federal guidance issued by the Office of Refugee Resettlement (ORR), California is extending the RMA eligibility period to 12 months for RMA-eligible individuals whose RMA eligibility period began on October 1, 2021 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

DHCS will extend the RMA coverage period from 8 to 12 months for anyone whose:

- RMA eligibility period began October 1, 2021 or later, and
- First month of RMA eligibility was less than 12 months ago.

Under this coverage expansion, eligible individuals will be able to access RMA for 12 months. All other RMA eligibility requirements remain unchanged and in effect.

MEDS Alerts

Effective May 2023, MEDS renewal logic was updated to adjust the timing of existing reevaluation alerts (9570 and 9571) consistent with a 12-month eligibility period. The initial renewal alert (9570) to review RMA eligibility is no longer generated at 6 months following the Date-of-Entry or Grant Date. MEDS renewal logic was updated to trigger this alert at 10 months of RMA eligibility. Similarly, renewal alert (9571) is no longer generated at 8 months when the renewal is overdue. MEDS RMA renewal logic was updated to trigger this alert at 12 months and each month thereafter until the issue is resolved.

RMA Notice of Action requirements:

Approval and discontinuance notices must be updated to reflect the new 12-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***). The updated NOA informs the member that this is a 12 month program. For an RMA eligibitly determination or redetermination that results in a negative action there are two types of discontinuance NOAs.

- NOTICE OF ACTION FOR DISCONTINUANCE AT THE END OF THE 12 MONTH RMA ELIGIBILTY PERIOD (***NOA DISCONTINUANCE OF RMA DHCS 7110***)

- NOTICE OF ACTION FOR DISCONTINUANCE OF RMA BECAUSE THE CONTINUOUS COVERAGE REQUIREMENT ENDED (***NOA DISCONTINUANCE OF RMA DHCS 7110A***)

Counties must include either Enclosure 1, Enclosure 2, or Enclosure 3 as appropriate to notify RMA applicants and program members of the action taken by the counties. The enclosed discontinuance NOAs are updated to remove the requirement for counties to mail a paper application. The revised discontinuance NOAs also provide more detailed information on how a member can contact their caseworker and report changes that impact the individual's eligibility for Medi-Cal. The Statewide Automated Welfare System (SAWS) must make programming changes to incorporate the revised NOAs as well as the new NOA by the next available SAWS release. As a reminder, the NA BACK 9 must be included with all NOAs for the RMA program whether system generated or manual.

Translation into Threshold Languages

DHCS is in the process of having the notices associated with this letter translated into the Medi-Cal threshold languages. English and Spanish versions of these notices are included with this MEDIL for county use and to begin programming. Once the additional threshold language translations are completed, those notices will be provided to the

SAWS and posted on the Medi-Cal website. DHCS will issue another MEDIL to let counties know when the additional threshold language translations notices are available.

Always review for other coverage before terminating RMA eligibility—In accordance with current Medi-Cal policy, counties must always review for other Medi-Cal program eligibility before terminating RMA with a proper notice. This requirement applies for all the discontinuance scenarios described above.

If you have any questions about this letter, or if we can provide further information, please contact Buck Harris, by phone at (916) 345-8162 or by email at Buck.Harris@dhcs.ca.gov.

Sincerely,

Yingjia Huang
Assistant Deputy Director
Health Care and Benefits
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 12 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 12 months.

As of _____ your eligibility for RMA will stop because you are at the end of your 12-month eligibility period.

Depending on your refugee status, your 12-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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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 stopping.

As of _____ your eligibility for RMA will stop. You got more months of coverage because of the continuous coverage requirement.

Depending on your refugee status, your 12-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/CountyOffices.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 the 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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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 12 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 12 meses.

A partir del _____ su elegibilidad para RMA se detendrá porque esta al final de su periodo de elegibilidad de 12 meses.

Dependiendo en su estatus de refugiado, su elegibilidad de 12 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.
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AVISO DE ACCION

DESCONTINUACIÓN DE LA ASISTENCIA MÉDICA PARA 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 se está deteniendo.

A partir del _____ su elegibilidad para RMA se detendrá. Recibió más meses de cobertura por el requisito de cobertura continua.

Dependiendo en su estatus de refugiado, su elegibilidad de 12 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.

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- 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.
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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.
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