State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

March 20, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-16
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Refugee Medical Assistance Beneficiaries Transition to Medi-Cal and Retroactive Eligibility
(Reference: All County Welfare Directors Letter No. 14-03, 14-16)

Background

Refugee Medical Assistance (RMA) is a time-limited federal medical assistance program designed to provide no-cost health coverage to refugees during their first eight months in the United States. Individuals who have refugee status and individuals in groups treated as refugees by law (asylees, eligible trafficking victims, and special immigrants), but who previously lacked categorical linkage to Medi-Cal (e.g., non-disabled adults), have historically received full-scope medical benefits through the RMA program if otherwise eligible. Counties were required to first screen newly arrived refugees for all available Medi-Cal programs and only after they were found ineligible for any Medi-Cal program, could counties find them eligible for RMA.

RMA benefits are funded entirely by the federal Office of Refugee Resettlement (ORR) and are not Title XIX Medicaid benefits. States have the option to provide RMA coverage to individuals with countable incomes up to 200 percent of the Federal Poverty Level (FPL). California's RMA policy and procedures include that option. Under federal guidance issued by the ORR, RMA beneficiaries could be newly eligible for the new adult coverage group under the Patient Protection and Affordable Care Act (ACA) in states that expanded Medicaid eligibility to non-disabled adults under 138 percent FPL. As a result, states must determine eligibility for the RMA population under the new ACA eligibility groups, and, when appropriate, transition the client from RMA to Medicaid. Under ACA expansion, refugees in California who were previously not eligible for Medi-Cal, due to lack of categorical linkage, can now qualify for the Modified Adjusted Gross Income (MAGI) Medi-Cal expansion group instead of RMA. However, refugees who remain ineligible for Medi-Cal under the expansion

group can still qualify for RMA (with income above 138 percent and up to 200 percent FPL) because the RMA program remains in effect for this population if otherwise eligible.

Therefore, as of January 1, 2014, when Medi-Cal expanded coverage to adults between 19-64 years of age with countable income up to 138 percent of the FPL under MAGI rules, RMA beneficiaries who were previously ineligible for Medi-Cal were potentially eligible under the new expansion group and, should have been moved from RMA to MAGI Medi-Cal, effective January 1, 2014. If, however, RMA beneficiaries remain ineligible for Medi-Cal even under the new expansion group due to income, they remain eligible for RMA and have coverage for the full 8-month time limit, if their MAGI income was between 138 and 200 percent of the FPL at time of application.

New RMA applicants

When a refugee applies at the county social services agency, counties must first check the income of incoming refugee applicants (who have been in the U.S. for less than eight months) by completing a manual MAGI budget calculation. For those applicants whose income is at or below 138 percent of the FPL, counties must enter the case into the Statewide Automated Welfare System to screen the applicant for MAGI Medi-Cal by running them through the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) Business Rules Engine (BRE), and if not eligible, evaluate them for non MAGI Medi-Cal programs before determining eligibility for RMA. (Most new refugees who would have qualified for RMA should be eligible for the new expansion MAGI group due to age and income.) If the county discovers that an RMA eligible refugee with income between 138 FPL up to 200 percent FPL was made eligible for Advanced Premium Tax Credit (APTC)/Cost Sharing Reduction (CSR) coverage, the county must review eligibility for RMA coverage and grant RMA eligibility as appropriate. Because RMA is Minimum Essential Coverage, the county should work with Covered California (Covered CA) to ensure that APTC/CSR coverage is discontinued as appropriate for RMA eligible individuals.

For those applicants whose income is above 138 percent and up to 200 percent FPL under MAGI rules at the time of application, grant RMA by means of a MEDS online transaction for the 8 month RMA eligibility period. Using the on-line transaction (rather than the CalHEERS BRE) for these cases will ensure that RMA beneficiaries with income above 138 percent and up to 200 percent of the FPL are not incorrectly sent to Covered CA for APTC/CSR eligibility evaluation. Counties should use CalHEERS for refugees who have income above 200 percent FPL. Counties should run these applicants through the CalHEERS BRE within 30 days of the end date of their RMA eligibility in order to enroll them in APTC/CSR if eligible.

Current and Prior RMA beneficiaries

Counties must review ongoing and prior months of Medi-Cal eligibility for all existing RMA beneficiaries (under aid code 02) whose 8 month time limit has not expired. Any RMA beneficiaries who would have been eligible for the new MAGI expansion group during the period from January 1, 2014 to present, should have their eligibility restored for months without full-scope Medi-Cal or RMA eligibility back to January 1, 2014, if otherwise eligible. For current RMA beneficiaries who would not have been eligible for the expansion group due to income, counties shall maintain RMA eligibility for those beneficiaries for the eight month limit regardless of their current income.

Within 30 days of the date of this letter, counties must complete a determination of ongoing MAGI Medi-Cal eligibility for all individuals who currently are in the RMA aid code (02) for the expansion Medi-Cal coverage (aid code M1), using the most streamlined process available in accordance with guidance provided in All County Welfare Directors Letter (ACWDL) 14-03. If additional information is needed, counties will have an additional 30 days to obtain that information and complete the determination. Current RMA beneficiaries should be determined as eligible for MAGI Medi-Cal (if their income is under 138 percent of the FPL) or remain eligible for RMA if ex parte information shows income between 138 percent and 200 percent of the FPL.

Because current RMA beneficiaries would have provided eligibility information within the last eight months and are likely to be eligible under the MAGI expansion category, counties should determine eligibility based on information already provided by the beneficiary and through other available sources under regular ex parte review procedures. Counties shall not delay redetermination of RMA beneficiaries to require completion of the Request For Tax Household Information (RFTHI) form or any other information from the RMA beneficiary that is not necessary to complete the determination. If eligibility cannot be determined through ex-parte review or there is an inconsistency, counties may send a request for additional information to the RMA beneficiary under the normal procedures for requesting information.

If an RMA beneficiary does not provide information required to complete a MAGI Medi-Cal determination within the allotted period of time, the county shall maintain RMA eligibility for the eight month period regardless of income. If the RMA beneficiary's eight month period has ended and the beneficiary's income is above 200 percent of the FPL based on ex-parte review, the individual must be reviewed for ongoing eligibility through CalHEERS for Covered CA coverage. If during this review, a current RMA beneficiary is determined eligible for the MAGI expansion group, counties shall grant eligibility and reset the next annual renewal date for 12 months from the date of the review.

Ex Parte Review Required
Counties shall not require RMA beneficiaries to submit a RFTHI in order to perform this required review. RMA beneficiaries should be treated as non-tax filers for purposes of running the BRE.

As required under existing Medi-Cal policy, counties must begin the review and redetermination of RMA/Refugee Cash Assistance (RCA) beneficiaries for other insurance affordability programs with an ex parte review of the beneficiary's case file and other available data sources. Counties should redetermine RMA beneficiaries for other Medi-Cal programs based on the information available in the case or other sources of data (ex-parte review), unless information cannot be electronically verified or there are inconsistencies during verification.

If eligibility information cannot be verified electronically because electronic records are either unavailable or cannot be verified by the Federal Hub, counties should request paper verification of income. If paper verification is unavailable, counties should request the beneficiary to submit a self-attestation of their income and do an administrative verification in CalHEERS. Counties may use their existing self-attestation form or have the applicant write and sign a statement of income facts under penalty of perjury. If self-attestation forms are used, they should be translated into the beneficiary's primary language since many RMA beneficiaries are limited-English proficient.

RMA Notices
Counties must ensure that applicants and beneficiaries do not receive Notice of Actions (NOAs) that are inaccurate based on implementation of the ACA. This includes any notice which would indicate that RMA is the only health insurance benefit available to single refugee adults. If necessary, counties should send a manual NOA that does not reference RMA as the only health insurance benefit available to single refugee adults. Additionally, when the determination of Medi-Cal eligibility is performed, counties must send the informational notice included in ACWDL 14-16 and any appropriate NOA.

RCA/RMA beneficiaries whose cases were closed after January 1, 2014
Per ACWDL 14-03, counties must evaluate and redetermine eligibility for beneficiaries whose RMA or RCA ended after January 1, 2014, at the expiration of the eight month time limit. These beneficiaries should have had an eligibility determination for MAGI or Non-MAGI Medi-Cal programs as well as for all other insurance affordability programs such as Covered CA APTC/CSR at the end of their eight month period. These individuals would have been enrolled in either Medi-Cal or Covered CA since January 1, 2014, (if otherwise eligible) if their eligibility had been evaluated at that time. Therefore, for any RCA/RMA beneficiary whose case was closed after January 1, 2014, counties must redetermine them for Medi-Cal or Covered CA APTC/CSR. Their Medi-Cal should be retroactive to the date their RCA/RMA was terminated if they are eligible. Counties should use the CalHEERS

BRE to evaluate these individuals for current MAGI eligibility and perform Medi-Cal Eligibility Data System (MEDS) online transactions for prior months of eligibility as needed to grant all eligible months.

Counties must begin their review of MAGI and Non-MAGI Medi-Cal eligibility for all current RMA beneficiaries within 30 days of the date of this letter. This applies to all current RMA beneficiaries, regardless of whether they just started RMA or are nearing their eighth month of RMA benefits. The review and request for additional verification, if necessary, must be completed within 60 days of the date of this letter.

Any RMA case that remains open for the third month after the date of this letter must have been determined ineligible for MAGI Medi-Cal and still eligible for RMA. Once the remaining RMA beneficiaries reach the eight month time limit, counties must determine them either for Medi-Cal or Covered CA APTC/CSR per ACWDL 14-03.

Counties must begin the redetermination of RMA/RCA beneficiaries based on ex parte review. If information cannot be electronically verified, counties may request additional information. Counties **do not need** to send the RFTHI form and should treat RMA/RCA beneficiaries as non-tax filers for BRE purposes. In addition, counties should not request that RMA beneficiaries submit new Medi-Cal applications.

Previous RMA/RCA beneficiaries who were terminated in 2014 and determined eligible for Covered CA coverage should be enrolled in Covered CA as soon as possible. For individuals whose RMA termination is within 60 days of Covered CA enrollment, the RMA termination qualifies as a loss of Minimum Essential Coverage and will trigger a Special Enrollment Period for Covered CA. For individuals whose RMA termination is greater than 60 days from Covered CA enrollment, DHCS will work with Covered CA and counties to ensure that those individuals may enroll in Covered CA coverage when necessary on a case by case basis. Counties should contact DHCS Medi-Cal Eligibility Division for assistance for cases that meet these criteria.

Current RCA beneficiaries

Per ACWDL 97-57, counties must evaluate current beneficiaries whose RCA will end (at the end of the eight month RCA eligibility period) and determine them per ACWDL 14-16 for MAGI Medi-Cal or other insurance affordability programs. This determination should begin no later than 30 days prior to the termination of their RCA coverage, and before their RCA-based Medi-Cal coverage ends so that there is no gap in coverage. The CalHEERS BRE must be run within 30 days of the RCA end date in order to correctly determine for potential APTC eligibility.

Individuals nearing the end of RCA eligibility
Counties must follow the same determination process described above and in accordance with ACWDL 14-03 for any existing RCA beneficiaries who are approaching the end of their eight month time limit. Eligibility for RCA beneficiaries should only be redetermined for MAGI Medi-Cal eligibility prospectively, and only after the eight month time limit due to the linkage to cash assistance that should not be interrupted prior to the end of the eight month RCA eligibility period.

Unlike RMA only beneficiaries (Aid Code 02), RCA beneficiaries must remain in the RCA aid code for the full eight-month eligibility period until further notice. Because under the RCA aid code 01, RCA and RMA eligibility appear as one aid code in MEDS, RMA beneficiaries who are also receiving RCA shall remain as a RCA/RMA beneficiary until the eighth month RCA time limit ends, even if they would otherwise be eligible under the MAGI expansion group. These RMA beneficiaries (linked with RCA) should be determined for other Medi-Cal or Covered CA coverage at the end of their eight month RCA/RMA eligibility period. This review should begin at least 30 days prior to the end of their RCA eligibility.

If you have any questions or if we can provide further information, please contact Amar Singh at (916) 552-9459 or by email at Amar.singh@dhcs.ca.gov.

Sincerely,

Original Signed By:

Alice Mak, Acting Chief
Medi-Cal Eligibility Division