

**California Department of Social Services**

**CALIFORNIA STATE PLAN FOR  
REFUGEE ASSISTANCE AND SERVICES**



Federal Fiscal Year 2015/16



**EDMUND G. BROWN JR.**  
GOVERNOR

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## SECTION I

### ADMINISTRATION

#### **A. DESIGNATIONS OF AUTHORITY AND ADMINISTRATIVE OPERATIONS**

##### **1. Designation of Authority**

The California Department of Social Services (CDSS) has been designated by the Governor of the State of California to be the agency responsible for the development of the State Plan for refugee assistance and services, and for the administration of the plan in accordance with Title 45 Code of Federal Regulations (CFR) Part 400.5 and the CDSS Manual of Policies and Procedures (MPP) Sections 69-201.2. (Exhibit A-Governor Designation Letter). The plan governs the state's supervision of the Refugee Resettlement Program (RRP) and the Cuban/Haitian Entrant Program (CHEP) which provide critical resources to assist participants to resettle and find employment in the United States (U.S.) so that they can become integrated and self-sufficient members of American society.<sup>1</sup>

The RRP was established by the federal Refugee Act of 1980 to assist refugees and other eligible groups to resettle to the U.S. Eligible groups include refugees, asylees, Cuban/Haitian entrants, certain Amerasians from Vietnam, victims of a severe form of human trafficking who receive certification or an eligibility letter from the Office of Refugee Resettlement (ORR), eligible family members of a federally certified victim of human trafficking, Havana parolees, Cuban medical professional parolees, and Afghan and Iraqi Special Immigrant Visa recipients (SIVs). The term "refugee" used in this plan is intended to encompass all eligible groups listed above.

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<sup>1</sup> ORR guidelines (Section I, Item A, 1)

## 2. State Refugee Coordination

The Director of the CDSS has been designated as the State Refugee Coordinator and has the authority to ensure coordination of public and private resources for refugee resettlement in the State of California.

The Director of the CDSS has established the Refugee Programs Bureau (RPB) to provide the day-to-day administrative and operational oversight for California's RRP. The Chief of the RPB acts as the State Refugee Coordinator.<sup>2</sup>

The State Refugee Coordinator:

- Maintains a single State Plan for Refugee Assistance and Services, which includes information on medical benefits to refugees.
- Submits to the ORR required performance reports, which include the California Department of Public Health (CDPH) Office of Refugee Health (ORH) information.
- Ensures that the CDPH and local health programs are represented on the State Advisory Council on Refugee Assistance and Services (SAC), a group comprised of individuals from various organizations that provides the CDSS with input on critical refugee issues and makes recommendations regarding RRP policy decisions.
- Shares data on refugee arrivals in California with the CDPH.
- Ensures that the CDSS is able to access information on aided refugees from the California Department of Health Care Services (DHCS) Medi-Cal Eligibility Data System (MEDS), the statewide automated system that tracks all recipients of public assistance in California.

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<sup>2</sup> ORR guidelines (Section I, Item A, 2)

### **3. RRP Administration**

The RRP is a state-supervised, county-administered program<sup>3</sup> available statewide; however, Catholic Charities Diocese of San Diego operates a Wilson/Fish Program as a direct grantee of the ORR. The Wilson/Fish Program provides cash assistance and employment services to newly arriving refugee single adults and refugee families without children in San Diego County.<sup>4</sup> The description of the Wilson/Fish Program is excluded from the State Plan because it is not subject to state supervision. However, Wilson/Fish program staff participates in state and county forums convened by the CDSS.

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<sup>3</sup> ORR guidelines (Section I, Item A, 3)

<sup>4</sup> ORR guidelines (Section I, Item A, 3, b)

## **B. RRP ORGANIZATIONAL STRUCTURE, FUNCTIONS AND OVERSIGHT**

### **1. RRP Organizational Structure and Functions**

While the CDSS State Refugee Coordinator has responsibility for the overall provision and oversight of RRP benefits and services statewide, the CDPH and the DHCS have operational responsibility for the medical assistance portion of the RRP. On March 29, 1988, the ORR granted approval for the transfer of this responsibility from the CDSS to the then-titled California Department of Health Services, which reorganized as of July 1, 2007 into two departments, CDPH and DHCS.<sup>5</sup>

The CDPH is the state's liaison with ORR on refugee health program matters and coordinates refugee health services in California. The CDPH is the recipient of the Refugee Medical Assistance (RMA) program grant, which is used to fund health screenings and RMA-funded health services. The CDPH subcontracts with local health departments for the provision of health screenings and with DHCS for the provision of RMA-funded health services.

The CDSS, CDPH, and DHCS coordinate RRP activities and meet as needed to exchange information and discuss issues affecting California's RRP and refugee populations.

State law (Welfare and Institutions [W&I] Code Section 10800) makes the administration of public social services a county function, with the administrative responsibility placed upon the county's Board of Supervisors.

The CDSS issues regulations, guidelines, and policy directives to counties regarding the RRP in California. For refugee-impacted counties (counties that receive at least 400 new arrivals in the most recent five-year period) that receive Refugee Social Services (RSS) and Targeted Assistance (TA) monies, the CDSS requires a plan from the counties describing their use of RSS and TA funds to provide employment and social services for refugee clients. The plan must be approved by each county's Board of Supervisors and certified by the CDSS.

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<sup>5</sup> ORR guidelines (Section I, Item B, 1)

To prepare the county plan, the county's Board of Supervisors is required by W&I Code Section 13277 to design a county planning process that facilitates refugee participation and public input. The plan, at a minimum, must address how services will be delivered to refugees receiving aid in the county and provide for priority consideration for funding Ethnic Community Based Organizations (ECBOs), if they demonstrate the capacity to implement the proposed programs.

To further assist counties and service providers in setting and meeting performance goals, the CDSS provides technical assistance to counties on setting yearly performance goals on the Annual Outcome Goal Plan (AOGP), a document that must be submitted to the ORR. The AOGP has been incorporated into the CDSS' annual county plan certification process to ensure that it is an integral part of county refugee program planning efforts. The CDSS' provision of technical assistance also includes training to counties on reporting accurate data pertaining to performance goals.

In accordance with W&I Code 13276, the CDSS is responsible for determining the eligible counties who will receive RSS funds each year. Only counties that meet a specified threshold of refugee arrivals, presently 400 arrivals, can receive RSS funds. These counties are referred to as "refugee-impacted" counties. The threshold is determined by the CDSS and adjusted periodically so that California can operate a viable RSS program by funding an adequate number of counties to maximize the number of refugees who can receive needed services. In determining the number of refugee arrivals, the CDSS may use other verifiable data available that may include asylees, Cuban/Haitian entrants, federally certified victims of human trafficking, and SIV recipients in each county.

Counties receiving RSS and TA monies designate a County Refugee Coordinator (CRC) who is responsible for planning and implementing their county's refugee program, including the Refugee Cash Assistance (RCA) program. The RCA program provides temporary cash assistance to newly arrived single adult refugees or refugee families without children that do not qualify for assistance under the California Work Opportunity and Responsibility to Kids (CalWORKs) program, California's Temporary Assistance for Needy Families (TANF) program. Please refer to Section II, Assistance and Services, for more information on CalWORKs.

## **2. Oversight in Refugee Resettlement**

A primary function of administering the RRP is monitoring. The CDSS, CDPH, DHCS, and the counties that receive RSS, TA and/or RMA monies perform monitoring activities to ensure that the administration and operation of the RRP in California are consistent with applicable federal and state laws, regulations, and policies. Those monitoring activities are described below.

### **a. State Monitoring**

In accordance with 45 CFR Part 92.40, the CDSS, CDPH, and DHCS will monitor grant subgrantees, subrecipients, and contract-supported activities to ensure compliance with federal requirements and achievement of performance goals.

The CDSS, CDPH, and DHCS notify one another of monitoring schedules, review findings, and county corrective action plans.

#### **1) RCA Program**

The CDSS is required by federal RRP regulations to conduct systematic monitoring of county RCA programs. Monitoring is accomplished through a review of randomly selected RCA case files to determine if the county:

- a) Is serving only members of eligible target groups.
- b) Requires and maintains proper verification of a recipient's immigration status.
- c) Is adequately informing recipients of their rights and responsibilities.
- d) Have standard procedures to calculate RCA grant amounts and determine overpayments and underpayments.

- e) Follows required good cause determination, compliance, and sanctioning procedures when recipients fail or refuse to meet RCA requirements.
- f) Provides adequate and timely notices of action (NOA) to inform individuals that their RCA is being granted, denied, reduced, suspended, or terminated.

Counties utilize the MEDS in conjunction with the county eligibility systems to take action on alerts and issue NOAs. The MEDS is programmed to issue an alert to county eligibility systems when an individual is nearing his or her time limit on aid.

Each Federal Fiscal Year (FFY), the CDSS will review the RCA programs in two to three of the refugee-impacted counties on a rotating basis, in conjunction with RSS and TA monitoring visits. At a minimum, each refugee-impacted county will be reviewed once every three years. The RCA caseloads for the refugee-impacted counties in California comprise of over 88 percent of the state's total RCA cases. In addition, the CDSS will also conduct RCA reviews as needed, i.e., whenever requested by the ORR or when problems that need resolution are brought to the attention of the RPB.

After completing an RCA program review, the CDSS prepares a report on findings, which is presented to the county. If significant problems are identified during a review, the report specifies the problems that were found and the steps that the county must take to remedy the problems and prevent them from recurring. The CDSS provides information regarding county reviews, findings, and the CDSS' responses and activities to the ORR in federally required performance and progress reports.

## 2) RSS and TA Programs

The CDSS also conducts systematic reviews of selected RSS/TA service providers to ensure services are being provided in compliance with RSS and TA requirements, and that progress is being made toward the goal of refugee self-sufficiency.

These reviews are conducted in the same manner that RCA is monitored. At a minimum, each refugee-impacted county RSS/TA program will be reviewed once every three years in conjunction with its RCA program. The CDSS monitors selected providers in two to three of the RSS and/or TA funded counties on a rotating basis. In addition, the CDSS will also conduct RSS/TA reviews as needed, i.e., whenever requested by the ORR or when problems that need resolution are brought to the attention of the RPB.

After completing a RSS and/or TA program review, the CDSS prepares a report on findings, which is presented to the county. If significant problems are identified during a review, the report specifies the problems that were found and the steps that the county must take to remedy the problems and prevent them from recurring.

When county RSS and TA reviews indicate that a service provider is not meeting contracted performance goals, the CDSS follows up with the county to ensure that appropriate corrective action is taken.

Information on the CDSS' analysis, technical assistance provided, and follow-up activities pertaining to these county reports are forwarded to the ORR.

The CDSS ensures that county refugee activities supported by RSS and TA funds comply with applicable RRP requirements. To fulfill that responsibility, the CDSS requires each RSS and TA funded county to submit reports regarding the performance of its RSS and/or TA programs. The CDSS staff reviews these reports and, if problems are noted, contact the county to discuss their concerns and provide technical assistance, as needed, to resolve the problems.

The CDSS provides information regarding county reviews, findings, and the CDSS' responses and activities to the ORR in federally required performance progress reports.

3) Unaccompanied Refugee Minor (URM) Program

The URM Program is a federal program that provides culturally and linguistically appropriate child welfare, foster care, independent living, and other supportive services to refugee youth who include: refugees, asylees, Cuban/Haitian entrants, victims of a severe form of human trafficking who receive an ORR eligibility letter, minor victims of crime who have been granted a U Visa and meets ORR eligibility requirements, or youth granted Special Immigrant Juvenile Status (SIJS) while in ORR custody, with the goal of assisting youths to become self-sufficient. The CDSS operates the URM Program in Northern and Southern California and contracts with a grantee in each area to provide the above services. The CDSS Community Care Licensing Division (CCLD) conducts annual reviews of the URM grantees to ensure appropriate services are being provided in compliance with federal and state child welfare and licensing laws and regulations. RPB staff conduct periodic monitoring of the URM service providers to ensure that benefits and services are provided in compliance with federal/state laws, regulations, and policy guidelines for the URM Program. Copies of both the CCLD and RPB reviews are provided to ORR.

4) RMA Program

The CDPH conducts annual on-site monitoring/auditing of contracted local refugee public health programs, reviews semi-annual progress reports submitted by local programs, and reviews monthly data from the Refugee Health Electronic Information System (RHEIS) to monitor program performance. The CDPH may also conduct ad-hoc monitoring/auditing visits, as needed, to ensure compliance with RMA grant rules. In addition, the DHCS, in consultation with the CDPH, will continue to review RMA cases in any county, as needed, to ensure statewide compliance with RMA program rules.

**b. County Monitoring of RSS and TA Programs**

Counties are required by the CDSS to conduct reviews of their RSS and TA service providers on an annual basis within six months from the start of their program year. If counties identify any program deficiencies during their program reviews, they must take corrective action to remedy them. Counties must also send copies of their monitoring reports to the CDSS. The CDSS follows up on any corrective action that the county and/or service providers must take in response to findings that are identified during the annual reviews.

### **3. Network Organization and Functions**

#### **a. State Organizations**

##### **1) California Health and Human Services Agency (CHHS)**

The CHHS oversees numerous state organizations that provide needy Californians with basic health, employment, rehabilitation, and welfare services. The departments and offices within CHHS are: Aging, Child Support Services, Community Services and Development, Developmental Services, Emergency Medical Services Authority, DHCS, Managed Health Care, CDPH, Rehabilitation, CDSS, State Hospitals, the Office of Statewide Health Planning and Development, Office of Health Information Integrity, Office of the Patient Advocate and the Office of Systems Integration. The CHHS Secretary reports to the Governor on major program policy issues in the health and welfare areas.

##### **2) CDSS**

The CDSS is comprised of seven divisions that are responsible for the oversight and administration of the programs serving California's most vulnerable residents including: the CCLD who is responsible to protect the health and safety of each person in community care through regulatory enforcement, the Children and Family Services Division who is responsible for ensuring the safety, permanency and well-being of California's children and providing oversight of child welfare services, and the Welfare to Work (WTW) Division who assists counties in helping welfare recipients obtain or prepare for employment through a number of programs supervised by CDSS.

The CDSS oversees administration of county-administered programs serving refugees in California including: the RRP, URM, RCA, RSS, TA, CalWORKs, and the CalFresh Program, formerly the Food Stamp Program (FSP), federally known as the Supplemental Nutrition Assistance Program (SNAP).

CDSS is also responsible for disability evaluations, adult protective services, and other social services (e.g., child protective services). The emphasis in all the CDSS programs is to ensure efficiency, effectiveness, and equity in the delivery of benefits and services at reasonable administrative costs and in a manner that complies with federal and state regulations.

The RPB, in the WTW Division of the CDSS, administers the RRP and the CHEP within the applicable federal guidelines and funding constraints, and the State Plan. Its mission is to provide state-level leadership and coordination of refugee programs and services to achieve successful refugee resettlement and self-sufficiency. The RPB is committed to continuing California's leadership in the efficient administration of the RRP and the CHEP.

The CDSS coordinates with a number of other California departments to carry out the California State Plan for Refugee Assistance and Services which are described below.

### 3) CDPH

The ORH coordinates the following two programs in order to assist refugees to improve their quality of life and promote self-sufficiency:

#### a) Refugee Health Assessment Program (RHAP)

ORH allocates federal funds from ORR to impacted local health jurisdictions to support RHAPs to provide post-arrival medical and mental health screenings to newly arriving refugees within **90 days of arrival**.

#### **RHAP Objectives:**

- To prevent and control health problems of public health significance.

- To improve the general health status of refugees through early identification and referral for treatment of health conditions and linkage to primary care.

b) RMA Program

In coordination with the DHCS Medi-Cal Eligibility Division (MED), the ORH provides ORR time-limited benefits to refugees, asylees, federally certified victims of human trafficking, and other entrants who are **NOT** eligible to receive Medi-Cal benefits, California's Medicaid program. Please refer to Section I. Assistance and Services, DHCS, for more information on the Medi-Cal program. This benefit is available only for the first eight months from the date admitted to the U.S., from date of asylum adjudication, or from the date of certification.

4) DHCS

The DHCS preserves and promotes the health status of Californians through the financing and delivery of a number of individual health care service delivery programs, including Medi-Cal. The DHCS has responsibility for the administration of Medi-Cal, pursuant to the California State Plan for Medical Assistance and Title XIX of the Social Security Act. Medi-Cal is a public health insurance program that provides needed health care services for low income individuals, including families with children, seniors, persons with disabilities, youth in foster care, pregnant women and low income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. In addition, effective July 1, 2012, the California Department of Mental Health was abolished. Its services that are funded by Medi-Cal were transferred to the DHCS and licensing functions were transferred to the CDSS. Medi-Cal is financed equally by the state and federal governments.

5) California Department of Developmental Services (CDDS)

The CDDS ensures that quality care is provided to persons with developmental disabilities or mental illnesses. Services are provided

through a network of state-operated developmental centers, community facilities, and contracted nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families.

6) California Department of Aging (CDA)

CDA administers a broad range of services for California's older population. This is done through a statewide network of 33 Area Agencies on Aging who directly manage a wide array of federal and state-funded services that help older adults find employment, support older and disabled individuals to live as independently as possible in the community, promote healthy aging and community involvement, and assist family members in their vital care giving role. These services include: congregate and home-delivered meals and nutritional instruction; legal services for questions about Medicare, Supplemental Security Income (SSI), consumer fraud, and elder abuse protection. Case management is also available to link the elderly to community services such as transportation and housing assistance, respite care for caregivers, adult day care, and senior employment services.

The CDA serves older Californians regardless of their citizenship status. The CDSS collaborates with CDA at the state level to bring about awareness of the needs of California's older refugees, and makes this information available to interested organizations and local governments through the RPB website.

7) California Department of Education (CDE)

The CDE provides a wide variety of educational services to refugees, including traditional kindergarten through twelfth grade, adult education, English-as-a-Second Language (ESL), and vocational education.

**b. Non-State Organizations**

Successful refugee resettlement is a collaborative effort requiring the cooperation and coordination of a number of organizations outside of state government. These agencies are as follows:

1) County Welfare Departments (CWDs)

California's welfare programs are supervised by the CDSS and administered in the 58 California counties by CWDs. The CWDs accept applications for assistance from refugees, determine client eligibility and need, deliver benefits and services, and make referrals to other agencies and providers, as appropriate. Allowable RRP services include cash assistance, medical assistance, and county social services. The CWDs may also provide RSS and TA services to refugees directly or through subcontracts, if they are the agencies designated by the county Board of Supervisors to administer the RRP funds. In addition, most CRCs are employed by the CWDs.

2) Employment Services Providers

Providers of RSS and TA services are selected by the counties through competitive contracting processes. The public and private non-profit providers that are awarded contracts accept referrals for services from the county and provides services based on the county's refugee assistance and services plan and the client's family self-sufficiency plan.

3) Resettlement Agencies (RAs)

The RAs provide resettlement services within the first 90 days of arrival, including the following core services: pre-arrival services, reception services, counseling, health referrals, and employment services. Each RA provides a variety of optional services beyond these core services as the individual agency's ability permits.

#### 4) ECBOs

ECBOs are private, non-profit community based organizations, comprised of refugees, for the specific purpose of providing assistance to other refugees. The ECBOs provide services such as English language training, youth development, employment counseling, social adjustment services, cultural preservation, and information, and referral services. ECBOs also address unique cultural needs of that community. These organizations provide a vital link to avenues of assistance for refugees. In addition, these organizations coordinate County Refugee Forum meetings throughout the state to discuss the issues and concerns of the refugee population in an effort to develop solutions for implementing services for successful refugee resettlement

The ORR requires that not less than 51 percent of the Board of Directors or the governing board of the ECBO be comprised of both men and women who are recent refugee arrivals or former refugees.

The CDSS recognizes the strength and potential of refugee ECBOs as resources in the RRP and:

- Encourages counties to utilize ECBOs as service providers to the maximum extent possible.
- Recognizes the special strengths of ECBOs to deliver services in a manner that is culturally and linguistically compatible with refugees.
- Encourages sound working relationships among counties, ECBOs, and service providers to enhance communication and facilitate resolutions.
- Encourages and assists ECBOs and other refugee community leaders to actively participate in the development of the county plan and to provide input to various local forums, coalitions, and community groups on refugee issues.

5) Private Foundations

A number of philanthropic foundations in California play an active role in refugee resettlement. They fund agencies to provide services and perform functions for refugees that cannot be funded with public resources. The CDSS attempts to coordinate its activities with these foundations when appropriate.

**c. Stakeholder Groups**

California's RRP consists of many stakeholders that the CDSS includes in the planning and coordination of refugee services. The CDSS meets regularly with stakeholder groups as required by 45 CFR Part 400.5(h). Among the major stakeholders are the following:

1) CRCs

Each county that receives RSS and TA monies designates a CRC, who is responsible for planning and implementing the county's refugee program, including RCA. The CDSS holds quarterly meetings with CRCs to discuss and resolve refugee issues. One CRC is selected by his or her peers to be a member of the SAC.

2) SAC

The CDSS established the SAC in accordance with the requirements of the Refugee Act of 1980. The SAC holds public meetings to analyze critical issues affecting refugees and develop and submit recommendations to the CDSS for addressing those issues; ensures citizen involvement in policy discussions that are crucial to the development of a cost-effective, sensitive, and comprehensive RRP; and advises the CDSS on matters pertaining to the administration of the RRP. Pursuant to 45 CFR Part 400.5(h), the SAC meets on a quarterly basis; its members include representatives from local government, RAs, service providers, other interested private organizations, and individuals who are involved in or affected by the refugee resettlement process.

To ensure that SAC membership is reflective of the communities it represents, the CDSS has implemented the following criteria for selecting members:

- a) Seven public positions must be filled by individuals who are selected from nominations made by ECBOs, RAs, service providers, and other interested organizations or individuals on a statewide basis. The public members serve for a term of three years.
- b) Eight organizational or agency positions are filled by individuals nominated by the following: The California State Refugee Forum; Joint Resettlement Agencies Committee of California; Chief, CDPH, ORH; County Welfare Directors Association (CWDA); CRCs; local Refugee Health Program (RHP) Coordinators; RPB; and the Governor's Office. The organizational or agency members serve at the pleasure of the respective organization that they represent.

### 3) Local Forums on Refugee Affairs

Local forums on refugee affairs have been established in regions throughout California with large concentrations of refugees. The refugee forums are centered around impacted counties and in some cases surrounding non-impacted counties participate in the forum meetings. Membership in these forums consists of CRCs, County Refugee Health Coordinators (CRHCs), and representatives from RAs, ECBOs, and other public and private organizations interested in refugee resettlement matters.

The mission of the forums is to support local efforts that assist refugees in becoming self-reliant and make them aware of their rights and responsibilities as residents of the U.S.

Major goals of the local forums are to identify strengths and needs of existing and proposed programs for refugees, coordinate and plan policy development, assess the resettlement needs of California's refugee population in their area, and obtain funds for effective programs to address unmet needs.

4) Joint Resettlement Agencies Committee of California

The Joint Resettlement Agencies Committee of California is comprised of representatives from each RA in California and coordinates with community and local officials on refugee matters.

#### **4. CDSS Communications with Agencies and Refugees**

The CDSS communicates through a variety of means with a wide audience, including public and private agencies, the Legislature, non-profit organizations, services providers, refugees, the general public, and other program stakeholders regarding the RRP. The CDSS uses the following methods to communicate with program stakeholders:

- All County Letters (ACLs) and All County Information Notices (ACINs) – to provide program rule changes and policy guidance to California counties. These documents, which are subject to formal departmental review, approval, as well as stakeholder input, transmit information with appropriate references and background data. The ACLs and ACINs that relate to refugees are also sent to CRCs.
- Refugee Coordinator Letters – to provide information regarding refugee arrivals, refugee grant allocations, funding opportunities, and other RRP matters to CRCs.
- E-mails – to provide general RRP program information on funding opportunities, training opportunities, and refugee-related events to refugee program stakeholders.
- RPB website – to provide a wide range of RRP-related information, news, data, policies and procedures to refugee program stakeholders and the general public.
- Stakeholder meetings – to disseminate information in regards to the RRP, training and technical assistance, and to receive information on local issues. Meetings include the quarterly SAC and CRC meetings, National Association of State Refugee Coordinators (SCORR) conference calls, local refugee forum meetings and peer consultations as needed.

In addition to the above, RPB and the CDSS Public Inquiry and Response Unit respond directly to correspondence, e-mails, and telephone calls regarding RRP issues and concerns from other agencies, the general public, and refugees.

## **C. ASSURANCES**

1. Pursuant to 45 CFR Part 400.5(i), which specifies the required contents of the State Plan, the CDSS assures that it will:
  - a. Comply with the provisions of Title IV of the Immigration and Nationality Act of 1952, as amended, and official issuances of the Director of ORR 45 CFR Part 400.5(i)(1),<sup>6</sup>
  - b. Meet the requirements of 45 CFR Part 400,<sup>7</sup>
  - c. Comply with all other applicable federal statutes and regulations in effect during the time the CDSS is receiving grant funding. 45 CFR Part 400.5(i)(3),<sup>8</sup> and
  - d. Amend the State Plan as necessary to comply with standards, goals, and priorities established by the Director of ORR. 45 CFR Part 400.5(i)(4) and CDSS MPP 69-201.2.<sup>9</sup>
2. The CDSS assures, as specified in 45 CFR Part 400.5(g), that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.<sup>10</sup>
3. The CDSS assures, as specified in 45 CFR Part 400.5(h), that unless exempted by the Director of ORR, it will convene meetings no less often than quarterly with representatives of: 1) local affiliates of RAs 2) local community service agencies and other agencies that serve refugees, and 3) state and local governments to plan and coordinate the appropriate placement of refugees in advance of their arrival.<sup>11</sup>

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<sup>6</sup> ORR guidelines (Section I, Item C, 1)

<sup>7</sup> ORR guidelines (Section I, Item C, 2)

<sup>8</sup> ORR guidelines (Section I, Item C, 3)

<sup>9</sup> ORR guidelines (Section I, Item C, 4)

<sup>10</sup> ORR guidelines (Section I, Item C, 5)

<sup>11</sup> ORR guidelines (Section I, Item C, 6)

4. The CDSS assures, as specified under 45 CFR Part 400.145(c), that women have the same opportunities as men to participate in all services, including job placement services.
5. The CDSS assures the application of fair and equitable mediation/conciliation procedures as required by the California court decision, Dang, et al. v. McMahon, and implemented via state regulations in the CDSS MPP Sections 69-208 and 69-209 in accordance with CFR Part 400.83(a)(2).<sup>12</sup>
6. The CDSS assures that the hearings standards and procedures as set forth in 45 CFR Part 400.54 will also be used for RCA in accordance with 45 CFR Part 400.83(b).<sup>13</sup>
7. The CDSS assures that it will comply with 45 CFR Part 401 – CHEP requirements.
8. In accordance with 45 CFR Part 400.13(b), the CDSS assures that costs associated with the administration of the RRP in California are allocated appropriately among its CMA, RSS, TA, and Refugee School Impact grants. To determine RPB staff time attributed to each federal grant, RPB conducts time studies once each quarter and calculates the percentages of time for each grant in the quarter.
9. The CDSS assures that refugee programs and populations are included in the state pandemic influenza emergency plan and other emergency operational plans as required in ORR State Letter #06-10 and ORR State Letter #09-30 (See Section III: Pandemic Influenza Emergency Plan).<sup>14</sup>

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<sup>12</sup> ORR guidelines (Section I, Item C, 7)

<sup>13</sup> ORR guidelines (Section I, Item C, 8)

<sup>14</sup> ORR guidelines (Section I, Item C, 9)

## SECTION II

### ASSISTANCE AND SERVICES

#### CASH AND MEDICAL ASSISTANCE PROGRAM

##### **A. CASH AND MEDICAL ASSISTANCE (CMA)**

The CMA program services and RSS are administered at the county level in refugee-impacted counties to promote employment and encourage self-sufficiency.<sup>15</sup> A refugee-impacted county is a county that has resettled 400 or more refugees in the last 5 years.

In accordance with 45 CFR Part 400.156(g), RSS employability services are provided within the framework of a family self-sufficiency plan (FSSP), which is a plan that addresses the employment-related service needs of the employable members in a family for the purpose of enabling the family to become self-supporting through the employment of one or more family members. The FSSP must include the following:

- A determination of the income level a family would have to earn to exceed its cash grant and move into self-support without suffering a monetary penalty;
- A strategy and timetable for obtaining that level of family income through the placement in employment of sufficient numbers of employable family members at sufficient wage levels;
- Employability plans for every employable member of the family; and
- A plan to address the family's social services needs that may be barriers to self-sufficiency.

The FSSP takes place during the intake process at the CWD. The CWD informs clients of available employment and training services, supportive services

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<sup>15</sup> ORR guidelines (Section II, Item A)

(e.g., assistance with transportation and work-related expenses) and incentives or differential payments. Clients are assessed for employment and training needs by the CWD or a contracted service provider then is referred to culturally and linguistically appropriate employment services provided by either the CWD or the CWD's contracted service providers. To promote self-sufficiency the services must be designed to assist refugees in becoming employed within one year. Counties are encouraged to develop services that supplement and are coordinated with mainstream employment and supportive services. The FSSP must be updated when services are added, completed or changed to meet the self-sufficiency goals of the client.

## **B. EMPLOYMENT AND SUPPLEMENTAL SERVICES**

In non-refugee-impacted counties, refugees are referred to the California Employment Development Department (EDD) for employment and training services. EDD's mission is to provide statewide employment related resources and strengthen the economic vitality of all Californians. Those that are eligible for the CalWORKs program will receive CalWORKs supportive services. In refugee-impacted counties, employment and training services generally are provided by local service providers who have the language and cultural skills to provide effective services to refugees. For English language training, service providers identify resources to implement language access programs and make the necessary arrangements for a refugee to participate in English language training while concurrently participating in employment training services. Written materials may be translated into a language that the refugee understands. English language instruction is provided concurrently with employment-related services per 45 CFR Part 400.156(c) and outside normal working hours, when feasible per 45 CFR Part 400.156(a). Other strategies for the provision of services are outlined in the individual county plans, which are updated annually. Documentation of client participation and attendance are required in all client case files. Service providers are required to report clients who fail to participate in employment and training services or accept appropriate employment to the CWD. If good cause is not found for non-participation, the CWD works with clients to develop

compliance plans to meet participation requirements. If these clients continue to not participate, the CWD will impose financial sanctions.<sup>16</sup>

### **C. RCA AND ADDITIONAL CASH ASSISTANCE PROGRAMS**

Eligible refugees may receive cash assistance benefits through the CDSS-supervised RCA, URM, and CalWORKs programs; the federally-administered SSI/State Supplementary Payment (SSP) program; or the county-administered General Assistance/General Relief (GA/GR) program. Eligible refugees may also receive CalFresh benefits. Eligibility for the RCA and URM programs is determined pursuant to requirements contained in 45 CFR Parts 400 and 401. Eligibility for CalWORKs, SSI/SSP, and CalFresh benefits is determined for refugees in the same manner as that for non-refugees. Eligible refugees and non-citizens may also receive cash assistance through two additional state-funded programs supervised by CDSS, which are the Cash Assistance Program for Immigrants (CAPI) and the Trafficking and Crime Victims Assistance Program (TCVAP). Each of these cash assistance programs are described below.

#### **1. RCA**

Refugees who are not otherwise eligible for CalWORKs or SSI/SSP, typically single adults without children, may be eligible for RCA. These individuals may also be eligible to receive employment and other social services while receiving RCA.

In an effort to maintain alignment with CalWORKs, changes in CalWORKs regulations and exemption categories that effect RCA are included in Exhibit B-CalWORKs Exemption Categories, Exhibit C-CalWORKs Program

Changes FY 2012/13 and 2013/14, and Exhibit D-CalWORKs Program Changes FY 2014/15 as noted in the CalWORKs State Plan.<sup>17</sup>

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<sup>16</sup> ORR Guidelines (Section II, Item B)

<sup>17</sup> ORR Guidelines (Section II, Item C, 1)

The RCA program provides cash assistance to eligible refugees for a maximum period of eight months. The program is limited to refugees who are determined ineligible for the CalWORKs or SSI/SSP programs. Pursuant to 45 CFR Part 400.66, the CDSS adopted regulations necessary to align the RCA program with the CalWORKs program with respect to the eligibility determination process, ongoing eligibility,<sup>18</sup> benefit levels,<sup>19</sup> and payment standards.<sup>20</sup>

California's RCA program follows required CalWORKs reporting and prospective budgeting process to determine eligibility and grant amounts. The Maximum Aid Payment (MAP) and the minimum basic standard of adequate care (MBSAC) levels for RCA are the same as those under CalWORKs as required in 45 CFR 400.66 (b)(1) & (2).<sup>21</sup> This also includes the determination of benefit amounts and RCA payment standard as they are consistent with the CalWORKs MAP and MBSAC levels. For current MAP levels for exempt and non-exempt clients, please refer to Exhibit E – Maximum Aid Payment Levels-ACL No. 14-58.

California is divided into two regions for MAP and MBSAC purposes. Region 1 counties have a higher MAP and MBSAC due to the higher cost of living in these counties. (45 CFR 400.66 (b)(1) & (2))

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<sup>18</sup> ORR Guidelines (Section II, Item C, 1, a)

<sup>19</sup> ORR Guidelines (Section II, Item C, 1, b)

<sup>20</sup> ORR Guidelines (Section II, Item C, 1, b, 2)

<sup>21</sup> ORR Guidelines (Section II, Item C, 1, b, 1)

Table I. CalWORKs MAP and MBSAC Region 1 Counties

<b>Region 1 Counties</b>	
Alameda	San Luis Obispo
Contra Costa	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Monterey	Santa Cruz
Napa	Solano
Orange	Sonoma
San Diego	Ventura
San Francisco	

Table II. CalWORKs MAP and MBSAC Region 2 Counties

<b>Region 2 Counties</b>		
Alpine	Lake	San Bernardino
Amador	Lassen	San Joaquin
Butte	Madera	Shasta
Calaveras	Mariposa	Sierra
Colusa	Mendocino	Siskiyou
Del Norte	Merced	Stanislaus
El Dorado	Modoc	Sutter
Fresno	Mono	Tehama
Glenn	Nevada	Trinity
Humboldt	Placer	Tulare
Imperial	Plumas	Tuolumne
Inyo	Riverside	Yolo
Kern	Sacramento	Yuba
Kings	San Benito	

The attached Exhibit F-California's Policies and Procedures for the RRP, is a reference guide to California's MPP sections that pertain to the RRP. References include access to current MAP and MBSAC payment levels as the payment levels change periodically according to the Governor's budget, determination of benefit amounts, payment levels based on size of the assistance unit, whether the assistance unit is considered exempt or non-exempt, income disregards and proration of shelter, utilities and similar needs.<sup>22</sup>The CDSS MPP sections can be accessed online at: [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).

**a. Determination of Initial and Ongoing Eligibility**

Pursuant to 45 CFR Part 400.66, RPB operates the RCA program consistent with the provisions of the CalWORKs program.<sup>23</sup> The treatment of income and resources for the RCA program follows CalWORKs requirements. Taking into consideration clients' needs, the following may not be considered in determining income eligibility for RCA (45 CFR 400.66 (d)):

- Resources remaining in the applicant's country of origin,<sup>24</sup>
- A sponsor's income and resources as accessible to the refugee solely because the person is serving as a sponsor,<sup>25</sup> and
- Reception and placement cash received by a refugee from a RA.<sup>26</sup>

CDSS uses the date of application as the date RCA begins (45 CFR 400.66 (e)).<sup>27</sup> When the date of application is after the first of the month, the first month grant total is prorated.

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<sup>22</sup> ORR guidelines (Section II, Item C, 1, c)

<sup>23</sup> ORR guidelines (Section II, Item C, 1, d)

<sup>24</sup> ORR guidelines (Section II, Item C, 1, e)

<sup>25</sup> ORR guidelines (Section II, Item C, 1, f)

<sup>26</sup> ORR guidelines (Section II, Item C, 1, g)

<sup>27</sup> ORR guidelines (Section II, Item C, 1, h)

As part of the process of determining a client's eligibility for RCA, it is the responsibility of the CWD to notify the national headquarters or the local office of the responsible RA when a client has applied for RCA,<sup>28</sup> inquire what assistance, if any, the sponsor or RA is providing for the refugee and inquire whether the refugee has refused an offer of employment or has voluntarily quit a job.<sup>29</sup>

At intake, the CWD informs clients of available employment and training services, supportive services (e.g., assistance with transportation and work-related expenses) and incentives or differential payments.<sup>30</sup> Clients are then assessed for employment and training needs by the CWD or a contracted service provider. In non-refugee-impacted counties, refugees are referred to the California EDD for employment and training services. In refugee-impacted counties, employment and training services generally are provided by local service providers who have the language and cultural skills to provide effective services to refugees. These providers are required to report clients who fail to participate in employment and training services or accept appropriate employment to the CWD. If good cause is not found for non-participation, the CWD works with clients to develop compliance plans to meet participation requirements.<sup>31</sup> If these clients continue to not participate, the CWD will impose financial sanctions.

Pursuant to 45 CFR Part 400.75, as a condition of RCA eligibility, clients, unless exempt, must:

- Work and/or participate in employment and training services that are designed to assist refugees in becoming employed,
- Go to job interviews as directed, and
- Accept any appropriate employment offer.

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<sup>28</sup> ORR guidelines (Section II, Item C,1, i)

<sup>29</sup> ORR guidelines (Section II, Item C,1, j)

<sup>30</sup> ORR guidelines (Section II, Item C,1, l)

<sup>31</sup> ORR guidelines (Section II, Item B)

These mandatory participation requirements, specified in CDSS MPP Section 69-207, are explained to clients by the CWD during program orientation.

**b) Mandatory Participants Not Meeting Program Requirements**

If RCA recipients do not meet the criteria to be exempt from RCA work registration requirements, pursuant to CDSS MPP Section 69-207.3 (listed below under RCA exemption categories), and fail to participate in employment and training services, go to a job interview, or accept an appropriate employment offer, the CWD must make a good cause determination as stated in CDSS MPP 69-208.4.

Good cause exists for failure or refusal to meet or comply with registration, employment, or employment-directed education training in any of the situations listed in CDSS MPP 69-208.4. For example situations where it would not be appropriate to accept employment, such as, the wage does not meet or exceed the federal or state minimum law, the employment or training site violated applicable health and safety laws, or the employment or training is available due directly to a strike or lockout.<sup>32</sup>

If no good cause exists, the CWD prepares a compliance plan that explains what participants must do to remain eligible for their grant. If the recipients fail to fulfill the plan requirements, the CWD sends a NOA regarding the termination of aid and imposes sanctions. The recipient may request a state hearing in accordance with CDSS MPP Section 69-210, should he or she disagree with a CWD determination

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<sup>32</sup> ORR guidelines (Section II, Item C,1, m)

**c) RCA Exemption Categories**<sup>33</sup>

Per 45 CFR 400.76 criteria for refugees exempt from registration, employment and employment-directed education/training requirements include:

- 1) A person under 16 years of age.
- 2) A person age 60 or older.
- 3) A person 16 or 17 years of age who is a full-time student as defined by the age chapter of the CalWORKs regulations, CDSS MPP Section 42-101.
- 4) A person 18 years of age who is a full-time student in a secondary school (12th grade or below) or in equivalent level of vocational or technical training as defined by the Age Chapter of the CalWORKs regulations, CDSS MPP Section 42-101, if the person is expected to complete 12th grade or the training program prior to his/her 19th birthday.
- 5) A person who is at least 16 but not yet 18 years and participating full time in vocational or technical school or training which is considered appropriate by the CWD.
- 6) A person who is ill or injured, when his/her illness or injury is verified by a physician's written statement that the illness or injury is serious enough to temporarily prevent his/her entry into employment or an employment-directed education/training program.
- 7) A person who is incapacitated, when it is determined that the physical or mental impairment, by itself or in conjunction with age, prevents the individual from engaging in employment or participating in an employment-directed education/training program. The criteria for determination of incapacity as outlined in CDSS MPP Section 41-430.2 shall be applied.

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<sup>33</sup> ORR guidelines (Section II, Item C,1, m)

- 8) A person whose presence in the home is required on a substantially continuous basis because of the physical or mental impairment of another member in the household, when verified by a physician's written statement.
- 9) The parent or other caretaker relative of a child under six months of age who is personally providing full-time care for the child with only very brief and infrequent absences from the child. Only one parent or other relative in a case may be exempt.
- 10) A person who is working more than 32 hours a week in unsubsidized employment which is expected to last a minimum of 30 days. This exemption continues to apply if there is a temporary break in full-time employment which is expected to last no longer than 10 workdays.
- 11) A woman who is pregnant and provides medical verification that the pregnancy impairs her ability to be regularly employed or participate in employment/training related activities. An exemption based on a medically-verified pregnancy may also be granted when the CWD determines that participation will not readily lead to employment or that a training activity is not appropriate.

**d) Limited English Proficient Guidance**

Service providers offering case management and employment and training services employ staff who are culturally and linguistically proficient, so that the needs of their limited-English proficient refugee clientele are met. Through the arrival data provided by the U.S. Department of State (DOS) and disseminated by the RPB, counties are able to plan for the number of refugees that are resettled in their particular county. In compliance with the language requirements in 45 CFR Part 400.55,<sup>34</sup> California uses this data to identify the languages of incoming refugees.

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<sup>34</sup> ORR guidelines (Section II, Item C, 1, n)

In addition, California has provided guidance through CDSS MPP Section 21-115 (“Civil Rights Nondiscrimination in Federally Assisted Programs, Title VI Civil Rights Act of 1964”) to ensure nondiscrimination toward limited-English proficient persons so that they have meaningful access to benefits and services. The CDSS policy is that the language of the individual is to be recorded in the case file. In those instances where service provider staff are not proficient in the language of a refugee, arrangements must be made for interpreter services. Service providers identify resources to implement language access programs and make the necessary arrangements for the refugee to participate in English language training while concurrently participating in employment training services. Written materials may be translated into a language that the refugee understands.

## 2. RCA program administration 45 CFR Part §400.13

- a) Eligibility for the RCA and URM Programs is determined pursuant to requirements contained in 45 CFR Parts 400 and 401. Eligibility for RCA, CalWORKs, SSI/SSP, and SNAP benefits are determined for refugees in the same manner as that for non-refugees at the CWD by county eligibility workers.<sup>35</sup>
- b) RCA benefits distribution is conducted at the county level by county staff. Actual benefits are made available to clients through the statewide Electronic Benefit Transfer (EBT) system.<sup>36</sup>

Time spent on administering the RRP at the county level is tracked through time studies to appropriately allocate staff time spent on the county level RRP administration including services provided, and direct and indirect costs. Expenditures are reported by the counties for caseworker and allocable support costs in accordance with CDSS' federally-approved Cost Allocation Plan for County Welfare Departments. These costs include RCA eligibility determinations, grant maintenance activities, and conducting cause determinations and conciliations for RCA clients. Expenditures also include costs for Electronic Data Processing and direct costs.

- c) At the state level, the CDSS charges staff time for each program according to the staff time study reports conducted on a monthly or quarterly basis, and through the CDSS cost allocation process. RCA staff time is a part of the reporting process as stated in the annual ORR-1 report.<sup>37</sup>
- d) RPB staff at the state level is not designated to a specific program. To determine RPB staff time attributed to each federal grant, RPB conducts time studies once each quarter and calculates the percentages of time for each grant in the quarter. All Staff at the state level takes part in administering the RCA program and report time via the time study report. Time spent on the

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<sup>35</sup> ORR guidelines (Section II, Item C, 2, a)

<sup>36</sup> ORR guidelines (Section II, Item C, 2, b)

<sup>37</sup> ORR guidelines (Section II, Item C, 2, c)

RCA program varies from year to year.<sup>38</sup> For example based on past time reports, out of 20 RPB employees, 54.85 percent of staff time were allocated to the administration and distribution of the RCA program.

In accordance with 45 CFR Part 400.13(b), the CDSS assures that costs associated with the administration of the RRP in California are allocated appropriately among its CMA, RSS, TA, and Refugee School Impact grants.

- e) The state does not have an indirect cost rate and does not charge indirect charges to the CMA grant. The federally approved cost allocation plan can be found in the yearly ORR-1 report.<sup>39</sup> However, for RMA, CDPH does charge indirect costs as indicated on the ORR-1 report.

### **3. Additional Cash Assistance Programs**

#### **a) CalWORKs**

Refugees who meet eligibility criteria for the CalWORKs program are provided time-limited cash assistance and services such as employment services, skills training, adult basic education, child care, vocational assessments, mental health and substance abuse treatment, and domestic violence services to assist them find employment and become self-sufficient.

#### **b) SSI/SSP**

This combined federal/state program provides financial assistance to eligible aged, blind or disabled recipients. The grant is both state and federally funded. SSI benefits are federally funded under Title XVI of the Social Security Act and the SSP benefits are funded by the state.

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<sup>38</sup> ORR guidelines (Section II, Item C, 2, d)

<sup>39</sup> ORR guidelines (Section II, Item C, 2, e)

The federal Social Security Administration (SSA) is responsible for determining eligibility, computing grants, and issuing the combined federal/state payment.

**c) CAPI**

The CAPI is a 100 percent state-funded program which provides monthly cash payments to aged, blind or disabled non-citizens who are ineligible for SSI/SSP solely due to their immigration status. Federal law allows certain qualified aliens, including refugees and other humanitarian immigrants, to receive SSI/SSP benefits for a maximum of seven years without becoming U.S. citizens. If an individual does not attain U.S. citizenship within the seven-year time period, he/she becomes ineligible to continue receiving SSI/SSP. Such an individual may be eligible to receive assistance through CAPI provided he/she meets all other CAPI eligibility requirements. To be eligible for CAPI, the individual must:

- 1) Be a non-citizen and meet the immigration status criteria in effect for SSI/SSP as of 8/21/96,
- 2) Be aged, blind or disabled,
- 3) Be ineligible for SSI/SSP solely due to immigration status. This means that a CAPI applicant must apply for SSI/SSP, or submit other proof of eligibility from the federal SSA,
- 4) Be a California resident,
- 5) Meet income and resource requirements, and
- 6) File an application at a CWD and successfully complete the application process.

**d) TCVAP**

California Senate Bill (SB) 1569, Chapter 672, Statutes of 2006, established the state TCVAP, effective January 1, 2007, for noncitizen victims of a severe form of human trafficking, domestic violence or other serious crimes. The TCVAP provides benefits and services such as cash assistance, medical benefits, and employment services equivalent to federally funded benefits and services available to refugees. This program is not part of the RRP, but is supervised by the CDSS. TCVAP is 100 percent state-funded and serves a population that generally has no legal immigration status.

**e) GA/GR Programs**

The GA/GR program provides assistance and support to adults who are not supported by their own means, other public funds, or assistance programs. Each county's GA/GR program is administered at the county level and funded 100 percent by each county's Board of Supervisors. As the state is not involved in this program, benefits, payment levels, and eligibility requirements vary among California's 58 counties. Benefits may include cash and/or in-kind assistance. Refugees qualify for GA/GR on the same basis as other residents.

## **D. REFUGEE MEDICAL ASSISTANCE 45 CFR Part §400.90**

### **1. Opportunity to apply for medical assistance (§400.93), Determination of eligibility for Medicaid (§400.94).**<sup>40</sup>

The California Medical Assistance Program (Medi-Cal) is California's Medicaid program. The DHCS, MED receives RMA funds from the ORH to provide RMA benefits to refugees who are not eligible for Medi-Cal which also includes the California Children's Health Insurance Program (CHIP), benefits or any other insurance affordability program without a share of cost.<sup>41</sup> Medical benefits received under the RMA program are equivalent to the benefits provided under Medi-Cal, pursuant to 45 CFR Part 400.105. Furthermore, the state will use the 200 percent poverty option as an eligibility standard for RMA. RMA benefits are available for a maximum period of eight months. Effective January 1, 2014, California expanded Medi-Cal coverage to childless, non-disabled, nonelderly adults (single or married) with incomes below 133 percent of the Federal Poverty Level in accordance to the Affordable Care Act (ACA). Thus, a majority of refugees are eligible for Medi-Cal or insurance affordability programs under ACA rule and no longer have time limited RMA.<sup>42</sup>

Refugees are escorted by their corresponding RAs to Local Social Services or Health and Human Services Offices to apply for Medi-Cal/RMA. Detailed RMA eligibility procedures are described in the Medi-Cal Eligibility Procedures Manual (Exhibit G) and in the all-county letter post ACA RMA letter (Exhibit H).

### **2. Financial eligibility standards (§400.101), Consideration of income and resources (§400.102)**<sup>43</sup>

In coordination with DHCS, the ORH assures compliance with the consideration of income and resources outlined at 45 CFR Part 400.102. Detailed RMA financial eligibility standards are described in the Medi-Cal Eligibility Procedures

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<sup>40</sup> ORR guidelines (Section II, Item D, 1)

<sup>41</sup> ORR guidelines (Section II, Item D, 1, a)

<sup>42</sup> ORR guidelines (Section II, Item D, 1, b)

<sup>43</sup> ORR guidelines (Section II, Item D, 2)

Manual (Exhibit G) and in the All-County Letter No. 15-16 post ACA RMA (Exhibit H).

**3. Continued Coverage of recipients who receive increased earnings from employment (§400.104)**<sup>44</sup>

In coordination with DHCS, ORH assures compliance with continued coverage of recipients per requirements at § 45 CFR Part 400.104.

**4. Mandatory services (§400.105)**<sup>45</sup>

In coordination with DHCS, ORH assures that RMA will cover at least the same services in the same manner and to the same extent as Medi-Cal.

**5. Additional services (§400.106)**<sup>46</sup>

The only additional service provided to refugees with RMA is the medical screening which will be described in that section of the State plan.

**6. Describes procedure for identifying newly arrived refugees in need of care and procedure established to monitor any necessary treatment or observation (§400.5(f))**<sup>47</sup>

Newly arrived refugees in need of care are identified by the following methods:

- a) RAs contact their Local Health Jurisdiction (LHJ) RHPs or the State Refugee Health Coordinator.
- b) LHJs RHPs receive notification from The Centers for Disease Control and Prevention's (CDC's) Electronic Database Notification (EDN).

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<sup>44</sup> ORR guidelines (Section II, Item D, 3)

<sup>45</sup> ORR guidelines (Section II, Item D, 4)

<sup>46</sup> ORR guidelines (Section II, Item D, 5)

<sup>47</sup> ORR guidelines (Section II, Item D, 6)

Once the need of care is identified, the local RHPs and/or the State Refugee Health Coordinator will coordinate the necessary medical services needed with the assistance of the RA.

All LHJ RHPs and the ORH staff have access to CDC's EDN. The LHJ RHPs download the overseas exam information and attach it to the refugee medical record so that the medical provider knows what needs to be completed during the medical screening visit. For example, if the refugee has been vaccinated overseas that will not be repeated at the clinic.

Pursuant to 45 CFR Part 400.107, the ORH provides RMA funds to the following impacted LHJs, via contractual agreements, to coordinate and provide culturally and linguistically appropriate comprehensive health assessments to newly arrived refugees, asylees and other eligible populations: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, Santa Clara, and Stanislaus. At each of the impacted LHJs, there is a variety of designated providers, nurses, nurse practitioners, and physicians that administers the screening for and prevention of communicable diseases; early diagnosis of chronic diseases and other important health conditions; assessment of immunization status for children and adults; mental health screening; and referral to medical and mental health providers for continuity of care.

Pursuant to 45 CFR Part 400.107(b), determination of eligibility is not required for refugees to receive health screenings; thus LHJs conduct all health assessments within the first 90 days from the date of arrival to the U.S. However, most often, Medi-Cal eligibility is determined during the health assessment process; thus costs for all required laboratory services, treatments and vaccinations (except for those available from the Vaccine for Children program) are charged to Medi-Cal. The California Refugee Health Assessment, form CDPH 8418 (Exhibit I - California Refugee Health Assessment Form), is used to provide screening activities following the guidelines in the ORR State Letter #12-09.

Moreover, since there are no state funds to support any activity of the Refugee Medical Screenings (RMS), impacted LHJs contribute an estimated \$1.5 million in in-kind support to the health assessment process.

**7. RMA Costs – State should submit a State Plan that mirrors their CMA budget estimate (SL # 13- 03).**<sup>48</sup>

For the first 30 days of a refugee’s arrival, Medi-Cal is fee-for-service; then it transitions to a managed care plan based on their selection in their county of residence. The county LHJs that are not part of the managed care system strive to complete the health assessments within those first 30 days in order to bill Medi-Cal for services.

RMA administrative costs are for the DHCS’ MED Division to oversee eligibility requirements for RMA; preparing and distributing All County Welfare Director Letters related to RMA eligibility, requirements, and procedures; responding to county inquiries pertaining to eligibility requirements; conducting annual RMA case monitoring; implementing enhances to the MEDS; monitoring adherence to RMA regulations; providing training to local eligibility staff; or preparing correspondence pertaining to program eligibility requirements. In addition, the RMA administrative costs are associated with processing fee-for-service Medi-Cal claims because this system is not automated. Furthermore, the State Refugee Health Coordinator conducts electronic monthly RMA audits and sends these electronic reports to DHCS’ MED Division if corrections are needed.

**E. RMS PROGRAM 45 CFR §400.107**

**1. RMA Costs – State should submit a State Plan that mirrors their CMA budget estimate (SL # 13- 03).**<sup>49</sup>

California is requesting re-approval to continue operating a 45 CFR Part §400.107 RMS program.

**2. Provides assurance that the RMS is in accordance with the requirements prescribed by the Director (§400.107(a) (1))**<sup>50</sup>

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<sup>48</sup> ORR guidelines (Section II, Item D, 7)

<sup>49</sup> ORR guidelines (Section II, Item E, 1)

<sup>50</sup> ORR guidelines (Section II, Item E, 2)

California assures that RMS is in accordance with the requirements prescribed by the Director (§400.107(a) (1)).

Pursuant to 45 CFR Part 400.107(b), determination of eligibility is not required for refugees to receive RMA health screenings; thus, LHJs conduct all health assessments within the first 90 days from the date of arrival to the U.S. To ensure that medical screenings are conducted within the first 90 days, counties are monitored via ORH's RHEIS.

LHJ program staff, which includes the medical providers, is not covered by Medi-Cal thus RMA funds cover these costs. Furthermore, Medi-Cal does not reimburse for the needed amount of provider time required to conduct such an intensive refugee medical health screening. In addition, there are no state funds to support any activity of the health screenings, and impacted LHJs contribute an estimated \$1.5 million in in-kind support; thus, ORH assures that medical screening costs are reasonable.

**3. Medical Screening Costs – State should submit a State Plan that mirrors their budget estimate (SL# 13-03)**<sup>51</sup>

**a) Medical Screening Direct Costs:** California provides culturally and linguistically appropriate comprehensive health assessments to newly arrived refugees, asylees, federally certified victims of human trafficking, and other eligible entrants. The RHAP focuses not only on screening of and prevention of communicable diseases, but also on identification and diagnosis of chronic diseases and other important medical and mental health conditions. The assessment also includes assessment of immunization status for children and adults and referral to health providers for further medical evaluation, treatment, and follow-up of chronic and other important medical and mental health conditions.

Because of the large geographical area and volume of medical screenings conducted in California, contractual award agreements are required with nine impacted local health departments (Alameda, Contra Costa, Los Angeles,

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<sup>51</sup> ORR guidelines (Section II, Item E, 3)

Orange, Sacramento, San Diego, San Francisco, Santa Clara and Stanislaus) to provide services to new arrivals. Annual local subvention awards are allocated to these impacted counties based on anticipated number of arrivals, staffing needs for intake, nursing, medical provider, and other factors such as cost-of-living differentials. Thus, the award to each county is negotiated as a flat rate. However, cost per medical screening unit is calculated per the ORR-1. Furthermore, in California the Medi-Cal rates are extremely low for medical providers; thus, RMA funds are needed to fund local public health departments to ensure that refugees have adequate health services. However, Medi-Cal does reimburse for the necessary labs and immunizations if they are performed within the first 30 days of the Medi-Cal application; then, no RMA funds are needed for those services.

**b) Medical Screening Administrative costs:** CRHCs are responsible for coordinating the program planning and oversight activities at the local RHAPs. To ensure compliance with ORR, California established guidelines during the delivery of post-arrival health assessments.

## **F. RSS**

### **1. Employment Services**

For the RSS and TA programs, administrative costs are defined to include, but not be limited to, monitoring, contracting, invoicing, performance, and progress statistical reporting.

There is no federal requirement to limit the amount allowed for administrative costs under RSS, for either the state or for the counties. W&I Code Section 13275 limits RSS funds that counties may spend for administration to the amount allowed under TA, which is currently 15 percent. The amount of TA administrative costs that the state may use is limited by federal regulation, 45 CFR Part 400.319 (b), to five percent. The federal TA Formula Final Funding Notice limits administrative costs for counties to 15 percent.

## 2. RSS 45 CFR Part 400.140<sup>52</sup>

W&I Code Section 13276 requires the CDSS, after setting aside the necessary state administrative funds, to determine which counties are eligible to receive RSS funds and establish RSS allocations for those eligible counties.

RSS allocations are based on the number of refugee adults on aid who have been in the U.S. 60 months or less in the refugee-impacted counties (obtained from MEDS). Pursuant to state law, effective January 1, 2006, funding is allocated to these counties based on the current number of refugees receiving RCA and CalWORKs in each county, while assigning specific weights relative to each refugee's time in the U.S. When calculating each county's allocation, a weight of 1.50 is given to the number of refugees who have been in the U.S. one year or less; a weight of 1.25 is given to the number of refugees who have been in the U.S. two years or less, but more than one year; and a weight of 1.00 is given to the number of refugees who have been in the U.S. five years or less, but more than two years.

Pursuant to 45 CFR Parts 400.154 and 400.155, services provided to refugees by counties and their subcontractors may include:<sup>53</sup>

- a) **Employment services**, including development of a family self-sufficiency plan and an individual employability plan, world-of-work and job orientation, job clubs, job workshops, job development, referral to job opportunities, job search, and job placement and follow up.
- b) **Employability assessment services**, including aptitude and skills testing.
- c) **On-the job training**, when such training is provided at the employment site and is expected to result in fulltime, permanent, unsubsidized employment with the employer who is providing the training.

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<sup>52</sup> ORR guidelines (Section II, Item F, 1)

<sup>53</sup> ORR guidelines (Section II, Item F, 2)

- d) **English language instruction**, with an emphasis on English as it relates to obtaining and retaining a job.
- e) **Vocational training**, including driver education and training when provided as part of an individual employability plan.
- f) **Skills recertification**, when such training meets the criteria for appropriate training in § 400.81(b) of this part.
- g) **Day care for children**, when necessary for participation in employability service or for the acceptance or retention of employment.
- h) **Transportation**, when necessary for participation in an employability service or for the acceptance or retention of employment.
- i) **Translation and interpreter services**, when necessary in connection with employment or participation in an employability service.
- j) **Case management services**, as defined in § 400.2 of this part, for refugees who are considered employable under § 400.76 and for recipients of TANF and GA who are considered employable, provided that such services are directed toward a refugee's attainment of employment as soon as possible after arrival in the United States.
- k) **Assistance in obtaining Employment Authorization Documents (EADs).**

And other services pursuant to CFR Part 400.155 such as:

- a) **Information and referral services.**
- b) **Outreach services**, including activities designed to familiarize refugees with available services, to explain the purpose of these services, and facilitate access to these services.

**c) Social adjustment services**, including:

- 1) Emergency services, as follows: Assessment and short-term counseling to persons or families in a perceived crisis; referral to appropriate resources; and the making of arrangements for necessary services.
- 2) Health-related services, as follows: Information; referral to appropriate resources; assistance in scheduling appointments and obtaining services; and counseling to individuals or families to help them understand and identify their physical and mental health needs and maintain or improve their physical and mental health.
- 3) Home management services, as follows: Formal or informal instruction to individuals or families in management of household budgets, home maintenance, nutrition, housing standards, tenants' rights, and other consumer education services.

The RSS program focuses on the achievement of refugee family self-sufficiency. Therefore, in accordance with 45 CFR Part 400.156(g), RSS employability services must be provided within the framework of a family self-sufficiency plan, which consists of individual employability plans for each employable family member. In addition, the employability services must be designed to assist refugees in becoming employed within one year. Counties are also encouraged to develop services that supplement and are coordinated with mainstream employment services.

Pursuant to 45 CFR Part 400.152(b), eligibility for RSS services is limited to refugees who have been in the U.S. for 60 months or less. However, citizenship and naturalization preparation services and referral and interpreter services may be provided to refugees who have been in the U.S. for more than 60 months.

Citizenship and naturalization preparation services do not include citizenship application fees but does include the following:<sup>54</sup>

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<sup>54</sup> ORR guidelines (Section II, Item F, 2, a)

- English language training and civics instruction to prepare refugees for citizenship,
- Application assistance for legal permanent resident and citizenship status,
- Assistance to disabled refugees in obtaining disability waivers from; English and civics requirements for naturalization, and
- The provision of interpreter services for the citizenship interview.

RSS services are available to non-cash and cash aided clients who have been in the U.S. for 60 months or less. Pursuant to 45 CFR Part 400.147, priority for participation in RSS services is as follows: 1) refugees during their first year in the U.S., 2) refugees receiving cash assistance, 3) unemployed refugees who are not receiving cash assistance, and 4) employed refugees who are in need of services to retain employment or attain economic independence. For the purposes of providing RSS services, the definition of cash assistance includes RCA, CalWORKs, and other cash assistance such as GA/GR, and SSI per 45 CFR Part 400.2. Cash assistance recipients also include refugees who enter services while receiving cash assistance but then lose their eligibility for aid during participation.

Counties ensure that refugees receive the maximum benefit and results from services provided during the time-limited service eligibility period. To accomplish this, services are provided in a manner that is culturally and linguistically compatible to all refugees.

Staff of local refugee services agencies includes bilingual and bicultural women to ensure adequate access to services by refugee women per 45 CFR Part 400.156(f). English language instruction is provided concurrently with employment-related services per 45 CFR Part 400.156(c) and outside normal working hours, when feasible per 45 CFR Part 400.156(a). Other strategies for the provision of services are outlined in the individual county plans, which are updated annually.

Agencies conducting intake services are designated by the county. It is the responsibility of the designated agencies to determine the services that a refugee needs to become self-sufficient and to manage the refugee through those services. Intake and assessment activities include the following:

- Determination of eligibility for services
- Assessment of employability
- Development of service plans
- Referrals to other services
- Monitoring participant progress in programs

Counties must ensure that refugee women have the same opportunities as men to participate in RRP services, including job placement. Child care is an allowable service under RSS; however, if a refugee is receiving CalWORKs, child care services should be utilized through the CalWORKs program given the amount of RSS funding is limited.

### **3. TA Program**

The CDSS allocates TA funds to counties pursuant to the amounts determined by ORR. Pursuant to 45 CFR Part 400.315(b), counties are required to use their TA funds to provide employment-related services for refugees who have been in the U.S. 60 months or less, with the exception of referral and interpreter services. Additionally, 45 CFR Part 400.314, requires that TA programs serve refugees in the following order of priority: 1) cash assistance recipients, 2) unemployed refugees who are not receiving cash assistance, and 3) employed refugees in need of services to retain employment or attain economic independence.

Refugees may receive TA services after job placement as part of a family self-sufficiency plan to help the refugee retain employment and/or to obtain a higher paying job and move toward self-sufficiency.

#### **4. Discretionary Projects**

The CDSS competes for various refugee discretionary funds, such as the Older Refugee Discretionary Grant and the Refugee School Impact Grant, to help meet the special needs of California's refugee population.

#### **5. Additional Benefits and Services**

##### **a) SNAP**

Pursuant to the federal Food Stamp Act of 1977 and the Food, Conservation, and Energy Act of 2008, the CDSS supervises the provision of SNAP benefits so that low income Californians can buy the food they need for good health and nutrition. As of October 1, 2008, the federal FSP was renamed SNAP to reflect the changes made to better meet the needs of clients by focusing on nutrition and increasing benefit amounts. SNAP benefits can be accessed using the EBT card and are administered through the CWD.

##### **b) California Food Assistance Program (CFAP)**

In response to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the subsequent passage of the Agricultural Research, Extension and Education Reform Act of 1998 (AREERA), the CDSS has implemented a state-funded food assistance program to cover those who cannot receive benefits under PRWORA and AREERA limitations. The CFAP provides benefits in the form of food vouchers that are equivalent to the federal SNAP benefits.

## **G. CHEP**<sup>55</sup>

Cuban and Haitian Entrants are served in the RRP as stated in the first section of the State Plan. The CHEP which includes Entrant Cash Assistance (ECA) and social services, is administered consistently within the RRP per CDSS MPP 69-300, 45 CFR Part 401 and ORR State Letter No. 94-22.<sup>56</sup>

## **H. URM PROGRAM**

1. The CDSS receives funding from ORR to operate the URM program.<sup>57</sup> The URM Program is a federal program funded by ORR that provides culturally and linguistically appropriate child welfare, foster care, independent living, and other supportive services to refugee youth.
2. The CDSS supervises the URM Program and contracts with California state-licensed foster family agencies to provide foster care, independent living, and other supportive services to eligible refugee minors.<sup>58</sup> These providers are selected by the United States Conference of Catholic Bishops (USCCB) and the Lutheran Immigration and Refugee Service (LIRS), who have cooperative agreements with the DOS Bureau of Population, Refugees and Migration to provide placement of URM through their affiliate offices.

The federal government has approved Florence Crittenton Services of Orange County, Incorporated, an affiliate of LIRS, as the URM provider for Southern California and Catholic Charities of Santa Clara County, an affiliate of USCCB as the URM provider for Northern California.<sup>59</sup>

In accordance with 45 CFR Part 400.120, California submits the ORR-3 report (Refugee Minor Placement Report) to ORR within 30 days<sup>60</sup> of initial placement

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<sup>55</sup> ORR guidelines (Section II, Item G, 1)

<sup>56</sup> ORR guidelines (Section II, Item G, 2)

<sup>57</sup> ORR guidelines (Section II, Item H, 1, a, 1)

<sup>58</sup> ORR guidelines (Section II, Item H, 1, a, 2)

<sup>59</sup> ORR guidelines (Section II, Item H, 2, a, 1)

<sup>60</sup> ORR guidelines (Section II, Item H, 2, a, 2)

of the URM into the program. If the URM's placement changes or the URM's legal responsibility is established or transferred, California submits an updated ORR-3 report to ORR within 60 days of the change of placement or status change. In addition, California submits the ORR-4 report (Refugee Minor Outcomes Report) every 12 months for each URM based on the date of their initial ORR-3 report. California submits a final ORR-4 report within 60 days for each URM upon his or her reunification with a parent; unification with an adult, other than a parent in accordance with 45 CFR Part 400.113(b) or 45 CFR Part 400.115(c); or emancipation from the program.

In accordance with 45 CFR Part 400.115, the California URM Program ensures that legal responsibility (guardianship) is established, as appropriate, for each unaccompanied minor who is placed in California.<sup>61</sup>

In California, the state supervises the child welfare and foster care programs, but the contracted providers are responsible for administering the URM programs. Because the minors in the URM program are not removed from a home by the state for abuse, abandonment, or neglect, they are not placed in the mainstream foster care program, processed through the juvenile court, or considered wards of the state. Consequently, the URM program is only able to seek guardianship as legal responsibility through probate court. The URM providers, under the supervision of the state RPB, ensure legal responsibility for the minors.

In accordance with 45 CFR Part 400.117, California conducts monitoring of each URM provider periodically to ensure compliance with URM program regulations and policies.<sup>62</sup> Reviews of selected URM case files are conducted to verify compliance with federal and state program requirements such as, but not limited to, program eligibility, establishment of legal guardianship, provision of culturally and linguistically appropriate services, reporting requirements and family reunification efforts. The following deliverables, required by the URM contract between CDSS and URM providers, are also reviewed.

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<sup>61</sup> ORR guidelines (Section II, Item H, 2, a, 3)

<sup>62</sup> ORR guidelines (Section II, Item H, 2, a, 4)

These include, but are not limited to:

- Case file management
- Program development, including documenting policies and procedures
- Training
- Provision of foster care and emancipation services to youths
- Data security

After completing a URM provider review, the CDSS prepares a report of the findings, which is presented to the URM provider. If there are significant findings during a review, the report specifies the problems that were found and the steps the provider must take to correct and prevent from recurring. The CDSS provides information regarding the URM provider reviews, findings, and the CDSS' responses and activities to the ORR in federally required performance and progress reports.

The CDSS works closely with the URM providers and assumes program accountability, fiscal responsibility, and program reporting of the URM program.<sup>63</sup>

The CDSS CCLD conducts annual reviews of the URM grantees to ensure appropriate services are being provided in compliance with federal and state child welfare and licensing laws and regulations.<sup>64</sup> The RPB staff conducts periodic monitoring of the URM service providers to ensure that benefits and services are provided in compliance with federal/state laws, regulations, and policy guidelines for the URM Program. Copies of both the CCLD and RPB reviews are provided to ORR.

The CDSS has oversight of the URM contract and there is constant communication between URM service providers and the state including, but not limited to: technical assistance, policy decision, review of ORR-3, ORR-4 reports, and Special Incident Reports.<sup>65</sup>

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<sup>63</sup> ORR guidelines (Section II, Item H, 2, b, 1)

<sup>64</sup> ORR guidelines (Section II, Item H, 2, b, 2)

<sup>65</sup> ORR guidelines (Section II, Item H, 2, b, 3)

### **3. Legal Responsibility**

The requirement of establishing legal responsibility for the children in the custody of the California URM Program may be met in the following manners:

#### **a) Institutional Legal Guardianship:**

In accordance with California Probate Code Sections 1500 or 1501,<sup>66</sup> protective legal guardianship may be established by the state contracted URM providers or a sub-contractor who is licensed to provide foster family services in California.<sup>67</sup> The California URM Program will initiate institutional legal guardianship within 30 days of the child's placement into the URM Program.<sup>68</sup>

#### **b) Court Oversight for URMs:**<sup>69</sup>

Private guardianship dissolves at age 18. Youth can voluntarily remain in extended foster care up to age 21 as long as they meet participation requirements, sign a voluntary placement agreement with the provider State of California (SOC) 162 form, and are living in a placement that is licensed or approved by the URM providers.<sup>70</sup>

### **4. Eligibility**

URM Program provides culturally and linguistically appropriate child welfare, foster care, and independent living services to unaccompanied minors in the U.S. who are:<sup>71</sup>

- Refugees,
- Aslyees,

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<sup>66</sup> ORR guidelines (Section II, Item H, 3)

<sup>67</sup> ORR guidelines (Section II, Item H, 3, a, 2)

<sup>68</sup> ORR guidelines (Section II, Item H, 3, a, 1)

<sup>69</sup> ORR guidelines (Section II, Item H, 3, a, 3)

<sup>70</sup> ORR guidelines (Section II, Item H, 3, a, 4)

<sup>71</sup> ORR guidelines (Section II, Item H, 4, a)

- Cuban/Haitian entrants,
- Victims of a severe form of human trafficking, who receive an ORR eligibility letter,
- Non-citizen victims of domestic violence and other serious crimes who have been granted a U-Visa from the United States Citizenship and Immigration Services, and meets all other eligibility requirements, or
- Youths granted SIJS while in ORR's custody.

URM youth stay in foster care until age 18. California foster care youth remain in foster care until age 18. Per 45 CFR, Part 400.115, California URM Program ensures that legal (guardianship) is established, as appropriate, for each unaccompanied minor who is placed in California.<sup>72</sup>

On September 30, 2010, California enacted Assembly Bill (AB) 12 (Chapter 559, Statutes of 2010), the *California Fostering Connections to Success Act*, allowing California to implement the provisions of Public Law 110-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008. California foster care youth remain in foster care until age 18. Effective by January 1, 2014, California foster youth are able to voluntarily remain in foster care until age 21. As required by federal regulations, the URM Program will parallel changes implemented in the mainstream foster care program by AB 12.<sup>73</sup>

Non minor dependents (NMD) who have volunteered to remain in foster care pass their 18<sup>th</sup> birthday must sign a mutual agreement for extended foster care (SOC 162 form) be living in a placement that is licensed or approved by the URM providers, and meet one of the following participation criteria:

- Completing high school or an equivalency program (under AB 12, NMD do not have to complete high school by age 19 to be eligible);
- Enrolled in post-secondary education or vocational school;

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<sup>72</sup> ORR guidelines (Section II, Item H, 4, b, 1)

<sup>73</sup> ORR guidelines (Section II, Item H, 4, b, 2)

- Participating in a program or activity that promotes or removes barriers to employment;
- Employed at least 80 hours per month; or
- Incapable of participating in any activity as described in 1-4 due to a documented medical condition.

Failure to meet the above criteria will make a NMD ineligible for the URM's extended foster care program.<sup>74</sup>

During case planning the URM youth are informed that if they leave foster care at age 18 or extended foster care, they may re-enter extended foster care prior to turning 21 years old.<sup>75</sup> The NMD will need to sign a voluntary re-entry agreement SOC 162 form, be living in a placement that is licensed or approved by the URM provider, and must meet one of the eligibility criteria with the help of the case manager within a reasonable time of re-entry.

The Transitional Housing Program–Plus (THP-Plus)<sup>76</sup> is a housing program for emancipated foster youth at least age 18 and up to their twenty-fourth birthday if the county of their residence participates. The THP-Plus program provides for a maximum of 24 cumulative months of housing assistance. The URM Program mirrors the THP-Plus with the URM Supported Housing Program, which provides equivalent benefits and services to URM's.

SB 1252 (Chapter 773, Statutes of 2014) amended California's W&I Code Section 11403.2 to allow each county, at its option, to extend THP-Plus services to former foster youth up to, but not including, age 25 and for 36 cumulative months. SB 1252 took effect January 1, 2015 and ACIN No. I-40-15, dated May 27, 2015 provides information to California counties on the provision.

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<sup>74</sup> ORR guidelines (Section II, Item H, 4, c, 1)

<sup>75</sup> ORR guidelines (Section II, Item H, 4, c, 2)

<sup>76</sup> ORR guidelines (Section II, Item H, 4, d)

According to ACIN I-40-15, in order for a youth to be eligible for the THP-Plus extension he/she must:

- Be residing in a county that has chosen to implement SB 1252.
- Be completing secondary education, or an equivalent program, or be enrolled in an institution that provides postsecondary education. The definition of “secondary education” includes vocational education from an accredited vocational institution. A youth must be enrolled at least half-time in order to satisfy this requirement. ACL No. 11-61, dated November 4, 2011, includes additional information regarding education requirements for the THP-Plus program.
- Meet the eligibility and participation requirements for THP-Plus (i.e. exited foster care on or after his/her 18<sup>th</sup> birthday and has entered into and is actively pursuing the goals on the Transitional Independent Living Plan).

Youth who have already exited THP-Plus and/or exhausted 24 months of THP-Plus services are eligible to re-enter for an additional 12 months as long as they meet all age, education, and participation requirements. Youth that do not meet the education requirements for the extension will continue to have access to THP-Plus services up until his/her 24<sup>th</sup> birthday and for up to 24 cumulative months.

As of October 2015, the following counties where URMs reside have opted to implement SB 1252: Riverside, San Diego, San Francisco, San Mateo, Santa Clara and Santa Cruz. The California URM program is opting to implement SB 1252 and will be working with URM providers to assess the impact of this extension.

## **5. Services, Case Planning and Review**

In accordance with 45 CFR Part 400.112,<sup>77</sup> the California URM Program will ensure that each URM child receives the full range of child welfare benefits and

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<sup>77</sup> ORR guidelines (Section II, Item H, 5, a)

services as provided to children in mainstream foster care in the state. These services may include foster care maintenance payments, medical assistance, support services, and any services identified as allowable in Title IV-B State Plan (Foster Care Services). The contracted providers for the California URM Program will have the primary responsibility for the URM children's welfare.

The URM case plan will be reviewed for the continuing appropriateness of living arrangements and services every six months.<sup>78</sup> The contracted providers will ensure that family reunification searches are performed with the Red Cross and/or other organizations for URM youth.<sup>79</sup>

The contracted providers are responsible for all case planning services in accordance with 45 CFR Part 400.118, which include initial assessment and development of a service plan; coordination and supervision of the activities listed in the plan; referral to service activities; and selection and placement activities to ensure the appropriate placement of the child.<sup>80</sup> Case planning for the URM will also include: family reunification services;<sup>81</sup> orientation, assessment, and counseling to facilitate the adjustment of the child to American culture;<sup>82</sup> health screening<sup>83</sup> and treatment, including medical and dental examinations, mental health counseling;<sup>84</sup> and preparation for participation in American society with special emphasis on English language instruction<sup>85</sup> and educational support<sup>86</sup> through career, college and vocational counseling and training.<sup>87</sup>

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<sup>78</sup> ORR guidelines (Section II, Item H, 5, b, 1)

<sup>79</sup> ORR guidelines (Section II, Item H, 5, b, 2)

<sup>80</sup> ORR guidelines (Section II, Item H, 5, c, 2)

<sup>81</sup> ORR guidelines (Section II, Item H, 5, c, 1)

<sup>82</sup> ORR guidelines (Section II, Item H, 5, c, 5)

<sup>83</sup> ORR guidelines (Section II, Item H, 5, c, 3)

<sup>84</sup> ORR guidelines (Section II, Item H, 5, c, 4)

<sup>85</sup> ORR guidelines (Section II, Item H, 5, c, 7)

<sup>86</sup> ORR guidelines (Section II, Item H, 5, c, 6)

<sup>87</sup> ORR guidelines (Section II, Item H, 5, c, 8)

In accordance with 45 CFR Part 400.118(b) (5-6), the California URM program provides tools and opportunities to prepare URM's for participation in American society. There is a special emphasis on American acculturation training to facilitate the URM's social integration and preservation of ethnic and religious heritage,<sup>88</sup> prepare them for independent living and economic self-sufficiency,<sup>89</sup> and incorporate such activities as part of the youth's case plan.

Placement options for URM youth include:<sup>90</sup> foster care homes, therapeutic foster care homes, group homes, transitional housing program placement for URM youth ages 16-18 (who need a higher level of care but do not function well in a foster home setting), supportive housing/ independent living placement for youth ages 18-24, and a supervised independent living placement for youth ages 18-24.

URM foster care youth in California receive full-scope no share of cost Medi-Cal, which is the state's version of federal Medicaid. Medical benefits covered by Medi-Cal includes: physician visits, prescription drugs, hospitalization, x-rays and laboratory, nursing home care, some dental care, some ambulance services, prosthetic and orthopedic devices, eyeglasses, hearing aids, some medical equipment, and hospice care.

Occasionally, URM youth may need medical, dental, or therapeutic medical treatments that are not reimbursed by Medi-Cal. In such instances, the costs will be billed to and covered by the URM contract.<sup>91</sup>

The URM contract providers provide a full range of Independent Living Program (ILP) services including, but not limited to:<sup>92</sup> ILP planning, transitional housing services, emancipated youth stipend equivalent to the state Chafee Education Voucher Program, higher education counseling and vocational training.

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<sup>88</sup> ORR guidelines (Section II, Item H, 5, c, 10)

<sup>89</sup> ORR guidelines (Section II, Item H, 5, c, 9)

<sup>90</sup> ORR guidelines (Section II, Item H, 5, d, 1)

<sup>91</sup> ORR guidelines (Section II, Item H, 5, d, 2)

<sup>92</sup> ORR guidelines (Section II, Item H, 5, e)

The contract providers ensure youth have the knowledge of the core benefits and services available for assistance with housing, education, employment and other support services.<sup>93</sup>

## **6. Interstate Movement:<sup>94</sup>**

Provisions under 45 CFR Part 400.119 state that California's Interstate Compact on Placement of Children (ICPC) process is required to be used when requesting placement of a URM into the state. However, California's URM program does not operate through the county Foster Care system. Additionally, in the URM program, the resettlement agencies generally determine whether or not California's URM program can take a child prior to his or her placement. Since arrangements are determined beforehand, states that are interested in sending a URM to California may do so with the approval of the RPB which works in coordination with the contracted URM providers. States would still use the ICPC 100 A Interstate Compact Placement Request form; however, they would send the request to RPB rather than the county involved. The RPB would review and approve the request. The RPB will confer with the contracted URM providers to arrange the necessary home visits and meet the other requirements, as stipulated by the sending state, for the placement of the child in California's URM program.

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<sup>93</sup> ORR guidelines (Section II, Item H, 5, f)

<sup>94</sup> ORR guidelines (Section II, Item H, 6, a)

## SECTION III

### PANDEMIC INFLUENZA PLANNING

The CDSS issued ACIN No. I-77-06, dated November 7, 2006, to inform the counties and the RRP stakeholders of pandemic influenza planning activities at the state level and to instruct counties to include the needs of refugees in county pandemic planning activities. The CDPH is the lead agency in California for pandemic planning and works with the CRHCs to ensure that refugee health-related issues are addressed. The CDSS will coordinate with the CDPH to develop refugee-related disaster and emergency response activities, which include pandemic flu planning and response procedures.<sup>95</sup>

The CDSS and the CDPH will provide updates on California's pandemic flu planning activities to the ORR via the state's trimester performance reports, or as directed by the ORR.

#### CRHCs Responsibilities

The CRHCs will:

- Review and disseminate new or updated pandemic influenza educational materials and/or develop/translate information, including fact sheets, that are accurate and culturally and linguistically appropriate;
- Continue ongoing activities to coordinate with County Offices of Emergency Services to streamline pandemic influenza planning activities and include procedures in local response plans that address the needs of refugees and other limited-English speaking persons; and
- Conduct health assessments, including screening to identify newly arriving refugees who may be exhibiting flu-like symptoms. Pandemic flu prevention and education are provided at the point of initial health screening.

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<sup>95</sup> ORR guidelines (Section I, Item C, 9)

## CDPH/CDSS Responsibilities

The CDPH, in collaboration with the CDSS, will:

- Continue to network with program stakeholders to evaluate state planning activities related to development and translation of refugee-appropriate educational and other informational materials;
- Continue to collaborate with the CDPH Emergency Preparedness Office to ensure statewide plans address the cultural and linguistic needs of refugees;
- Provide any updated information to program stakeholders on protocols and procedures pertaining to surveillance, containment, and prevention of pandemic flu;
- Continue to review and analyze existing RHEIS and MEDS data to determine the state's current and anticipated refugee populations. These data will be used to guide ongoing planning activities to ensure that they meet the needs of California's diverse refugee populations;
- Implement training, as needed, to inform and educate program stakeholders about any updates on pandemic influenza and to encourage participation in the preparedness planning process at the state and local levels;
- Continue to work with refugee service providers to identify new community leaders and involve them in preparedness planning activities;
- Encourage the CRHCs and CRCs to collaborate with local emergency preparedness coordinators. The goal will be to foster a state and local community network to ensure that refugee populations have a voice in the preparedness process;
- Continue working with the national Association of Refugee Health Coordinators (ARHC), the Refugee Health Information Network (RHIN), CDC, and other stakeholders to promote culturally and linguistically appropriate outreach, education materials, and awareness activities for refugee populations; and

- Continue to offer ongoing technical assistance and consultation to the CRHCs, RAs, and ECBOs in the development and implementation of their Continuity of Operations Plans (COOP)/Continuity of Government (COG) to ensure that critical services to refugees continue uninterrupted during a pandemic flu or other emergency.

### CDSS' COOP/COG Plan

The California Governor's Office of Emergency Services, formerly the California Emergency Management Agency, previously requires that each state department develop the COOP/COG plans to ensure that they are prepared to fulfill their essential functions in the event of a disaster.

In February 2004, the CDSS contracted with a consulting firm with expertise in the field of emergency management planning to prepare the CDSS' COOP/COG plan. Using this plan as a basis, the CDSS WTW Division, which includes the RPB, developed a simplified COOP/COG plan to specify the actions that the WTW Division will take in response to a significant disaster or emergency. Depending on the severity of the incident and the response needed, the WTW Division management may be required to continually update federal officials on the state's situation, request federal program waivers, or determine and implement alternative procedures to meet state and federal mandates. (Refer to Exhibit J-Pandemic Flu Preparation Continuity Plan).

The CDSS will maintain a current list of the CRCs, which will be used to contact during a disaster or emergency to provide counties with program information and assistance and/or to obtain information on refugee issues and needs at the county level.

**SECTION IV**

**SUBMISSION OF THE STATE PLAN**

Review and signature of Governor or designee

This plan was reviewed and signed by the Governor's designee, the California State Refugee Coordinator, California Department of Social Services.

***Original signed by Kim Johnson***

***August 17, 2015***

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Kim Johnson

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Date

Chief

Child Care and Refugee Programs Branch

California Department of Social Services

## SECTION V

### EXHIBITS

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State of California

GOVERNOR'S OFFICE  
SACRAMENTO 95814

*State Plan*

EXHIBIT A: Designation Letter

EDMUND G. BROWN JR.  
GOVERNOR

916/445-2843

September 18, 1980

Mr. Marion J. Woods, Director  
Department of Social Services  
744 P Street, MS 17-11  
Sacramento, California 95814

Dear Mr. Woods:

I hereby delegate to you, as Director of Social Services, the authority to review, approve, and submit, pursuant to Section 412(a)(6) of the Refugee Act of 1980 (PL 96-212), and 45 CFR 400.6, California's plan for the delivery of refugee assistance and services as funded by the Office of Refugee Resettlement, United States Department of Health and Human Services.

Sincerely,

*Edmund G. Brown Jr.*

EDMUND G. BROWN JR.  
Governor

EXHIBIT B-CalWORKs Exemption Categories

**Welfare-To-Work (WTW) 24-Month Time Clock Exemptions/Good Cause**

The chart below provides information regarding WTW 24-Month Time Clock exemptions and good cause for not participating, and shows what affect each have on the CalWORKs 48-Month Time Limit.

Exemption	Description	WTW 24-Month Time Clock Exemption?	CalWORKs 48-Month Time Limit Exemption?
Under 16 Years of Age	Client is under 16 years of age.	Yes	N/A <sup>1</sup>
Child Attending School	Client is 16, 17, or 18 years of age and is attending a school in grade twelve or below, or vocational, or technical school on a full-time basis.	Yes	N/A <sup>1</sup>
Cal-Learn Non-Head of Household	Client is receiving aid in their parent's Assistance Unit (AU), and is eligible for, participating in, or exempt from the Cal-Learn program.	Yes	Yes
Cal-Learn Head of Household	Client is receiving aid in their own AU, and is eligible for, participating, or exempt from the Cal-Learn program.	Yes	Yes
60 Years of Age or Older	Client who reaches age 60 or older.	Yes	Yes
Client Disability	Client has medical verification of a physical and/or mental disability expected to last at least 30 days and it significantly impairs the individual's ability to be employed or participate in WTW activities. <sup>2</sup>	Yes	Yes
Needy Non-Parent Caretaker Relative	Client is a Non-Parent caretaker relative who has primary responsibility for caring for a child who is either a dependent, ward of the court, receiving Kin-GAP benefits or at risk for placement in foster care. These caretaking responsibilities must impair his/her ability to be employed or to participate in WTW activities.	Yes	Yes
Caring for Ill or Incapacitated Member of Household	Client is caring for an ill or incapacitated person residing in the home, has medical verification that the illness or incapacity is expected to last at least 30 days, and caretaking responsibility impairs the clients ability to be regularly employed or to participate in WTW activities.	Yes	Yes
Pregnant and Cannot Work or Participate in WTW Activities	Client is a woman who is pregnant with medical verification that the pregnancy impairs her ability to be regularly employed or participate in WTW activities, or the county determines that participation will not readily lead to employment or that a training activity is not appropriate.	Yes	No

<sup>1</sup> The CalWORKs 48-Month Time Limit does not apply to this population.

<sup>2</sup> This may include pregnancy if the 'Client Disability' criteria are found to apply.

**Welfare-To-Work (WTW) 24-Month Time Clock Exemptions**

The chart below provides information regarding WTW 24-Month Time Clock exemptions and shows what affect each of these exemptions has on the CalWORKs 48-Month Time Limit.

Exemption	Description	WTW 24-Month Time Clock Exemption?	CalWORKs 48-Month Time Limit Exemption?
Child 0-23 Months of Age	Client has primary responsibility for personally providing care to a child from birth to 23 months, inclusive. This exemption shall be available in addition to any other child related exemption outlined below. An individual may be exempt only once in a lifetime under this exemption.	Yes	Yes
Exemption for Child Six Months of Age or Younger	Client is caring for a child six months of age or younger. County may lower age to 12 weeks, or extend the age to one year depending on availability of child care and/or job opportunities. An individual may be exempt only once in a lifetime under this exemption.	Yes	No
Subsequent Exemption for Child 12 Weeks of Age or Younger	Subsequent Exemption: Client is caring for a child 12 weeks of age or younger. County may extend the age to six months depending on availability of child care and job opportunities.	Yes	No
Short-Term Young Child Exemption <sup>3</sup>	Client has responsibility for personally providing care for one child between 12-23 months of age or two or more children less than six years of age. <sup>3</sup>	Yes	Yes
VISTA Volunteer	Client is a full-time volunteer in the Volunteers in Services to America (VISTA) Program	Yes	No
Domestic Abuse	Client is a past or present victim of domestic abuse.	Yes	Yes
Good Cause	Client has good cause for not participating in WTW.	Yes	No

<sup>3</sup> This exemption will no longer be available for clients to use as of 01/01/2013. Clients who are taking this exemption as of 12/31/2012 will no longer have the exemption as of 01/01/2013, but will not be required to participate in WTW activities and their WTW 24-Month Time Clock and CalWORKs 48-Month Time Limit will remain stopped until they are reengaged by the county. The counties must reengage this population by 01/01/2015. For further information on reengagement, please see the 'Reengagement of CalWORKs Short Term Exempt Individuals in WTW Activities' ACL.

## **2012/13 UPDATES TO TANF STATE PLAN**

- Restoration of the Cal-Learn program. Effective July 1, 2012, restores funding for Cal-Learn administration, state support for automation, transportation and ancillary expenses.
- Cal Grant Funding. Effective July 1, 2012, TANF funds will be allocated to the California Student Aid Commission for the purpose of funding Cal Grants to help cover part of the expense of college and other approved training programs for TANF eligible recipients.
- Change for CalWORKs assistance unit that does not include an eligible adult and is not in sanction status. Effective October 1, 2012, most child-only CalWORKs cases in which there are no aided adults in the home including cases where the adult has reached the 48-month CalWORKs time limit will transition from Quarterly Reporting (QR) to Annual Reporting (AR).
- Revisions to Welfare-to-Work (WTW) requirements. Effective on and after January 1, 2013, new recipients could receive up to 24 months of specified WTW services and activities. After exhausting their 24-month time clock, recipients are required to meet federal TANF work participation requirements.
- Implementation of extension beyond 24 months. Effective January 1, 2013, a county may grant extensions for a number of assistance units equal to no more than 20 percent of the assistance units in the county in which all adult members have been provided aid for at least 24 months, but no more than 48 months.
- Kin-Gap revisions. The new Kin-Gap program has two components: A federally funded component for children eligible for Title IV-E foster care, and a state funded component funded under the CalWORKs program. Foster children under the age of 19 who are ineligible for Title IV-E federal foster care or Kin-Gap benefits will continue to be served under the solely state funded component of the CalWORKs program. As of January 1, 2012, eligibility for solely state funded CalWORKs benefits is extended to the eligible youths, referred to as non-minor dependents, up to age 21.
- Restoration of the CalWORKs “earned income disregard”. Effective October 1, 2013, earned income disregard will be restored to \$225 plus 50 percent of additional income for all cases.

## **2013/14 UPDATES TO TANF STATE PLAN**

- Effective October 1, 2013, Non- MOE State General Fund (GF) outside of the federal TANF and state MOE funding structure will be used to fund CalWORKs assistance and administration costs for current work-eligible cases where the adult in a single-parent family or both adults in a two-parent family has/have reached the 48-month CalWORKs limit for cash aid (Safety Net cases), or are a drug or fleeing felon, who reside with an eligible child that continues to receive assistance.
- Effective October 1, 2013, as a result of California Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011), California replaced its current Quarterly Reporting/Prospective Budgeting (QR/PB) system with a Semi-Annual Reporting (SAR) system for the CalWORKs program. SAR is similar to QR/PB in most of its reporting requirements and budgeting methodology. Under SAR, recipients will be required to submit one Semi-Annual Eligibility Report (SAR 7) once a year followed by a redetermination (RD) form at the time the annual RD is due.
- Effective January 1, 2014, counties shall start implementing the Work Incentive Nutritional Supplement (WINS) program, with full implementation statewide no later than July 1, 2014. The WINS program will provide working families who are receiving CalFresh benefits, but not receiving CalWORKs cash assistance, with a ten dollars (\$10) supplemental food assistance benefit if there is a work eligible individual, with a child under age 18 in the household, who is working sufficient hours in subsidized or unsubsidized employment to meet TANF work requirements.
- Effective January 1, 2014, family stabilization services will be available to CalWORKs participants, which include intensive case management services to address immediate crisis situations and needs, such as housing instability or family safety issues. These services will ensure a basic level of stability within the family so that future participation in welfare-to-work activities that lead to self-sufficiency may be more successful.
- Effective January 1, 2014, as a result of Assembly Bill 419 (Chapter 293, Statutes of 2013), a child who is a patient in a public or private hospital for medical or surgical care shall be considered temporarily absent from the home for the duration of the hospital stay.
- Executive Order (EO) S-09-10, issued June 24, 2010, directed the California Department of Social Services (CDSS), in part, to take all necessary steps to ensure that CalWORKs recipients may not access state-provided cash benefits from automated teller machines (ATMs) in gambling establishments, liquor stores that are not authorized by the Food and Nutrition Service, retail establishments which provide adult-oriented entertainment, bail bonds, bingo halls, cruise ships, smoke shops, cannabis shops, ammunition stores, night clubs/saloons/taverns, psychic reader, race tracks, spa/massage salons and tattoo/piercing shops. CDSS reviews

## EXHIBIT C: CalWORKs Program Changes FY 2012/13 and 2013/14

its counties' cash access plans to ensure that the areas affected by the EO mandate continue to have adequate access points for cash assistance recipients. Moreover, CDSS on a regular basis continues to monitor establishments and remove access to those businesses that meet the criteria for removal.

- Language reflecting the changes SB 72 made to AB 98 subsidized employment program that became effective March 24, 2011, which increased the state's maximum contribution (outside of the Single Allocation) toward wage subsidies under AB 98 to 100 percent of the computed grant for the participant's assistance unit (AU) in the month prior to participation in subsidized employment.
- Mental health, substance abuse and domestic violence treatment hours (WTW activities 16 through 18) and/or classroom, lab and internship hours in WTW activities (10), (11), (14), and (15) may be counted as core activities if participation in the treatment services are necessary for the individual to participate in CalWORKs core activities and participation in the specified educational activities meet the following criteria:
  - The county has determined that the program leads to a self-supporting job.
  - The individual is making satisfactory progress.
  - The individual does not possess a baccalaureate degree unless he/she is pursuing a California regular classroom teaching credential.
  - The program is on the county list of programs that the county and local agencies agree will lead to employment.
- After careful review considering the outcome data and the number of families diverted from CalWORKs in conjunction with the costs of the project, the *Ready, Set, WORK! (RSW!) Project* will not be continued in the two pilot areas nor will it be implemented county-wide as originally planned. The control groups used to evaluate the program were inequitable and no usable data could be gleaned from the final report to satisfactorily determine the outcome of the pilot program.

EXHIBIT D  
**CalWORKs Program Changes**  
**FY 2014-2015**

Bill Type	Effective Date	Section Summary	Cost (Millions)
<b>Senate Bill No. 855</b> SEC. 68 Section 11322.8	7/1/14	<b>Hours of Participation (Amended)</b> <ul style="list-style-type: none"> <li>Hours of work participation are based on an average per week during the month.</li> </ul>	N/A
SEC. 69 Section 11325.24	7/1/14	<b>Family Stabilization (Amended)</b> <ul style="list-style-type: none"> <li>Housing assistance can be provided any month a family is participating in family stabilization</li> <li>Recipients who refuse or are unable to follow their family stabilization plans without good cause will be returned to the WTW program.</li> </ul>	\$26M
SEC. 70. Article 3.3 Section 11330 and 11330.5	7/1/14	<b>CalWORKs Housing Support (Added)</b> <ul style="list-style-type: none"> <li>At the discretion of the county, a recipient is eligible to receive CalWORKs housing supports if his or family is experiencing homelessness or housing instability that would be a barrier to self-sufficiency or child well-being, including rental assistance, security deposits, utility payments, and moving costs.</li> <li>The CDSS, in consultation with CWDA and other stakeholders will develop the criteria by which counties may opt to participate, the proportion of funding, and tracking and reporting procedures.</li> <li>The CDSS, in consultation with legislative staff and CWDA, is to determine if the program is considered to be assistance or non-assistance payments.</li> </ul>	\$20M
SEC. 72 Section 11450.025	4/1/15	<b>Maximum Aid Payments (MAP) Increase (Amended)</b> <ul style="list-style-type: none"> <li>MAP will be increased by 5 percent.</li> </ul>	N/A
SEC. 74 Section 11461.3	1/1/15	<b>Approved Relative Caregiver Funding Option (Added)</b> <ul style="list-style-type: none"> <li>At county option, the amount paid to approved relative caregivers for the in-home care of children placed with them who are non-federally eligible foster youth will be equal to the basic rate paid to Foster Care providers.</li> <li>Counties must notify in writing to CDSS by 10/1/14 before participation in this program begins.</li> </ul>	\$30M
<b>AB 1468/ SB 863</b> <b>Public Safety</b>			
Sections 45, 46, 47 and 48 CalWORKs Eligibility	4/1/15	<b>Drug Felons (Repealed and Added)</b> <ul style="list-style-type: none"> <li>CalWORKs eligibility would be extended to any drug felon, contingent upon compliance with all terms of probation or parole, including participation in drug treatment programs.</li> </ul>	N/A



WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.  
GOVERNOR

September 22, 2014

ALL COUNTY LETTER (ACL) NO. 14-58

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CaWORKs PROGRAM SPECIALISTS  
ALL COUNTY REFUGEE PROGRAM COORDINATORS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CaWORKs): FIVE PERCENT INCREASE TO THE MAXIMUM AID PAYMENT (MAP) LEVELS

REFERENCE: SENATE BILL (SB) 855 (Chapter 29, Statutes of 2014), ALL COUNTY LETTER 14-46

The purpose of this ACL is to inform the County Welfare Departments (CWDs) of the 2015 CaWORKs MAP increase pursuant to SB 855, which was signed by the Governor on June 20, 2014. This letter includes instructions to be used in the implementation of the five percent MAP increase. The CaWORKs MAP increase takes effect on April 1, 2015. This policy change must be automated into the consortia systems by the effective date. If the MAP increase cannot be modified, CWDs must put a policy in place that will ensure CaWORKs recipients receive the MAP increase and are appropriately and timely notified of changes to their CaWORKs grant and for households (HHs) which receive CalFresh, the associated impact to the HHs CalFresh benefits no later than March 20, 2015.

The grant increase applies to all CaWORKs cases, regardless of whether the Assistance Unit (AU) lives in Region One or Region Two and regardless of the AUs Exempt or Non-Exempt status. CWDs are to treat the grant increase as a mandatory county-initiated mid-period action for Semi Annual Reporting (SAR) and Annual Reporting/Child Only (AR/CO) cases (see ACL 14-46 for more information on reporting).

**INFORMING CaWORKs RECIPIENTS**

The California Department Of Social Services (CDSS) has provided the attached mass mailer notice (TEMP 2250) for CWDs to send to all CaWORKs recipients that will

inform them of the change in state law that increases MAP levels effective April 1, 2015, and inform the HH of the potential decrease to the HH's CalFresh benefits as a result of the increase to their income. CWDs must begin sending the mailer to all CalWORKs recipients by February 2015. CWDs must also send the attached adequate notice of action (NOA) (TM44-315H) to CalWORKs recipients that will provide information specific to their AU's cash aid amount. The CDSS strongly encourages CWDs to also provide a copy of TEMP 2250 to all new CalWORKs applicants who apply for aid starting in February 2015 through March 2015, to ensure that they are informed about the April 1, 2015 grant increase.

### **INCOME REPORTING THRESHOLD (IRT)**

As a reminder, CWDs must inform recipients of their new IRT anytime it changes. Some recipients' IRTs may change when the MAP increases. CWDs must send those CalWORKs AUs a new SAR 2, AR 2 or other appropriate written notification the CWD uses to inform them of their new IRT. The CDSS will be updating the IRT charts in the near future.

### **FORMS AND NOTICES OF ACTION (NOA)**

TEMP 2250 (8/14) – State Law Changes the Maximum Aid Payment Levels for Cash Aid Recipients – This form was created for CWDs to send to all CalWORKs AUs to inform them of the change to the MAP. This is a required form with no substitutes permitted.

TM44-315H (9/14) – NOA message – Five Percent Grant Increase/Law Change – This NOA message was created to send to cash assistance AUs when their grant will increase due to the MAP increase. Instructions for use of the NOA message are included on the TM44-315H. This message is required with no substitutes permitted to the language. CWDs may fill in case specific information as instructed.

#### **Required Form - No Substitutes Permitted**

Forms in this category are required forms that the CWD may not modify or restructure. However, overprinting or reformatting under the conditions outlined in Operations Manual Section 23.400.211, Overprinting Required Forms and Section 23-400.212, Electronic Data Processing (EDP) Modifications, is permitted.

### **CAMERA READY COPIES AND TRANSLATIONS**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these forms from the CDSS webpage at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

All County Letter No. 14-58  
Page Three

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at:

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm)

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the CWD's responsibility to provide translation services if an applicant or recipient requests them. More information regarding provisions for services to applicants and recipients who are non-English speaking or who have disabilities can be found in MPP Section 21-115.

This ACL and other CDSS Letters and Notices are available on the internet at:

<http://www.dss.cahwnet.gov/lettersnotices/default.htm>.

If you have any questions regarding this letter, please contact your CalWORKs County Consultant at (916) 654-1322.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachments

**CalWORKs Payment Standards Chart  
Effective April 1, 2015**

**These charts reflect a five percent increase to the MAP levels as a result of  
Senate Bill 855 (Chapter 29, Statutes of 2014)**

**Region 1**

<b>Assistance Unit</b>	<b>Maximum Aid Payment Exempt</b>	<b>Maximum Aid Payment Non-Exempt</b>
1	\$387	\$350
2	\$636	\$569
3	\$788	\$704
4	\$936	\$840
5	\$1,065	\$954
6	\$1,197	\$1,072
7	\$1,315	\$1,178
8	\$1,434	\$1,283
9	\$1,549	\$1,387
10 or more	\$1,665	\$1,490

**Region 2**

<b>Assistance Unit</b>	<b>Maximum Aid Payment Exempt</b>	<b>Maximum Aid Payment Non-Exempt</b>
1	\$369	\$331
2	\$607	\$541
3	\$751	\$670
4	\$891	\$799
5	\$1,017	\$909
6	\$1,141	\$1,021
7	\$1,254	\$1,120
8	\$1,366	\$1,222
9	\$1,477	\$1,321
10 or more	\$1,587	\$1,418

Region 1 Counties: Alameda, Contra Costa, Los Angeles, Marin, Monterey, Napa, Orange, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma and Ventura.

Region 2 Counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo and Yuba.

For more information on CalWORKs historical MAP levels, please refer to the CDSS website at:  
<http://www.cdss.ca.gov/research/res/pdf/calreports/MAP-MBSAC.pdf>

# State Law Changes Maximum Aid Payment (MAP) Levels for Cash Aid Recipients

As of April 1, 2015, the MAP levels for all cash aid families will be increased by 5 percent.

You will get a Notice of Action (NOA) in March showing your new aid amount starting April 1.

## CalFresh Changes:

Most families get less CalFresh benefits when they get more cash aid. You will get a separate notice if your CalFresh benefits will be changing.

### NEW MAP TABLES:

New MAP table for Region 1, Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$369	\$387	\$18
2	\$606	\$636	\$30
3	\$750	\$788	\$38
4	\$891	\$936	\$45
5	\$1,014	\$1,065	\$51
6	\$1,140	\$1,197	\$57
7	\$1,252	\$1,315	\$63
8	\$1,366	\$1,434	\$68
9	\$1,475	\$1,549	\$74
10 or more	\$1,586	\$1,665	\$79

New MAP table for Region 1, Non-Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$333	\$350	\$17
2	\$542	\$569	\$27
3	\$670	\$704	\$34
4	\$800	\$840	\$40
5	\$909	\$954	\$45
6	\$1,021	\$1,072	\$51
7	\$1,122	\$1,178	\$56
8	\$1,222	\$1,283	\$61
9	\$1,321	\$1,387	\$66
10 or more	\$1,419	\$1,490	\$71

New MAP table for Region 2, Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$351	\$369	\$18
2	\$578	\$607	\$29
3	\$715	\$751	\$36
4	\$849	\$891	\$42
5	\$969	\$1,017	\$48
6	\$1,087	\$1,141	\$54
7	\$1,194	\$1,254	\$60
8	\$1,301	\$1,366	\$65
9	\$1,407	\$1,477	\$70
10 or more	\$1,511	\$1,587	\$76

New MAP table for Region 2, Non-Exempt

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$315	\$331	\$16
2	\$515	\$541	\$26
3	\$638	\$670	\$32
4	\$761	\$799	\$38
5	\$866	\$909	\$43
6	\$972	\$1,021	\$49
7	\$1,067	\$1,120	\$53
8	\$1,164	\$1,222	\$58
9	\$1,258	\$1,321	\$63
10 or more	\$1,350	\$1,418	\$68

State of California  
Department of Social Services

Noa Msg Doc No.: TM44-315H Page 1 of 1  
Action : Change  
Issue: Five Percent Grant Increase  
Title: Law Change to MAP levels

Auto ID No.:  
Source  
Issued by  
Reg Cite 44-315, SB 855 (Chapter 29,  
Statutes of 2014)

Use Form No. NA 200 or NA 1239  
Original Date 09-19-14  
Revision Date

MESSAGE:

As of April 1, 2015 the county is changing your  
cash aid from \$ to \$\_\_\_\_\_

Here's why:

State Law has changed. The maximum aid payment has  
gone up by 5 percent.

If you think there is a mistake in the amount of  
your cash aid, or if you have problems other than  
with the new law you can ask for a state hearing.  
The back of this notice tells you how.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the grant amount to apply the five percent grant  
increase due to SB 855 (Chapter 29, Statutes of 2014) effective April 1, 2015.  
Print message on new NA 200 with budget in right column for those who have no  
income or who are paid monthly. Use the NA 1239 for all other AUs.

EXHIBIT F: California's Policies and Procedures for the RRP

California Department of Social Services Manual of Policies and Procedures (MPP)  
 Refugee Resettlement Program  
 Refugee/Entrant Cash Assistance and Services & RCA Requirements

SUBJECT	MPP SECTION
State will use the hearings standards and procedures as set forth in 45 CFR Section 400.83(b)	69-210 – Notices and Hearings (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Describe the elements of the TANF program which will be used in the RCA program. Determination of initial and on-going eligibility treatment of income and resources, budgeting methods, need standards. (45 CFR Section 400.66(a)(1)) Determination of benefit amounts/payment levels based on size of the assistance unit, income disregards. (45 CFR Section 400.66(a)(2)) Proration of shelter, utilities, and similar needs. (45 CFR Section 400.66(a)(3)) Explanation of exempt and non-exempt assistance units. Any other State TANF rules relating to financial eligibility and payments. (45 CFR Section 400.66(a)(4))	69-206 – Income and Resources (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )  42-200 – Property (MPP Section 42-200 through 42-223 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/eas4.PDF">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/eas4.PDF</a> and <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/5EAS.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/5EAS.pdf</a> )  44-100 - Income (MPP Section 44-100 through 44-133 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/10EAS.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/10EAS.pdf</a> )  44-200 – Assistance Unit Composition and Need (MPP Section 44-200 through 44-212 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/11EAS.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/11EAS.pdf</a> )  44-300 – Aid Payments (MPP Section 44-300 through 44-355 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EAS.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EAS.pdf</a> , <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EASa.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EASa.pdf</a> ) and ACL No. 14-58 – MAP and MBSAC payment levels <a href="http://www.cdss.ca.gov/ord/entres/getinfo/pdf/23EAS.pdf">http://www.cdss.ca.gov/ord/entres/getinfo/pdf/23EAS.pdf</a> 89-110 – Exempt and non-exempt assistance units
Will not consider resources remaining in the applicant's country of origin. (45 CFR Section 400.66(b))	69-206.21 (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Will not consider a sponsor's income and resources as accessible to the refugee solely because the person is serving as a sponsor. (45 CFR Section 400.66(c))	69-206.2 (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Will not consider any cash grant received by the applicant under the DOS or DOJ R and P program (45 CFR Section 400.66(d))	69-206.11 (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> ) and <a href="http://www.cdss.ca.gov/refugeeprogram/PG1260.htm">http://www.cdss.ca.gov/refugeeprogram/PG1260.htm</a>

EXHIBIT F: California's Policies and Procedures for the RRP

California Department of Social Services Manual of Policies and Procedures (MPP)  
 Refugee Resettlement Program  
 Refugee/Entrant Cash Assistance and Services & RCA Requirements

Will use date of application as the date RCA begins. (45 CFR Section 400.66(e))	69-205.211 (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Implementation must begin by 3/21/2002	69-200 Regulations became effective 2/1/02 (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Describes the criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.	69-207.3 – Refugees Exempt from Registration, Employment and Employment-Directed Education/Training Requirements (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Good Cause Determinations	69-208 – Describes good cause determinations 69-208.4 Good Cause for Failure or Refusal to Meet or Comply with the Registration, Employment and Employment-Directed Education/Training Requirements. <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a>
State will notify promptly local resettlement agency whenever refugee applies for RCA. (45 CFR Section 400.68(a))	69-203.2 – County Responsibilities (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
State will contact applicant's sponsor or local resettlement agency at time of application for RCA concerning offers of employment, etc. (45 CFR Section 400.68(b))	69-203.2 – County Responsibilities (MPP Sections 69-200 through 69-306 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf</a> )
Describes safeguards for limited English proficient persons as required by 45 CFR Section 400.55	21-115 – Provisions for Services to Applicants and Recipients Who Are Non-English Speaking or Who Have Disabilities (MPP Sections 21-100 through 21-205 can be found at <a href="http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/3cfcman.pdf">http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/3cfcman.pdf</a> )

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**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

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Article 24 -- REFUGEE MEDICAL ASSISTANCE PROGRAM

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## 24A – INTRODUCTION

### 1. INTRODUCTION

It has been the policy of the United States (U.S) to provide asylum and humanitarian assistance to persons subject to persecution in their homelands. This humanitarian resettlement assistance is provided through the states but is funded through the federal government. The purpose of this refugee assistance is to allow refugees to more quickly adapt to their new country, become economically self-sufficient, and ultimately participate in and contribute to their new communities.

### 2. BACKGROUND

Congress created the Cuban Refugee Program in 1962. This Act provided 100 percent federal refugee funding for cash assistance, medical assistance, and social services programs for needy Cuban refugees. Congress passed similar legislation for Indochinese refugees in 1975. In 1977, legislation was passed which required the transfer of refugees into the standard Aid to Families with Dependent Children (AFDC) and Medicaid programs if the refugees fit those programs, and provided for the phasedown of both special refugee programs over a period of from four to six years.

The federal Refugee Act of 1980 (Public Law 96-212), enacted March 17, 1980, repealed the Indochina Migration and Refugee Assistance Act of 1975 completely, but left in place the Cuban Program Phasedown (formerly the Cuban Refugee Program) for all Cubans who entered the U.S. prior to October 1, 1978. Public Law 96-212 removes national origin as eligibility factor for refugee assistance and provides for uniform treatment for all persons who are admitted to the U.S. as refugees. Cuban refugees who entered the U.S. on or after October 1, 1978 are included under this Act. The Act originally provided for special refugee funding (100 percent FFP) for a period of not more than 36 months beginning with the refugee's entry into the United States. The present time eligibility period is eight months.

Refugee Education Assistance Act of 1980 (Public Law 96-422), enacted October 10, 1980, was amended (Fascell/Stone Amendment) to provide Cuban and Haitian Entrants benefits similar to those provided to refugees. (Most Cuban and Haitian Entrants are not eligible under the Refugee Act since they are not considered refugees.) Entrants and refugees are given the same time eligibility period depending on current budget allotments.

Under Section 584, Foreign Operations Appropriations Act, incorporated as part of Fiscal Year 1988 Continuing Resolution, Public Law 100-202, certain Amerasians in Vietnam and their close family members are to be admitted through the Orderly Departure Program beginning March 20, 1988, under immigrant status. This legislation grants this group status as refugees and makes them potentially eligible to Office of Refugee Resettlement (ORR) funded cash assistance, medical assistance and social services.

### 3. FEDERAL REGULATIONS

Title 45, Code of Federal Regulations (CFR), Part 400, (Federal Register, Vol. 54, No. 22, 2/3/89 and Vol. 60, No. 124, 6/28/95), provides federal refugee funding, subject to availability, to states for cash and medical assistance for eligible refugees. As of July 1, 1989, and October 1, 1995, these regulations set forth the requirements for receipt of Refugee Cash Assistance (RCA), employment services, Refugee Medical Assistance (RMA), and refugee social services.

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The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) took effect on August 22, 1996. Refugees as identified in 24D-2 are Qualified Aliens under this legislation and are eligible for full-scope Medi-Cal if they meet all eligibility requirements. For specific eligibility information, please refer to the chart on page 24D-2.

Under recent revisions to Title 45, CFR, Part 400 effective June 20, 2000, Refugees will continue to receive RMA/EMA benefits without redetermination or change in benefits if they are discontinued from cash assistance for any reason. If they are receiving RMA or Entrant Medical Assistance (EMA) only, and the Refugee receives increased earnings from employment, the Refugee will continue to receive RMA/EMA until the end of the eight-month eligibility period without redetermination or a change in benefits. Every eligible Refugee is guaranteed eight months of medical assistance. Other changes will be reflected in Section 24B of this Article.

Under the Trafficking Victims Protection Act of 2000, adults and children who are certified as being victims of a severe form of trafficking are to receive the same benefits and services as Refugees.

#### 4. PROGRAM ORGANIZATION

Under the Refugee Act, the Federal Office of Refugee Resettlement (ORR) administers the program nationally in order to provide financial assistance, medical assistance, and social services to all refugees in the United States regardless of national origin.

Under a refugee resettlement state plan submitted to ORR, the Department of Social Services (DSS) is designated to administer the Refugee Resettlement Program for the State of California, and the Director of DSS is the State Refugee Coordinator.

The Department of Health Services (DHS) is designated to administer the Refugee Medical Assistance (RMA) program for the State of California. DHS receives a grant directly from ORR for purposes of administering the RMA program. The Medi-Cal Eligibility Branch oversees the RMA program.

The Refugee Health Section in the Office of County Health Services oversees the public health component of the RMA Program. This includes oversight of the Refugee Health Assessment Program that reimburses local jurisdictions for the provision of comprehensive health assessments to newly arriving refugees, asylees, and victims of trafficking. In addition, the RHS administers funds received under the Refugee Preventive Health Discretionary Grant Program. Review of fiscal reports related to both of these programs will be performed by the RHS prior to submission to ORR.

Every Refugee is to be determined ineligible for CalWORKs, Healthy Families, SSI, TANF, or the Medi-Cal programs by the county welfare department before he or she may be determined eligible for the RMA/EMA program for a period of eight months. However, a refugee who is RMA/EMA eligible receives the same benefits as a Medi-Cal beneficiary.

Refugee information is reported to the Medi-Cal Eligibility Data System (MEDS) by the county welfare departments. This information is used by CDHS to claim 100 percent federal financial participation (FFP) for medical assistance rendered to time-eligible Refugees. CDSS uses this information to claim 100 percent FFP for Refugee Cash Assistance and for allocation of Refugee Employment Services and Targeted Assistance funding.

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### 5. CASE MONITORING

The DHS Program Review Section will be monitoring RMA/EMA refugee cases. The protocol for RMA monitoring in California will be issued to the Office of Refugee Resettlement. The Program Review Section will begin its annual review and monitoring of RMA cases during 2003-04.

### 6. SPONSORED ALIENS

Individuals who are identified as a Refugee, an Asylee, a Victim of a Severe Form of Trafficking, or a Cuban/Haitian Entrant are exempt from sponsored alien regulations per the CDSS Manual of Policy and Procedures Section 43-229.123.



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## 24B -- ELIGIBILITY REQUIREMENTS

### 1. DEFINITION OF REFUGEE

For purposes of determining eligibility for assistance, California Code of Regulations, Title 22, Section 50257, states that refugees and entrants who apply for Medi-Cal under the Refugee Medical Assistance (RMA) or Entrant Medical Assistance (EMA) programs shall meet the definition contained in the Department of Social Services Manual of Policy and Procedures (MPP) of "refugee" (MPP Sections 69.203.1 and 69.203.2), "children of refugees" (MPP Section 69-203.3), or "entrant" (MPP Section 69-301-305).

#### a. REFUGEE

(1) Persons identified by federal government as Refugees:

- An individual from Cambodia, Laos, or Vietnam who was paroled under Section 212(d)(5) of the Immigration and Nationality Act (INA), and who possesses a Form I-94 indicating the parole status.
- An individual from Cuba who entered the United States (U.S.) on or after October 1, 1978, and was paroled under Section 212(d)(5) of the INA as is indicated on Form I-94.
- An individual from any country other than Cambodia, Laos, Vietnam or Cuba who was paroled under Section 212(d)(5) of the INA as a refugee or asylee.
- An individual from any country admitted as a conditional entrant, prior to April 1, 1980, under section 203(a)(7) of the INA as is indicated on Form I-94.
- An individual from any country admitted as a refugee under Section 207 of the INA as indicated on Form I-94.
- All Asylees. An Asylee is an individual from any country who has been granted asylum under Section 208 of the Immigration and Naturalization Service (INS) as indicated on Form I-94; I-94 with admission codes AS-1, AS-2, or AS-3; I-94 with Visa 92 ( or V-92); Order of an Immigration Judge Granting Asylum under Section 208 of INA; or Asylum Approval Letter from an Immigration and Naturalization Service (INS) Asylum Office. **(NOTE: DOE for all Asylees except Kurdish and Iraqi Asylees is date asylum is granted.)**
- An individual from any country who is now a permanent resident alien as indicated by a Form I-151 or I-551 (Resident Alien forms), who previously held one of the statuses specified above.
- An individual admitted under the Amerasian Homecoming Act as an Amerasian. Only Amerasians from Vietnam are eligible. Form I-94 with code AM1, AM2, AM3; I-551 with code AM1, AM2, AM3, AM6, AM7 or AM8; Vietnamese Exit Visa, Vietnamese passport, or U.S. passport if stamped AM1, AM2, or AM3.
- An individual or child who has been certified as a Victim of a Severe Form of Trafficking under the Trafficking Victims Protection Act of 2000. Must have Certification letter or letter for children. **(NOTE: DOE is date of certification.)**

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- (2) Persons not identified by the federal government as refugees:
- Any person with INS status of applicant for asylum or Humanitarian/Public Interest Parolee.
  - Those persons who are actually dependent upon a repatriated U.S. citizen, except those dependents who qualify as refugees (eligible to Refugee Cash Assistance (RCA)/RMA/EMA after 90 days), and who meet one of the following categories of relationship with such citizen: spouse, parents, grandparents, unmarried minor (under 18), children (adopted children and stepchildren), unmarried adult children (dependent because of handicap), spouse's parents, spouse's grandparents and minor siblings of the repatriate and spouse.
- (3) Children of Refugees eligible for RMA/EMA and identified by the federal government as refugees:
- Children born in the U.S. of refugee parents are identified as a citizen child of a refugee.
  - Children who are born of a refugee and a U.S. citizen living with the refugee parent only are identified as a citizen child of a refugee.
  - Children who are born in U.S. of a refugee and a U.S. citizen where U.S. citizen is part of household **are not** eligible.
  - Children of refugees who are relinquished for foster care placement **are not** eligible.
  - Minor refugee children with no legal relationship to an adult should be referred to local county agency to establish that relationship.
- (4) Cuban/Haitian Entrants identified as Refugees and eligible for RMA/EMA:
- Cubans and Haitians who possess an INS Form I-94 which states "Cuban/Haitian Entrant (Status Pending)."
  - Haitians who possess an INS Form I-94 which states that the person is a citizen of Haiti who has been either "Paroled" or granted "Voluntary Departure" status.
  - Cubans who possess an INS Form I-94 which meets all of the following requirements: (a) states person is citizen of Cuba; (b) person was paroled on or after April 21, 1980; and (c) does **NOT** contain words "**Outstanding Order of Exclusion**".
  - **Cuban/Haitian Nationals paroled into the U.S. from Guantanamo or Havana with special status under the immigration laws for Cuban/Haitians. I-94 with notation "Public Interest Parolee per Presidential Policy" dated October 14, 1994.**

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 2. RMA/EMA ELIGIBILITY REQUIREMENTS

Refugees and Entrants must be determined ineligible for California Opportunity and Responsibility to Kids (CalWORKs), Healthy Families, Supplemental Security Income/State Supplementary Payment (SSI/SSP) - based Medi-Cal or Medi-Cal Only before they can be placed in RMA/EMA.

a. Specific Requirements under RMA/EMA:

- (1) **Each individual member of the family unit** must be considered ineligible (on their own) for the public assistance programs listed above before RMA/EMA benefits can be granted. If any individual in a family unit is eligible for medical assistance under Medi-Cal, then medical assistance under Medi-Cal must be granted and not RMA/EMA. If there is a claim of disability and a DED referral must be made, if the Refugee is eligible for Medi-Cal with zero share of cost, place that individual in a disability aid code until disability has been determined. If there is a share of cost, place the Refugee in RMA until disability has been verified. If the Refugee is determined disabled, but has a share of cost, leave the Refugee on RMA until the eight-month eligibility period is over, and then place the Refugee on Medi-Cal. If the Refugee is determined not disabled, and there is no other linkage for Medi-Cal eligibility, place the individual in RMA retroactive to application. If a Refugee is ineligible for Medi-Cal because there is no linkage, then place the Refugee in RMA/EMA because linkage is not a requirement for RMA/EMA. For example, under sections 1902(a)(10) and 1902(l) of the Social Security Act, certain children under age 19 may be eligible for Medi-Cal even though their parents are eligible for RMA/EMA. Medical assistance may not be provided to such children under RMA/EMA if they are eligible under Medi-Cal.
- (2) Refugee Children must be considered ineligible for zero share of cost Medi-Cal or Healthy Families medical assistance before being placed on RMA/EMA. But because the Healthy Families and Medi-Cal programs are administered by different departments, it is not possible for a Medi-Cal county staff person to place a refugee child on Healthy Families. However, if the parent(s) gives his/her or their permission, and the child may be eligible for Healthy Families, the child's application and supporting documentation should be forwarded to the Healthy Families Program for evaluation. Until it is determined that the child will receive Healthy Families coverage, the child may receive RMA/EMA with no share of cost. For example, if a mother and child arrive in the United States one year or more after the father, and the father is employed, the child might either be eligible for Medi-Cal or Healthy Families, but the mother may not be eligible for zero share of cost Medi-Cal because of the father's income. Place the child in Medi-Cal or refer the child to Healthy Families, if eligible, and place the mother on RMA/EMA if she is ineligible for Medi-Cal with no share of cost.
- (3) Refugees must meet the financial eligibility requirements of the Medi-Cal program, or in those cases where a Refugee does not meet the income maintenance need level for zero-share-of-cost (SOC) Medi-Cal, the individual may be placed on RMA/EMA if he or she is at or below 200 percent of the federal poverty level (FPL). These Refugees are eligible for RMA with a zero SOC for the eight-month time eligibility period. If they are above the 200 percent of FPL, then they may receive RMA/EMA with a SOC for the eight-month time eligibility period.

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- (4) Eligibility for RMA/EMA must be determined as of the date of application. This means whatever income/property the Refugee has on the date he/she applies and signs the application for benefits; **NOT** the date of the interview, the date of processing the application, nor any date other than date of initial application. If the Refugee gains employment during the month of application, **after** the application date, the earnings **cannot** be counted as income.
- (5) In meeting the financial eligibility requirements for RMA/EMA, **do not consider the following as income:**
  - (a) Any property remaining in the Refugee's country of origin,
  - (b) A sponsor's income and property,
  - (c) In-kind services and/or shelter provided to Refugees by a sponsor or resettlement agency,
  - (d) Income earned after the date of application.
  - (e) Refugee Cash Assistance from a voluntary agency, the county welfare department, or from the federal Department of State or Department of Justice Reception and Placement programs.
- (6) County welfare departments must allow Refugee applicants who do not meet the financial eligibility standards for RMA/EMA to spend down as is done for Medi-Cal.
- (7) Refugees in receipt of RCA are automatically eligible for RMA/EMA until the end of the eight-month eligibility period. RCA can be cash assistance from the county welfare department, from a voluntary settlement agency, or can be a cash grant from the federal Department of State or Department of Justice Reception and Placement programs.
- (8) Receipt of RCA is not necessary for Refugees to be eligible for RMA/EMA. Refugees may apply for RMA/EMA benefits without receiving RCA.
- (9) Loss of RCA does not mean loss of RMA/EMA. If a Refugee loses or is terminated from RCA for any reason, RMA/EMA must be continued without redetermination or change in benefits until the end of the eight-month time eligibility period.
- (10) If a Refugee on Medi-Cal receives increased earnings from employment and loses Medi-Cal coverage, counties must transfer the Refugee to zero SOC RMA/EMA until the end of the eight-month time eligibility period. If the Refugee is eligible for TMC and the six-month TMC period is longer than the time remaining on RMA/EMA, then place the Refugee on TMC; i.e., whichever time period is longer.

b. Refugees ineligible for RMA/EMA:

Refugees who are full-time students in an institution of higher education (MPP Section 69-206.51) unless it is part of an employability plan developed by a county welfare department or its designee (MPP Sections 69-206.52, 69-206.53, or 69-206.54), or is part of a plan for an unaccompanied minor (69-213.23 or 69-213.62).

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### 3. REFUGEES UNDER THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT (PRWORA) AND THE BALANCED BUDGET ACT (BBA)

Refugees as identified on the chart on page 24D-1 of these procedures, who are otherwise eligible, are eligible for benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Balanced Budget Act. These refugees are also eligible for Temporary Assistance for Needy Families/CalWORKs, Targeted Assistance, and Refugee Employment Services. Please refer to the proper social and employment services agency in your county.

### 4. RESETTLEMENT AGENCY IDENTIFICATION

a. Voluntary resettlement agencies have Reception and Placement (R&P) contracts with the United States Department of State. They are supposed to:

- (1) Ensure that newly-arriving refugees are provided appropriate and adequate sponsorship.
- (2) Assist these newly-arriving refugees for at least 90 days after their arrival in the United States.
- (3) Assist them to become self-sufficient as soon as possible.
- (4) Services to be provided are:
  - o Reception Services: Meeting refugees at the airport and providing decent housing, essential furnishings, food, and clothing.
  - o Counseling and Referral Services: Orientation to life in America, and referral for health screening and employment services.

b. Under federal RMA regulations, refugees who are applying for medical assistance must provide the name of the resettlement agency to the county welfare department.

- (1) The county may then contact the resettlement agency and ask what assistance is being provided.
- (2) The county may then enter the name and address of the agency in the case file.
- (3) The county should record the amount of the resettlement cash grant, if any, in the case file.
- (4) Do not consider in-kind services and shelter provided to a refugee by a resettlement agency as income.



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### List of Voluntary Agencies in U.S.:

Hebrew Immigrant Aid Society  
Jewish Family and Children's Services  
1600 Scott Street  
San Francisco, California 94115  
(415) 567-8860  
Fax: (415) 922-5938

Hebrew Immigrant Aid Society  
Jewish Family Service of Orange City  
2029 West Orangewood Avenue  
Orange, California 92668  
(714) 939-1111  
Fax: (714) 939-1772

Hebrew Immigrant Aid Society  
Jewish Family Service of Greater Santa Clara  
14855 Oka Road  
Los Gatos, California 95030  
(408) 356-7576  
Fax: (408) 356-8736

Hebrew Immigrant Aid Society  
Jewish Family Services of Palm Springs  
255 North El Cielo, No. 430-A  
Palm Springs, California 92262  
(619) 325-7281  
Fax: (619) 325-2188

Hebrew Immigrant Aid Society  
Jewish Family Service of Sacramento  
1333 Howe Avenue, Suite 103  
Sacramento, California 95825  
(916) 921-1921  
Fax: (916) 921-1922

Hebrew Immigrant Aid Society  
Jewish Family Service of San Diego  
3715 Sixth Avenue  
San Diego, California 92103  
(619) 291-0473  
Fax: (619) 291-2419

Hebrew Immigrant Aid Society  
Southeast Asian Community Center  
875 O'Farrell Street  
San Francisco, California 94109  
(415) 885-2743  
Fax: (415) 885-3253

Hebrew Immigrant Aid Society  
Santa Barbara Jewish Federation  
104 West Anapamu, Suite A  
Santa Barbara, California 93190  
(619) 963-0244  
Fax: (619) 963-1124

Hebrew Immigrant Aid Society  
Jewish Family Service  
7620 Foothill Road  
Ventura, California 93004  
(805) 659-5144

International Rescue Committee  
3727 West 6th Street, Suite 619  
Los Angeles, California 90020  
(213) 386-6700  
Fax: (213) 386-7916

International Rescue Committee  
(East Asia)  
3000 T Street, Suite 204  
Sacramento, California 96816  
(916) 739-0122

International Rescue Committee  
(Former Soviet Union)  
7238 Cromwell Way  
Sacramento, California 95822  
(916) 421-2163  
Fax: (619) 284-2084

International Rescue Committee  
4535 30th Street, Suite 110  
San Diego, California 92116  
(619) 641-7510  
Fax: (619) 641-7520

International Rescue Committee  
1370 Mission Street, 4th Floor  
San Francisco, California 94103  
(415) 863-3777  
Fax: (415) 863-9264

International Rescue Committee  
900 East Gish Road, Suite E and F  
San Jose, California 95112  
(408) 453-3536  
Fax: (408) 453-1088

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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International Rescue Committee  
1801 West 17th Street  
Santa Ana, California 92706  
(714) 953-6912  
Fax: (714) 547-8738

International Institute of San Francisco  
657 Mission Street, Suite 500  
San Francisco, California 94105  
(415) 538-8100  
Fax: (415) 538-8111

International Institute of Los Angeles  
14701 Friar Street  
Van Nuys, California 91411  
(818) 988-1332  
Fax: (818) 988-1387

St. Anselm's Cross-Cultural  
Community Center  
13091 Galway Street  
Garden Grove, California 92844  
(714) 537-0608  
Fax: (714) 537-7606

St. Anselm's Cross Cultural  
Community Center  
5250 Santa Monica Blvd., Rm. 305  
Los Angeles, California 90029  
(213) 667-0489  
Fax: (213) 667-2271

Sacramento Refugee Ministry  
2117 Cottage Way  
Sacramento, California 95825  
(916) 568-5020  
Fax: (916) 568-7268

U.S. Catholic Charities (USCC)  
11100 Valley Boulevard, No. 207  
El Monte, California 91731  
(818) 442-0587  
Fax: (818) 251-3444

USCC  
Refugee Services  
149 North Fulton Street  
Fresno, California 93701  
(209) 264-6400  
Fax: (209) 237-7144

USCC  
Catholic Charities  
10505 Hawthorne Boulevard  
Lennox, California 90304  
(310) 672-2208  
Fax: (310) 251-3444

USCC  
Immigration and Refugee Department  
1400 West 9th Street  
Los Angeles, California 90015  
(213) 251-3489  
Fax: (213) 251-3444

USCC  
Catholic Charities  
1810 Canal Street  
Merced, California 95340  
(209) 383-0283  
Fax: (209) 383-3975

USCC  
1232 33rd Avenue  
Oakland, California 94601  
(510) 532-2515  
Fax: (510) 532-3837

USCC  
Catholic Social Services  
5890 Newman Court  
Sacramento, California 95819  
(916) 452-1445  
Fax: (916) 452-4099

USCC  
Catholic Charities  
1450 North D Street  
San Bernardino, California 92405  
(909) 388-1239  
Fax: (909) 384-1130

USCC  
Catholic Charities  
814 Mission Street, 6th Floor  
San Francisco, California 94103  
(415) 442-5217  
Fax: (415) 281-1230

USCC  
Catholic Charities  
4575-A Mission George Place  
San Diego, California 92120  
(619) 287-9454  
Fax: (619) 287-6328

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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USCC  
Catholic Charities  
2625 Zanker Road, 2nd Floor  
San Jose, California 95134  
(408) 944-0362  
Fax: (408) 944-0347

USCC  
Catholic Charities  
1506 Brookhollow, Suite 112  
Santa Ana, California 92705  
(714) 662-7500  
Fax: (714) 545-7163

USCC  
Refugee Resettlement Office  
516 Morgan Street  
Santa Rosa, California 95401  
(707) 578-6000  
Fax: (707) 578-3710

USCC  
Refugee Resettlement Office  
1106 North El Dorado Street  
Stockton, California 95202  
(209) 948-2557  
Fax: (209) 948-2559

World Relief  
Sacramento Resettlement Office  
4748 Engle Road  
Carmichael, California 95608  
(916) 978-2650  
Fax: (916) 978-2658

World Relief  
Fresno Resettlement Office  
845 West Weldon Avenue  
Fresno, California 93705  
(209) 233-5323  
Fax: (209) 233-5323

World Relief  
Garden Grove Resettlement Office  
7461 Garden Grove Boulevard, Suite B  
Garden Grove, California 92641  
(714) 890-0665  
Fax: (714) 890-0366

World Relief  
Glendale SubOffice  
422 Wing Street, No. 1  
Glendale, California 9120-5  
(818) 243-7818  
Fax: (818) 243-7840

World Relief  
Modesto SubOffice  
824 Cadillac Drive  
Modesto, California 95351  
(209) 577-2779  
Fax: (209) 577-2779

World Relief  
San Francisco Resettlement Office  
1095 Market Street, Suite 719  
San Francisco, California 94103  
(415) 431-5194  
Fax: (415) 431-5198

World Relief  
San Jose SubOffice  
218 Kirk Avenue  
San Jose, California 95127  
(408) 729-3786  
Fax: (408) 729-3086

World Relief  
Stock SubOffice  
829 Rosemarie, Suite G  
Stockton, California 95207  
(209) 952-1414  
Fax: (209) 952-5848



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 5. AID CODES

Aid codes are used to classify and report specific benefits provided to Medi-Cal beneficiaries. Aid codes for refugees are:

<u>CODE</u>	<u>BENEFITS</u>	<u>SHARE/COST</u>	<u>PROGRAM DESCRIPTION</u>
01	FULL	NO	Refugee Cash Assistance (Federal Financial Participation (FFP)). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the U.S. Unaccompanied children are not subject to the eight-month/limitation provision.
OA	FULL	NO	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the U.S. This population is the same as Aid Code 01 except they are exempt from CalWORKs grant reductions on behalf of the Assistance Payments Demonstration Project/California Work pays Demonstration Project.
02	FULL	YES/NO	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.
08	FULL	NO	Entrant Cash Assistance (ECA)(FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the U.S. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eight-month limitation provision.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 6. TRANSITIONAL REFUGEE MEDICAL ASSISTANCE

Pursuant to Title 45, Code of Federal Regulations, Part 400, as amended on June 20, 2000, Refugees on RMA/EMA are entitled to RMA/EMA benefits until the end of their eight-month time eligibility period with no redetermination or change in benefits even if they lose RCA cash benefits because of increased earnings from employment or for any other reason. Therefore, there is no longer a separate Transitional Refugee Medical Assistance program.

For Refugee family assistance units in RCA, if the head of the family loses RCA benefits for any reason, place the family unit in RMA with no redetermination or change in benefits for the remaining time eligibility period. Each individual family member retains his or her own time eligibility period from date of entry.

For refugees in a matching grant program where a voluntary resettlement agency provides cash and medical benefits for up to four months with direct Office of Refugee Resettlement (ORR) funding, if the refugee is employed at the end of the four months, he or she now can automatically be placed on zero SOC RMA until the end of the eight-month eligibility period. If a Refugee loses RCA from any program (matching grant, Fish-Wilson, or RCA from any agency) for any reason, that Refugee is entitled to RMA/EMA benefits for the remaining time eligibility period without a redetermination or change in coverage.

Refugees who are discontinued from CalWORKs and are no longer eligible for Section 1931(b) Medi-Cal benefits, or refugees who were discontinued from Section 1931(b)-Only benefits may be eligible for up to two years of no cost Medi-Cal or four months of no cost Medi-Cal if they meet the eligibility requirements of either the TMC or Four Months Continuing Program as described in Article 5B of these Procedures.

### 7. TIME ELIGIBILITY PERIOD

ORR sets forth the requirements for receipt of RCA and RMA. When this program first began in 1980 all refugees were entitled to 36 months of 100 percent of refugee resettlement funding for cash and medical assistance. Now, Congress has only appropriated 100 percent funding for eight months of eligibility. This funding is only available for refugees in RCA Aid Code 01, RMA Aid Code 02, and EMA Aid Code 08, which is for Cuban/Haitian Entrants. All other refugees in SSI, CalWORKs, and Medi-Cal are paid for through the normal 50/50 General Fund/Federal Fund Match.

Under federal and state regulation, eligibility for RMA or EMA programs shall be limited to the shorter of the following periods:

- a. The refugee's first eight months of U.S. residency, beginning with the month of entry, or the Entrant's (including Entrant children born in U.S. resettlement camps) first eight months of parole (release from INS custody).
- b. The time period for which the Department of Health Services (DHS) determines that sufficient federal funds are available under the Refugee Resettlement Program and Cuban and Haitian Entrant Program.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 8. REDETERMINATION

When Refugees in aid codes 01, 0A, 02, and 08 have their eligibility for Medicaid benefits redetermined prior to the end of their eight-month RMA/EMA eligibility period, this redetermination must comply with the federal Medicaid regulations for redetermination. Federal regulations require Medi-Cal benefits be maintained until the beneficiary's eligibility for ongoing benefits can be determined.

The county should conduct an examination of the file to see if there is any other eligibility for Medi-Cal. If there is not enough information in the file to make a determination, additional information can then be requested from the recipient. Refugees in aid codes 01, 0A, or 08 will be eligible for Aid Code 38 Medi-Cal benefits until the Medi-Cal redetermination is completed. Refugees in RMA Aid Code 02 must be placed in another aid code while awaiting redetermination if it occurs after eight months of Refugee aid.

Refugees receiving SSI benefits receive full-scope Medi-Cal. If a refugee is discontinued from SSI, the appropriate procedures are:

- Medi-Cal benefits be maintained at current level until a redetermination demonstrates the beneficiary is not eligible for Medi-Cal only benefits.
- Complete required redetermination for beneficiaries losing categorical linkage to Medi-Cal.
- Use information on SDX from Social Security Administration (SSA) to transfer these individuals into the medically needy aid codes: 14, 24, or 64 with an Eligibility Status Code of "--6" on Medi-Cal Eligibility Data System (MEDS). The INQX screen will show an "N13" termination code and the INQM screen will display Medi-Cal termination date.
- Send information notice at end of month of termination to notify beneficiaries that their Medi-Cal eligibility is now the responsibility of the State and not SSA.
- Send renewal packet and cover letter based on individual's former SSI redetermination month on MEDS INQM screen.

### 9. NOTICE OF ACTION

When sending a Notice of Action (NOA) to a Refugee, the notice must distinguish clearly that it relates to RMA. Counties are to indicate on the NOA that assistance is granted, denied, or terminated, and the NOA must specify the program to make sure it is a Notice for RMA or Medi-Cal. If the recipient is determined ineligible for Medi-Cal, but eligible for RMA, the NOA must so state. Counties should follow requirements for NOA's per Title 22, CCR, Sections 50179 and 50179.5. This will meet the requirements of federal regulation 45 CFR 400.93 for RMA.

#### **Suggested NOA Language:**

1. The reason for this denial/discontinuance is that you are at the end of your eight-month eligibility period for RMA and you are not eligible for any other Medi-Cal program. Reference: 45 CFR Part 400.
2. The reason for this notice is that you are at the end of your eight-month eligibility period for RMA, and you have been evaluated for benefits under other Medi-Cal programs. Effective (DD/MM/YY), you are eligible/ineligible for Medi-Cal benefits because of \_\_\_\_\_. Reference: 45 CFR Part 400.



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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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For Example: NOA FOR DENIAL/DISCONTINUANCE:

State of California - Health and Human Services Agency

Department of Health Services

**MEDI-CAL  
NOTICE OF ACTION  
DENIAL/DISCONTINUANCE FOR THE  
REFUGEE MEDICAL ASSISTANCE (RMA)  
ENTRANT MEDICAL ASSISTANCE (EMA)**

[ ]  
[ ]  
(COUNTY STAMP)

[ ]  
[ ]  
Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name/number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
This affects \_\_\_\_\_  
\_\_\_\_\_

As of \_\_\_\_\_ your eligibility for the Refugee/Entrant Medical Assistance program is denied/discontinued because:

- You are at the end of your eight-month eligibility period for RMA/EMA and you are not eligible for any other Medi-Cal program.
- You are at the end of your eight-month eligibility period for RMA/EMA, and you have been evaluated for benefits under other Medi-Cal programs. You are eligible for Medi-Cal benefits under one of these other programs. **You will receive a separate Notice of Action regarding the approval of these benefits.**

Your property of \$\_\_\_\_\_ is more than the property limit for an individual/family of \_\_\_\_\_

Your property used in this determination is \_\_\_\_\_. Enclosed please find the Medi-Cal General Property Limitations (MC Information Notice 007) which provides information for you to spend down your property in order to qualify for Medi-Cal or RMA/EMA.

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become or are eligible for another Medi-Cal program.**

The Regulation which requires this action is Title 45 Code of Federal Regulations, Part 400 and 401.



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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## NOA FOR APPROVAL OF BENEFITS:

State of California - Health and Human Services Agency

Department of Health Services

**MEDI-CAL  
NOTICE OF ACTION  
APPROVAL FOR BENEFITS UNDER THE  
REFUGEE MEDICAL ASSISTANCE (RMA)  
ENTRANT MEDICAL ASSISTANCE (EMA)**

(COUNTY STAMP)

Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name/number: \_\_\_\_\_  
Worker telephone number: \_\_\_\_\_  
This affects \_\_\_\_\_

Your application dated \_\_\_\_\_ for the Refugee/Entrant Medical Assistance program has been approved.

Effective \_\_\_\_\_, you are entitled to receive medical services as follows:

- You are eligible for this program at no cost.
- Your income exceeds the 200% Federal Poverty Level limit of \$ \_\_\_\_\_ for an individual/family of \_\_\_\_\_. Therefore, you are eligible for this program with a monthly share of cost of \$ \_\_\_\_\_.

Income used to determine share of cost:

Net non-exempt income \$ \_\_\_\_\_

Less Maintenance Need \$ \_\_\_\_\_

Share of Cost \$ \_\_\_\_\_

Please notify your worker within 10 days if there are any changes in your living situation, income or property or other information you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon. Always present your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal or RMA/EMA benefits. DO NOT THROW AWAY YOUR PLASTIC I.D. CARD (BIC).

The Regulation which requires this action is Title 45 Code of Federal Regulations, Part 400 and 401.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 10. TUBERCULOSIS (TB) PROGRAM

Refugees in Aid Codes 01 (RCA), 02 (RMA), and 08 (Entrants) are those refugees who are ineligible for regular assistance programs such as SSI, California Work Opportunity and Responsibility to Kids (CalWORKs) and Medi-Cal. When these individuals finish their eight-month time eligibility period for RMA or EMA, they usually go on to county General Assistance programs if they are still unemployed and have no health coverage. They are single adults or married adults with no children. These individuals would benefit from the new TB Medi-Cal program once their eight-month time eligibility period under RCA, RMA, or EMA has expired if they are infected with TB.

#### Eligibility Requirements for TB Program:

- a. Be infected with TB. This factor links a person to Medi-Cal.
- b. Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- c. Be a U.S. citizen or a person who has satisfactory immigration status.
- d. Have income and resources which do not exceed the maximum amount for a disabled individual under the SSI program. Income cannot exceed an amount referred to as the TB income standard. (See details under Article 5N, Part E of the MEPM.) Property can be no more than \$2,000 for an individual including a child. However, when two parents are present when determining a child's property eligibility, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.
- e. Meet all other Medi-Cal requirements. This factor addresses non-linking Medi-Cal requirements such as cooperation, verification, status reporting, etc.
- f. Eligibility for the TB program shall begin the first month eligibility is approved. A person with TB may be eligible for up to three months of retroactive benefits.
- g. TB infected individuals under this program shall be eligible for outpatient TB-related services **only**.
- h. Individuals eligible under this program shall have no SOC.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 11. MANAGED CARE

Legislation passed in 1991 and 1992 provided DHS with the authority for automatic enrollment of Medi-Cal beneficiaries into managed care, which in essence is to arrange and encourage access to health care through enrollment in organized, managed care plans of the type available to the general public. Managed care has been characterized as a planned, comprehensive approach to the provision of health care that combines clinical services and administrative procedures within an integrated, coordinated system that is carefully constructed to provide timely access to primary care and other necessary services in a cost-effective manner. This expansion of managed care into Medi-Cal is being done to improve access to quality medical care for Medi-Cal beneficiaries and to control costs.

Under managed care, the covered aid groups will generally be CalWORKs, Section 1931 Medi-Cal with no SOC, and medically indigent children. Optional aid groups are those Medi-Cal beneficiaries receiving SSI grants, and SSI-linked Medi-Cal medically needy with no SOC. Foster care children will be included in managed care on a county-by-county basis.

Since refugees may fall into the above categories eligible for managed care, there will be refugees in the managed care program. These refugees will be entitled to cultural and interpreter services if the ethnic population of a specific culture is above 3,000 in a specific area. The Refugee Health Branch of DHS is working with the Managed Care Division to ensure that access to quality medical care will be available to refugees and to ensure that there is an informational link between the county refugee health coordinators and the managed care plans regarding every refugee's health care needs beginning with their initial health assessment to continuing and preventive health care under the managed care program.

The Mental Health Managed Care Program has been implemented. This new program will have a single Mental Health Plan for each county, which will administer the Mental Health needs for that county. The purpose of this program is to improve access and encourage better management of benefits in the interface between the physical and mental health providers. All Medi-Cal and RMA beneficiaries are eligible for specialty mental health services under this program (Please see Article 6 of MEPM for particulars).

### 12. SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

The immigration status of RMA or RCA applicants is verified via the SAVE System if they claim satisfactory immigration status. However, because of delays in INS ability to input data into the system on newly arriving refugees, California has been granted a waiver for a period of 12 months from the date of entry of a refugee. Therefore, when verifying the immigration status of a refugee, only primary verification will be required at the time of application. Secondary verification will be delayed until the time of the first redetermination or 12 months.

This waiver applies only to the secondary SAVE verification requirement. The waiver applies only to Refugees applying for CalWORKs and Medi-Cal benefits, who have just entered the country, and for whom it is unlikely the SAVE system will have information. The waiver does not apply if a refugee has been on RCA or RMA, or has been in the country for six or more months.

### 13. ADJUSTMENT OF STATUS FOR REFUGEES

There is a federal vaccination requirement for all Refugees and Aliens who file for an adjustment of status or an immigrant visa application on or after September 30, 1996. Under this requirement these Refugees and aliens must show they have been vaccinated against vaccine-preventable diseases such as mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, influenza Type B,

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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hepatitis B, and any other vaccinations recommended by the Advisory Committee for Immunization Practices. Their current recommendations also include the varicella, haemophilus influenzae Type B, and pneumococcal vaccines.

Refugees have to comply with this requirement only if they apply for an adjustment of status one year after their Date of Entry into the U.S. Refugees generally need only a "vaccination sign-off" to fulfill this requirement.

When a Refugee obtains an Adjustment of Status to Lawful Permanent Resident (LPR), **DO NOT** remove the Refugee Tracking Indicator Code on MEDS. Refugees should remain identified as Refugees on MEDS because they are still eligible for five years of Refugee Benefits until they become citizens. Counties also receive Targeted Assistance and Refugee Employment Social Services funding based on the number of Refugees in their county. This is 100 percent federal funding.

### 14. THE TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Under the Trafficking Victims Protection Act of 2000 (Public Law No. 106-386), adult victims of severe forms of trafficking who have been certified by the Office of Refugee Resettlement are eligible for the same benefits and services as provided to Refugees. Children under 18 years of age do not need to be certified, but will have a letter from ORR stating that they are victims of trafficking who should be treated as refugees for receipt of benefits and services.

#### **Definition:**

Severe Forms of Trafficking is defined in the Act as:

- (A) sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, debt bondage, or slavery.

ORR, after consultation with the Attorney General, may certify a victim who

- (I) is willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking in persons; and
- (II) (aa) has made a bona fide application for a visa under section 101(a)(15)(T) of the Immigration and Nationality Act . . . that has not been denied; or  
(bb) is a person whose continued presence in the U. S. the Attorney General is ensuring in order to effectuate prosecution of traffickers in persons.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### **Certification:**

Adults must be granted a Certificate by ORR that they are victims of severe forms of trafficking. Children under 18 years of age who are victims of severe forms of trafficking as described above will receive letters from ORR stating that the child is a victim under the Act. No further evaluation is necessary. They will be eligible for the same benefits and services as Refugees. However, no INS documentation is required for these individuals. The Certification letter or letter of certification for children is proof of a status that confers eligibility for Refugee benefits. Applicants must submit the original certification or letter, and a photocopy should be retained in the case file.

ORR will make all certification determinations and issue letters of certification for victims of severe forms of trafficking. No other agency is authorized to issue these certifications.

### **Eligibility Determination:**

When a "Victim of a Severe Form of Trafficking" applies for benefits, the county welfare department (CWD) should follow their normal procedures for refugees, except CWDs should:

1. Accept the original Certification letter or letter for children in place of INS documentation. INS documentation is not required for these individuals.
2. Call the Trafficking Verification Line at (202) 401-5510 to confirm the validity of the Certification letter or letter for children and to notify ORR of the benefits for which the individual has applied. (Please do not contact the SAVE System concerning victims of severe forms of trafficking.)
3. Use the Date of Certification as the Date of Entry for these individuals. Use R as the Refugee Indicator Code.
4. Record the expiration date of the Certification letter or letter for children. The expiration date is eight months from the initial date of certification. A redetermination of trafficking certification must be conducted to determine if the individual will continue to meet the certification requirements. ORR intends to issue follow-up certification letters.

### **Other Applicants:**

ORR is in the process of developing procedures under which an individual may apply for certification as a Victim of Severe Forms of Trafficking. Until a formal application process is implemented, the most expeditious method for establishing certification would be to contact the federal Department of Justice, Criminal Section of the Civil Rights Division at (202) 616-3807.

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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## SAMPLE CERTIFICATION LETTER:



### DEPARTMENT OF HEALTH & HUMAN SERVICES

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ADMINISTRATION FOR CHILDREN AND FAMILIES  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

HHS Tracking Number  
5555555555

Ms. Susie Doe  
c/o Jim Thomas, Refugee Social Worker  
Smith County Community Service Office  
123 Main St.  
Bellevue, WA 55555-5555

### CERTIFICATION LETTER

Dear Ms. Doe:

This letter confirms that you have been certified by the Department of Health and Human Services (HHS) pursuant to section 107(b) of the Trafficking Victims Protection Act of 2000. Your certification date is \_\_\_\_\_. This certification is valid for eight months from the date of this letter. The expiration date is \_\_\_\_\_.

With this certification, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria. This certification does not confer immigration status.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (202) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

Carmel Clay-Thompson  
Acting Director  
Office of Refugee Resettlement



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### SAMPLE CERTIFICATION LETTER FOR CHILDREN:



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

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ADMINISTRATION FOR CHILDREN AND FAMILIES  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

**HHS Tracking Number**  
5555555555

Ms. Susie Doe  
c/o Jim Thomas, Refugee Social Worker  
Smith County Community Service Office  
123 Main St.  
Bellevue, WA 55555-5555

Dear Ms. Doe:

This letter confirms that, pursuant to section 107(b) of the Trafficking Victims Protection Act of 2000, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria.

Your initial eligibility date is \_\_\_\_\_. This eligibility is valid for eight months from the date of this letter. The expiration date is \_\_\_\_\_.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies should call the trafficking verification line at (202) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.

Sincerely,

Carmel Clay-Thompson  
Acting Director  
Office of Refugee Resettlement



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 24C-REFUGEE RESETTLEMENT PROJECTS

#### 1. MATCHING GRANT

The Match Grant Program is supported through funding from the federal Office of Refugee Resettlement (ORR). They provide a dollar for every dollar's worth of in-kind goods and services and/or cash contributed by a contracted voluntary resettlement agency (VOLAG). There is a stipulated dollar limit per refugee served, and the Volag's share must include at least 20 percent in cash contributions.

The purpose of this program is to promote the refugees to early self-sufficiency and social adjustment. The program is to be integrated with reception and placement services. The refugees are to be provided:

- o Case management
- o Employment services
- o Maintenance assistance
- o Administration
- o English Language Training
- o Health and Medical services
- o Employment Training or Recertification
- o Acculturation services

ORR awarded new grants to nine voluntary agencies serving over 27,000 refugees nationwide in 1995. These were the following Volags:

Immigration and Refugee Services of America (IRSA) 1717 Massachusetts Ave., N.W., Suite 701 Washington, DC 20036	Church World Service Immigration and Refugee Program 475 Riverside Drive, Rm. 664 New York, NY 10115-0050	Episcopal Migration Ministries The Episcopal Church Center 815 Second Avenue New York, NY 10017
Ethiopian Community Dev. Council, Inc. 1038 South Highland Street Arlington, VA 22204	Hebrew Immigrant Aid Society (HIAS) 333 Seventh Avenue New York, NY 10001-5004	Lutheran Immigration & Refugee Services (LIRS) 390 Park Avenue South New York, NY 10016-8803
U.S. Catholic Conference Migration and Refugee Svcs. 902 Broadway, 8th Floor New York, NY 10010	World Relief Refugee Svcs. P.O. Box WRC - 201 Route 9W North Congers, NY 10920-1797	International Rescue Committee 122 East 42nd Street New York, NY 10168-1289

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 2. WILSON-FISH PROGRAM

There is only one Wilson-Fish Project in California. The project is operated by Catholic Charities of San Diego. It is in its sixth year of operation.

This project is another comprehensive, integrated service delivery system operated by a Volag. General characteristics of this project are:

- o Private sector-directed
- o For selected clients, cash assistance outside welfare system
- o A single cash management system that links all stages of resettlement
- o Case management with effective authority until time-expiration
- o Concern for all resettlement needs
- o Focus upon the entire family and household
- o A flexible service system designed to deal with the diversity among refugees
- o Volag and Mutual Assistance Associations (MAA) linked in cooperation

All RCA/RMA and AFDC refugees are eligible for this project. They receive their cash assistance directly from the VOLAG, but receive medical assistance through the Medi-Cal program.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### 24D—REFUGEE IDENTIFICATION AND TRACKING CHART

REFUGEE	DOCUMENTS AND/OR DOCUMENT CODE	OLD CODE	Refugee Code	Alien/Elig Code
Conditional Entrant -- INA Sec. 203(a)(7)	I-94 Arrival Departure Record	7	C	
Other Asylee -- INA Sec. 208 or Sec. 212(d)(5) w/notation Asylee; INS Entry Date is date asylum is granted	I-94 w/codes AS-1, AS-2, or AS-3; I-94 w/Visa 92 (or V-92); Order of an Immigration Judge Granting Asylum under Sec. 208 of INA; or Asylum Approval Letter from an INS Asylum Office; I-551 w/code AS6, AS7, AS8	7	L	
Kurdish or Iraqi Asylee -- INA Sec. 208 or 108(A) INS Entry Date is date asylum was granted on I-94.	I-94 or I-551 w/code AS6, AS7, AS8; Medical Doc. (Form 157); EAD card with QFI-Asylum granted or QT-II and QT-III -- Paroled in the Public Interest (274a.12(a)(5) or 274.12(c)(11).	7	Z	
Indochinese Refugee -- INA Sec. 207 or Sec. 212(d)(5) w/notation Refugee	I-94 Arrival Departure Record; I-551 w/code IC6, IC7	1	X	1*
Other Refugee - INA Sec. 207 or Sec. 212(d)(5) w/notation of Refugee; Not Indochinese.	I-94 Arrival Departure Record; I-551 w/code R86, RE6, RE7, RE8, RE9, Y64	7	R	1
Amerasian Refugee -- INA Sec. 207	I-94 w/code A11, A31, A32, A33, A12, AM1, AM2, AM3; AR1** or I-551 w/A16, A36, A37, A17, A38, AM6, AM7, AM8; AR6***; Vietnamese Exit Visa, Vietnamese Passport or U.S. Passport if stamped AM1, AM2, AM3	7	E	1
Cuban/Haitian Entrant	I-94 with Cuban/Haitian Entrant (Status Pending); or notices/letters of on-going deportation proceedings; or I-94 with Form I-589 filed; or I-94 with Parole or reference to Section 212(d)(5) or w/code CH6, CU6, CU7, LB6	8	8	
Citizen Child of Refugee	PARENTS I-94 or I-551 Document w/codes as shown above	5	5	

**FOOTNOTES:**

\*Federal SDX input only.

\*\*These codes reflect the Date of Arrival in United States.

\*\*\*These codes reflect the Adjustment Date of Entry.

(NOTE: Indochinese: Rrefugee who is Vietnamese, Hmong, Laotian, Mien, Cambodian or Burmese.)

(NOTE: If Date of Entry missing on I-94 or if presented with I-571, Refugee Travel Document, file G-845 with INS.)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## 24D -- REFUGEE BENEFITS UNDER PRWORA AND BBA

REFUGEE BENEFITS UNDER PRWORA AND BBA				
REFUGEE	RCA/RMA	MEDI-CAL	SSI	TANF/ CALWORKS
<u>Refugees (INA* Sec. 207 or Sec. 212(d)(5) w/notation "Refugee":</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996  Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos.  Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible  Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs***  Exempt Exempt
<u>Asylees (INA Sec. 208 or 212(d)(5) w/notation "Asylee":</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996  Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos.  Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible  Eligible Eligible	Eligible if on SSI** New Claims Eligible 7 yrs. from Status Change Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs***  Exempt Exempt
<u>Cuban/Haitian Entrants ( Sec. 501(e), Refugee Education Assist. Act):</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996  Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos.  Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible  Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs***  Exempt Exempt
<u>Amerasian:</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996  Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos.  Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible  Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 yrs from DOE Eligible** New Claims Eligible for 7 yrs from DOE	Eligible for 5 yrs*** Eligible for 5 yrs***  Exempt Exempt
<u>Conditional Entrant Aliens (INA Sec. 203(a)(7):</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996  Present in U.S. on August 22, 1996 and become blind or disabled Present in U.S. after August 22, 1996 and become aged	Eligible for 8 mos. Eligible for 8 mos.  Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible  Eligible Eligible	Eligible if on SSI** New Claims Eligible for 7 years from DOE Eligible** New Claims Eligible for 7 years from DOE	Eligible for 5 yrs*** Eligible for 5 yrs***  Exempt Exempt
<u>Refugee Citizen Children:</u> Present in U.S. on August 22, 1996- Present in U.S. after August 22, 1996 Present in U.S. on August 22, 1996 and become blind or disabled	Eligible for 8 mos. Eligible for 8 mos. Eligible for 8 mos.	Eligible Eligible Eligible	Eligible Eligible Eligible	Eligible until age 18 Eligible until age 18 Not Applicable

**Footnotes:**

\* Immigration and Nationality Act

\*\* No time limit. No change.

\*\*\*Aid is time limited – a 5-year lifetime limit of TANF assistance, a limit of 24 consecutive months for current adult recipients and 18 consecutive months for new applicants after Jan 1, '98 (NOTE: CALIFORNIA WILL PROVIDE ALL LEGAL IMMIGRANTS FULL-SCOPE MEDI-CAL.)

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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## 24E -- REFUGEE/ALIEN TRACKING SYSTEM

### 1. PURPOSE

To report and track specific information on all Refugees who enter the U.S. and who seek welfare assistance. This would include Refugees who are in Aid Codes 0A, 01, 02, and 08, who are eligible for eight months of federal funding, those who are eligible for California Work Opportunity and Responsibility to Kids, Supplemental Security Income (SSI), or Medi-Cal, those who are time-expired who reapply for aid and are not yet citizens, and citizen children born to Refugee parents.

Counties have been required to report Refugee information on Medi-Cal Eligibility Data System (MEDS) through the Refugee/Alien Tracking System. This information is used by the Department of Health Services to claim 100 percent federal financial participation (FFP) for medical assistance rendered to time-eligible refugees. The Department of Social Services (DSS) uses this information to claim 100 percent FFP for Refugee Cash Assistance and for allocation of Refugee Employment Services and Targeted Assistance funds. In order to claim this FFP, specific information such as the refugee's status and date of entry into the U.S. is required by the federal government.

Because the Personal Responsibility and Work Opportunity Reconciliation Act and the Balanced Budget Reconciliation Act both classify refugees as Qualified, it is necessary to identify and track them for FFP claiming. The Refugee/Alien Tracking System has been revised to allow tracking of all refugees and all aliens in California. The following pages have been revised to reflect those changes. Refugees are Qualified Aliens under this legislation, and new codes for Refugees appear on the chart in Section 24D. The new codes were implemented in the December 1997 Month of Eligibility, and counties should be using the new codes.

### 2. REFUGEE/ALIEN TRACKING SYSTEM

Counties were required to report the Refugee Name, Social Security number, Refugee Indicator Code (New: C, L, Z, X, R, E, 8, 5), County Identification Number (ID), and Immigration and Naturalization Service (INS) Entry Date on the MC 255. In March of 1996, counties were to report this information directly on MEDS in conjunction with their normal eligibility reporting and were to take advantage of the fact that MEDS maintains a single record irrespective of changes in the County ID. On March 1, 1996, the Refugee Tracking System (RTS) became part of the MEDS system. This was accomplished through a one-time conversion of the old RTS into the MEDS database. All information previously reported to the RTS was posted to MEDS. The MC 255 Form is now obsolete.

Refugee and Alien information will be placed directly into MEDS. The county will receive a Renewal Alert for any individual eligible in Aid Codes 0A, 01, 02, or 08 for whom MEDS does not have a Refugee Indicator and INS Entry Date. Daily alerts will be issued when eligibility is reported in one of those aid codes and the two required fields are not present either on MEDS or on the transaction.

The REFUGEE/ALIEN INDICATOR CODES used for the Refugee/Alien Tracking System have been revised and expanded so that all aliens can be identified by their Immigration and Naturalization Act (INA) classification, or, in certain cases, by their unique circumstances, such as the battered aliens, and those who are in the U.S. Armed Forces. The New Refugee Indicator Codes are:

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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C	CONDITIONAL ENTRANT
L	ASYLEE
Z	KURDISH OR IRAQI ASYLEE
X	INDOCHINESE REFUGEE
R	OTHER REFUGEE (Including Victims of Trafficking)
E	AMERASIAN
8	CUBAN/HAITIAN
5	CITIZEN CHILDREN BORN TO REFUGEE PARENTS

(NOTE: Indochinese Refugees are now identified by the federal Office of Refugee Resettlement under the ethnic group Southeast Asian which are the Vietnamese, Hmong, Laotian, Mien, Cambodian and Burmese Refugees.)

### 3. CHANGES TO MEDS TRANSACTIONS

The six data elements to be used for MEDS transactions for the Refugee/Alien Tracking System process are:

Alien Registration Number	-	ALIEN-NO
Country of Origin	-	COUNTRY-OF-ORIGIN
Refugee/Alien Indicator	-	REF/ALIEN-IND
Alien Eligibility Code	-	ALIEN-ELIG-CODE
INS Entry Date	-	INS-ENTRY-DATE

### 4. SPECIFIC CHANGES TO MEDS SCREENS

The new data elements will be added to the following MEDS screens:

INQO	EW95	EW15	EW20	EW30
------	------	------	------	------

Rename Refugee/Alien to REF/ALIEN -IND on the following screens:

INQO	INQP	EW0-5	EW15	EW20
EW30	EW34	EW50	EW55	BI35

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 5. AGED ALIENS WHO ARE INELIGIBLE FOR MEDICARE

Aged aliens that are not eligible for Medicare Buy-In will no longer be coded with a "9" in the "Refugee/Alien Indicator" field on MEDS. Counties will code these aliens by their INA classification. Counties shall continue to follow California Code of Regulations, Title 22, Section 50777 regarding the requirement to apply for Medicare. MEDS will track the five-year residency requirement for Medicare and Buy-In eligibility by "looking" at the alien's Date of Entry and Date of Birth. A Date of Entry, Date of Birth, and Refugee/Alien Indicator Code must be reported to MEDS in order for MEDS to correctly track Medicare Buy-In eligibility.

### 6. OTHER QUALIFIED AND NOT QUALIFIED ALIENS NOT REFUGEES

REFUGEE/ALIEN Indicator value 0 will no longer be used. Please refer to the table on page 24E-6 for information about the new Refugee/Alien Indicator Codes. Aliens will have a code of K, D, W, Y, S and V with a secondary code, in some cases, of 4, 5, 6, or 9. For statistical data extraction and determination of benefits (including FFP availability), counties must enter the new code, the Alien Registration Number, and the INS Entry Date.

### 7. INS ENTRY DATE

The INS Entry Date must be entered for every Refugee. The information on the I-94 or I-551 should be sufficient for coding with the Refugee/Alien Indicator. The INS Date of Entry for Refugees is the date they entered the U.S. and is the date shown on SAVE. The Date of Entry for Asylees is the date asylum is granted. The date for Victims of Trafficking Refugees is the date of certification. (Refer to Page 24B-1 for specific documentation requirements.)

### 8. ALIEN REGISTRATION NUMBER

The Alien Registration Number must be entered for ALL Refugees.

### 9. COUNTRY OF ORIGIN

Counties should enter the COUNTRY-OF-ORIGIN for all Refugees and Aliens. This information is used to generate statistical reports and health trend data

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 10. REFUGEE CHILDREN

Children who are born in the U. S. of Refugee parents are citizens, but they are considered refugees by the Federal Office of Refugee Resettlement for both time-eligibility and for statistical purposes in determining federal funding allocations for Refugee Employment Services and Targeted Assistance which benefit refugee-impacted counties as identified by the Department of Social Services. Refugee Citizen Children are considered Refugees until they reach the age of 21 or until the date their parents become citizens. If one of the parents living in the home is a citizen, the citizen child is not to be considered a Refugee. The Country of Origin for these Citizen Children would be the same as parents.

Counties must report all Refugee Citizen Children with a Refugee Code of 5 (five). The INS Entry Date for the children in Aid Codes 0A, 01, 02, or 08 is the same as the parents, but if one parent arrived later than the other, the child is to be given the INS Entry Date of the later parent and the same eligibility period. For all other Refugee Citizen Children in CalWORKs, Medi-Cal, or SSI aid codes, the INS Entry Date is no longer optional. This Entry Date is mandatory for the Final Allocation of Targeted Assistance. When it is reported, use the INS Entry Date as above.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### NEW CODES

#### MEDS SCREENS/DATA ELEMENT DICTIONARY/ERROR MESSAGES

The following pages will contain chart of new Refugee/Alien Indicator Codes, samples of new MEDS screens, Data Element Dictionary pages, and the error messages which will be received if edit messages are not done properly.



## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

		NEW CODES	
ALIEN CLASSIFICATION	OLD Codes	Refugee/Alien Indicator	Alien Eligibility Code
<b>Battered/Subjected to extreme cruelty</b> (that meet the conditions necessary to be considered a Qualified Alien)		K,C,S,U,V,W,Y	9*
<b>Lawful Permanent Resident (LPR) <u>not</u></b> active duty/veteran or spouse/child	0 or 9	K	
<b>LPR Active Duty/Veteran or spouse/dependent child</b>	0 or 9	K	Active duty/veteran 4 Spouse 5 Child 6
<b>Deportation Withheld</b> admitted under INA Sec. 243(h) or 241(b)(3)	0 or 9	D	
<b>Conditional Entrant</b> admitted under INA Sec. 203(a)(7)	7	C	
<b>Other Asylee</b> admitted under INA Sec. 208 <b>Date of entry is date asylum is granted</b>	7	L	
<b>Kurdish/Iraqi Asylee</b> admitted under INA Sec. 208 <b>Date of entry is date asylum is granted</b>	7	Z	
<b>Indochinese Refugee</b> admitted under INA Sec. 207 and <u>not</u> Amerasian.	1	X	
<b>Other Refugee</b> admitted under INA Sec. 207 or Refugees who are Certified to be Victims of Trafficking, and <u>not</u> Indochinese Refugee or Amerasian Refugee. Date of Entry for Victims of Trafficking is Date of Certification.	7	R	
<b>Amerasian Refugee</b> admitted under INA Sec. 207	7	E	
<b>Cuban/Haitian Entrant</b>	8	8	
<b>Citizen Child of Refugee</b>	5	5	
<b>Parolee</b> admitted under INA Sec. 212(d)(5) w/period of parole <u>over</u> one year	7	W	
<b>Parolee</b> admitted under INA Sec. 212(d)(5) w/period of parole <u>less than</u> one year	7	Y	
<b>Other Documented Full Scope Aliens ***</b>	0 or 9	S	
<b>Undocumented PRUCOL Aliens (Full Scope)</b>	0 or 9	T	
<b>Visitor/Student/VISA and other Aliens with Temporary Documentation (Emergency and Pregnancy-Related Services Only)</b>	0 or 9	V	
<b>Undocumented Aliens (Emergency and Pregnancy-Related Services Only)</b>	0 or 9	U	

\*An entry of 9 should not be reported if the alien can be coded with a 4, 5 or 6 or 8 in the alien eligibility code field.

\*\*\*Other aliens, defined for identification and tracking purposes only, include aliens verified by INS through G-845 process as:

Voluntary Departure (INA 242(b))  
Stay of Deportation (INA 106)  
Suspension of Deportation (INA 244)  
Lawful Temporary Resident  
Extended Voluntary Departure

Indefinite Stay of Deportation  
Application for Adjustment Status  
Indefinite Voluntary Departure  
Registry Alien (INA 249)

Deferred Action Status  
Order of Supervision (INA 242)  
Immediate Relative Petition  
In U.S. w/Permission of INS





## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INQP SCREENS: NON-SSI RECORD

```

INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      IBF - 08/20/98

MEDS-ID 444-44-4444  SSN-VER J   GOVT-RESP 1   BOND           , JAMILLE
BIRTHDATE 04-14-1972  SEX F  ALIEN-NO 06666666
CHAINED-ID                LAST-MC/CP-CHG 06-23-98  10631 HAZARD AVE
PRIOR-MEDS-ID            LAST-OTH-CHG 11-09-97  GARDEN GROVE CA      92843
LANGUAGE V      ETHNIC V   INS-ENTRY-MMY 02-95  ADDRESS-FLAG
DEATH-DT        DEATH-CD   REF/ALIEN-IND 1  PHONE
CA-DL/ID-NO     CLIENT-INDEX-NO 98888888D 8  HIC-NO
PGM-ELIG: MC/CP C H  SP1           SP2           FS           AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID
APPLICATION-DATE         DENIAL-DATE             DENIAL-REAS
EXPECTED-DELIVERY-DATE  FAMILY-SIZE             TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS             LAST-SDX-CHG

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE             APPEAL-FLAG            APPEAL-LEVEL
NOA-DATE                NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

SSI RECORD

```

INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      IBF - 08/20/98

MEDS-ID 999-99-9999  SSN-VER J   GOVT-RESP 2   HOWAREYOU     , CHARMING  W
BIRTHDATE 05-08-1912  SEX F  ALIEN-NO
CHAINED-ID                LAST-MC/CP-CHG 07-30-98  1000 SIDEWALK WAY
PRIOR-MEDS-ID            LAST-OTH-CHG 08-19-98  CYPRESS              90630
LANGUAGE 6      ETHNIC 8   INS-ENTRY-MMY 11-90  ADDRESS-FLAG
DEATH-DT        DEATH-CD   REF/ALIEN-IND K  PHONE (714) 555-5555
CA-DL/ID-NO     CLIENT-INDEX-NO 99999999A 9  HIC-NO 99999999M
PGM-ELIG: MC/CP C H  SP1 (MEDICR) C H  SP2           FS           AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID
APPLICATION-DATE         DENIAL-DATE             DENIAL-REAS
EXPECTED-DELIVERY-DATE  FAMILY-SIZE             TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS             LAST-SDX-CHG 12-18-97

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE             APPEAL-FLAG            APPEAL-LEVEL
NOA-DATE                NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**MEDS INPUT SCREENS:**

**EW05**

```

EW05          ** TRANSFER COUNTY OF RESPONSIBILITY **

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID: PER-MEDS    -----                ALTERNATE
MEDS-ID                BIRTHDATE                NEW-BIRTHDATE *****
NAME: LAST              FIRST                    INITIAL
SEX                     ETHNIC                    LANGUAGE
SSN-VER                 CA-DL/ID-NO              HIC-NO
ADDRESS: C/O
      STREET
      CITY                STATE                ZIP-CODE
PHONE ( )                COUNTRY-OF-ORIGIN        ALIEN-NO
EFFECTIVE-DATE          TERM-DATE                TERM-REAS
ESAC                     REDETERM-MONTH          %-OBLIG **
SOC-AMOUNT              LTC-IND                  SOC-FBU
MEDS-OHC *              RESTRICTION              ORIG-AID
NEW-OHC                 REF/ALIEN-IND            INS-ENTRY-MMY
ELIG-APPROVAL-DATE     CARD-REQUEST-REASON     ALIEN-ELIG
MFG **
ALIAS/SSA-NAME: LAST   FIRST                    INITIAL        CODE
NEXT-TRANS *****    SAME-PERSON *           SAME-CASE *
    
```

**EW15**

```

EW15          ** REPORT IMMEDIATE NEED ELIGIBILITY **

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID-PER-MEDS    -----                NEW-BIRTHDATE
MEDS-ID                BIRTHDATE
NAME: LAST              FIRST                    INITIAL
SEX                     CA-DL/ID-NO              HIC-NO
NEW-COUNTY-ID: AID-CODE SERIAL                    FBU        PERSON-NO
ESAC                     NEG-ACTION *            %-OBLIG
SOC-AMOUNT              LTC-IND                  SOC-FBU
MEDS-OHC                 RESTRICTION              ORIG-AID
NEW-OHC                 REF/ALIEN-IND            INS-ENTRY-MMY
ALIEN-NO                 ALIEN-ELIG                CERT-DAY
VALID-MMY                CARD-ISSUE-SITE          CARD-REQUEST-REASON
ADDRESS: C/O
      STREET                STATE                ZIP-CODE
      CITY
NEXT-TRANS *****    SAME-PERSON *           SAME-CASE *
    
```

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EW20

```

EW20                ** ADD NEW CLIENT RECORD **

CASE-NAME                DISTRICT                EW-CODE

COUNTY-ID: PER-MEDS    _____    ALTERNATE
MEDS-ID _____    BIRTHDATE _____    NEW-BIRTHDATE *****
NAME: LAST _____    FIRST _____    INITIAL _____
SEX _____            ETHNIC _____    LANGUAGE _____
SSN-VER _____       CA-DL/ID-NO _____    HIC-NO _____
ADDRESS: _____     C/O
                STREET _____
                CITY _____            STATE _____    ZIP-CODE _____
PHONE ( _____ ) _____    COUNTRY-OF-ORIGIN _____    ALIEN-NO _____
EFFECTIVE-DATE _____    TERM-DATE _____    TERM-REAS _____
ESAC _____            REDETERM-MONTH _____    %-OBLIG _____
SOC-AMOUNT _____       LTC-IND _____        SOC-FBU _____
MEDS-OHC * _____     RESTRICTION _____    ORIG-AID _____
NEW-OHC _____         REF/ALIEN-IND _____    INS-ENTRY-MMY _____
ELIG-APPROVAL-DATE _____    CARD-REQUEST-REASON _____    ALIEN-ELIG _____
MFG ** _____         APPLICATION-DATE _____    RETRO _____
ALIAS/SSA-NAME: LAST _____    FIRST _____        INITIAL _____    CODE _____

NEXT-TRANS                SAME-PERSON *                SAME-CASE *
    
```

EW30

```

EW30                ** MODIFY CURRENT/FUTURE **

CASE-NAME                DISTRICT                EW-CODE

COUNTY-ID: PER-MEDS    _____    NEW **
MEDS-ID _____    BIRTHDATE _____    NEW-BIRTHDATE _____
NAME: LAST _____    FIRST _____    INITIAL _____
SEX _____            ETHNIC _____    LANGUAGE _____
SSN-VER _____       CA-DL/ID-NO _____    HIC-NO _____
ADDRESS: _____     C/O                ADDRESS-FLAG _____
                STREET _____
                CITY _____            STATE _____    ZIP-CODE _____
PHONE ( _____ ) _____    COUNTRY-OF-ORIGIN _____    ALIEN-NO _____
EFFECTIVE-DATE _____    TERM-DATE _____    TERM-REAS _____
ESAC _____            REDETERM-MONTH _____    %-OBLIG _____
SOC-AMOUNT _____       LTC-IND _____        SOC-FBU _____
MEDS-OHC * _____     RESTRICTION _____    ORIG-AID _____
NEW-OHC _____         REF/ALIEN-IND _____    INS-ENTRY-MMY _____
ELIG-APPROVAL-DATE _____    CARD-REQUEST-REASON _____    ALIEN-ELIG _____
MFG ** _____         RECOVERY _____        INITIAL _____    CODE _____
ALIAS/SSA-NAME: LAST _____    FIRST _____

NEXT-TRANS ****                SAME-PERSON *                SAME-CASE *
    
```

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EW34

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID: PER-MEDS _____		NEW
MEDS-ID _____	BIRTHDATE _____	NEW-BIRTHDATE
NAME: LAST	FIRST	INITIAL
SSN-VER            SEX	ETHNIC	LANGUAGE
CA-DL/ID-NO *****	HIC-NO	ALIEN-NO *****
ADDRESS: LINE-1		
LINE-2		
CITY/ST	STATE	ZIP-CODE        +
PHONE (        )        -	REF/ALIEN-IND	INS-ENTRY-DATE
APPLICATION-DATE		
DENIAL-DATE	DENIAL-REASON	NOA-DATE
APPEAL-DATE *****	APPEAL-FLAG *	APPEAL-LEVEL *
NEXT-TRANS *****	SAME-PERSON *	SAME-CASE *

EW50

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID-PER-MEDS _____		
MEDS-ID _____	BIRTHDATE _____	NEW BIRTHDATE
NAME: LAST	FIRST	INITIAL
SEX	CA-DL/ID-NO	HIC-NO
ESAC _____		%-OBLIG
SOC-AMOUNT	LTC-IND	SOC-FBU
MEDS-OHC *	RESTRICTION	ORIG-AID
NEW-OHC _____	REF/ALIEN-IND	INS-ENTRY-MMY
		CERT-DAY
VALID-MMY _____	CARD-ISSUE-SITE _____	CARD-REQUEST-REASON _____
NEXT-TRANS *****	SAME-PERSON *	SAME-CASE *

SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-11

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## EW55 SCREEN

```

EW55          ** SSI/SSP MODIFY/ID CARD REQUEST **          IBF - 08/07/98

CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID-PER-MEDS     _____
MEDS-ID _____      BIRTHDATE _____      NEW-BIRTHDATE
NAME:  LAST              FIRST                  INITIAL
SEX    CA-DL/ID-NO
ADDRESS:  C/O
          STREET
          CITY                STATE                ZIP-CODE
PHONE (   )
MEDS-OHC                NEW-OHC
REF/ALIEN-IND           INS-ENTRY-MMY          ALIEN-NO
NEW-COUNTY
VALID-MMY                CARD-ISSUE-SITE        CARD-REQUEST-REASON

NEXT-TRANS *****      SAME-PERSON *          SAME-CASE *
    
```

## B130 SCREEN

```

BI30          ** MEDICARE PART B BUY-IN INQUIRY/UPDATE **      MYH - 08/27/98

COUNTY-ID 30 60 9561628 7 30    HIC-SOURCE 3    LUTE          DIANE          C
MEDS-ID 561628730                HIC-NO 561628730A    NEW-HIC-NO
BIRTHDATE 05271946                TERM-DT - -          DEATH-DT - -
BUY-IN NAME LUTE                    DIANE          C BUYIN-DOB          DOME-DT          BENDEX
PRIOR BUY-IN-STATUS 1161            MN-APPR-DT          DEEMED-CASH-IND
CUR-BUY-IN STATUS 1180              BUY-IN-EFF-DT 0895    CUR-BUY-IN-ELIG D
INS-ENTRY-DT                        REF/ALIEN-IND Q      LAST-MC-CHG-DT 06-19-96
PGM-ELIG: MC/CP & H    SP1(   )          SP2(   )          FS          AFDC
REJECT-FLAG                1998-----> 1997----->
      09-98  PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      30          50   50   50   50   50   50   50   50   50   50   50   50
AID-CODE     60          60   60   60   60   60   60   60   60   60   60   60   60
ELIG-STAT    301        001  001  001  001  001  001  001  001  001  001  001  001
MEDICARE     32          32   32   32   32   32   32   32   32   32   32   32   32

TRANS-CD      SUB-CD      EFFECT-DT      PROCESS-DT      MANUAL TRANSACTION
14             0795           0696
1180           0895           0696
1787           0795           1095
1190           0895           1095
99             1293           1194
    
```

SECTION NO.: 50275

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-12

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B135 SCREEN

```

BI35          ** MEDICARE PART A BUY-IN INQUIRY/UPDATE **          MYH - 08/27/98

COUNTY-ID 30 60 9561628 7 30      HIC-SOURCE 3      LUTE          , DIANE          C
MEDS-ID 561628730                  HIC-NO 561628730A      NEW-HIC-NO
BIRTHDATE 05271946                 TERM-DT - - -          DEATH-DT - - -
BUY-IN NAME                          BUYIN-DOB
PRIOR BUY-IN-STATUS                 MN-APPR-DT            DEEMED-CASH-IND
CUR-BUY-IN STATUS                   BUY-IN-EFF-DT         CUR-BUY-IN-ELIG D
INS-ENTRY-DT                        REF/ALIEN-IND Q       LAST-MC-CHG-DT 06-19-96
PGM-ELIG: MC/CP C H   SP1(         )   SP2(         )   FS   AFDC
REJECT-FLAG          1998===== > 1997===== >
                   09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY
AID-CODE
ELIG-STAT
MEDICARE          32          32   32   32   32   32   32   32   32   32   32   32   32
TRANS-CD          SUB-CD          EFFECT-DT          PROCESS-DT          MANUAL TRANSACTION
                                                                -----
                                                                TRANS-CODE
                                                                EFFECTIVE-DT
                                                                -----
    
```

INQM SCREEN - NON-SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSIP INFORMATION **          IBF - 08/20/98

CASE-NAME NOONTIME          , FUN      DISTRICT          NOONTIME          , FUN
COUNTY-ID 59-38-4444444-1-02      EW-CODE 72GI
MEDS-ID 333-33-3333      SSN-VER 3      REDETERM-MO      77777 YESTERDAY DRIVE
BIRTHDATE 01-23-1958      SEX M      GOVT-RESP 1      GARDEN GROVE CA      92841
CHAINED-ID                  LAST-MC/CP-CHG 04-07-98      ADDRESS-FLAG      RECOVERY
PRIOR-MEDS-ID              LAST-OTH-CHG 06-17-98      APDP-IND          PICKLE
WELFARE-PGM 005      DEATH-DT          DEATH-CD          TERM-DT 04-30-98      TERM-REAS 38
CIN 97777777D 7      HIC-NO          BIC-ISSUE 08-20-97      PAPER-ISSUE
PGM-ELIG: MC/CP   H   SP1          SP2          FS   H   AFDC
                   1998===== > 1997===== >
                   08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY          30          30   30   30   30   00   00   00   30   30   30   30   30
AID-CODE          38          01   01   38   38   00   00   00   01   01   01   01   01
ELIG-STAT 999          301  301  301  301  999  999  999  301  301  301  301  301
SOC-AMT
CERT-DAY
OHC          N          N   N   N   N   N   N   N   N   N   N   N
RESTRICT
MEDICARE 99          99   99   99   99   99   99   99   99   99   99   99   99
HCP1-NUM          506   506   506   506          506   506   506   506   506
HCP1-STAT          S1   01   S1   01          S1   01   01   01   01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-13

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## INQM SCREEN - NON-SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSIP INFORMATION **          IBF - 08/20/98

CASE-NAME BOND , JAME          DISTRICT          BOND          , JAMILLE
COUNTY-ID 59-34-9999999-7-01  EW-CODE 72EL
MEDS-ID 444-44-4444  SSN-VER J  REDETERM-MO 02  88888 HAZARD AVE
BIRTHDATE 04-14-1972  SEX F    GOVT-RESP 1    GARDEN GROVE CA          92843
CHAINED-ID          LAST-MC/CP-CHG 06-23-98  ADDRESS-FLAG  RECOVERY
PRIOR-MEDS-ID      LAST-OTH-CHG 11-09-97  APDP-IND      PICKLE
WELFARE-PGM 001    DEATH-DT          DEATH-CD      TERM-DT          TERM-REAS
CIN 98888888D 8    HIC-NO          BIC-ISSUE 03-13-97  PAPER-ISSUE
PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC

          1998 -----> 1997 ----->
08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY 30          30 30 30 30 30 30 30 30 30 30 30 30
AID-CODE 34          34 34 34 34 34 34 34 86 34 34 34 34
ELIG-STAT 301        301 301 301 301 301 301 301 301 301 301 301
SOC-AMT
CERT-DAY
OHC      N          N    N    N    N    N    N    N    N    N    N    N
RESTRICT
MEDICARE 99          99 99 99 99 99 99 99 99 99 99 99 99
HCP1-NUM 506         506 506 506 506 506 506 506 506 506 506 506
HCP1-STAT 01         01 01 01 01 01 01 01 01 01 01 01 01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

## INQM SCREEN - SSI RECORD

```

INQM          ** PRIMARY MEDI-CAL/CMSIP INFORMATION **          IBF - 08/20/98

CASE-NAME          DISTRICT          HOWAREYOU          , CHARMING  W
COUNTY-ID 59-10-9999999-9-99  EW-CODE
MEDS-ID 999-99-9999  SSN-VER J  REDETERM-MO 04  1000 SIDEWALK WAY
BIRTHDATE 05-08-1912  SEX F    GOVT-RESP 2    CYPRESS          90630
CHAINED-ID          LAST-MC/CP-CHG 07-30-98  ADDRESS-FLAG  RECOVERY
PRIOR-MEDS-ID      LAST-OTH-CHG 08-19-98  APDP-IND      PICKLE
WELFARE-PGM 001    DEATH-DT          DEATH-CD      TERM-DT          TERM-REAS
CIN 99999999A 9    HIC-NO 99999999M  BIC-ISSUE 05-01-94  PAPER-ISSUE
PGM-ELIG: MC/CP C H  SP1 (MEDICR) C H  SP2          FS          AFDC

          1998 -----> 1997 ----->
08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY 30          30 30 30 30 30 30 30 30 30 30 30 30
AID-CODE 10          10 10 10 10 10 10 10 10 10 10 10 10
ELIG-STAT 301        301 301 301 301 301 301 301 301 301 301 301
SOC-AMT
CERT-DAY
OHC      N          N    N    N    N    N    N    N    N    N    N    N
RESTRICT
MEDICARE 22          02 02 02 02 02 22 22 02 02 02 02 02
HCP1-NUM 506         506 506 506 506 506 506 506 506 506 506 506
HCP1-STAT 01         01 01 01 01 01 01 01 01 01 01 01 01
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN
    
```

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## INQP SCREEN - NON-SSI RECORD

```

INQP          ** PENDING/DENIED APPLICATIONS & APPEALS **          IBF - 08/20/98

MEDS-ID 333-33-3333  SSN-VER 3      GOVT-RESP 1      NOONTIME      , FUN
BIRTHDATE 01-23-1958  SEX M  ALIEN-NO 05555555
CHAINED-ID                LAST-MC/CP-CHG 04-07-98  77777 YESTERDAY DRIVE
PRIOR-MEDS-ID            LAST-OTH-CHG 06-17-98  ANYTOWN, CA          99999
LANGUAGE V      ETHNIC V      INS-ENTRY-MMY 07-97  ADDRESS-FLAG
DEATH-DT        DEATH-CD      REF/ALIEN-IND 1  PHONE
CA-DL/ID-NO     CLIENT-INDEX-NO 97777777D 7  HIC-NO
PGM-ELIG: MC/CP  H  SP1                SP2                FS  H  AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME                DISTRICT                EW-CODE
COUNTY-ID
APPLICATION-DATE         DENIAL-DATE             DENIAL-REAS
EXPECTED-DELIVERY-DATE  FAMILY-SIZE             TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS             LAST-SDX-CHG

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE              APPEAL-FLAG             APPEAL-LEVEL
NOA-DATE                 NOA-TYPE
OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

## INQO SCREEN - NON-SSI RECORD

```

INQO          ** OTHER MISCELLANEOUS INFORMATION **          IBF - 08/20/98

MEDS-ID 333-33-3333  NAME NOONTIME      , FUN      BIRTHDATE 01-23-1958
CA-DL/ID-NO          CLIENT-INDEX-NO 97777777D 7  ALIEN-NO 05555555
PHONE                AUTH-REP-NAME
ETHNIC V      LANGUAGE V      AUTH-REP-ADDR
SSN-VER-BIRTHDATE
DEATH-POSTED
EXPECTED-DELIVERY-DATE          ELIG-APPROVAL-DATE 03-10-98
REF/ALIEN-IND 1 )  ALIEN-ELIG                SSI-LAST-RECEIVED
INS-ENTRY-MMY 07-97  ALIEN-SPONSOR-STAT          PICKLE-TICKLER
COUNTRY-OF-ORIGIN VM                LAST-PICKLE-CHG
LAST-MC/CP-CHG 04-07-98  LAST-FS-CHG 01-13-98          LAST-OTHER-CHG 06-17-98
LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS
FILE-FIX-DATE            CARD-ISSUE-DATE 08-20-97          PAPER-CARD-DATE

PGM-ELIG: MC/CP  H  SP1                SP2                FS  H  AFDC
                1998=====> 1997=====>
                08-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
ORIG-AID
NEG-ACTN
MULTI-SOC

OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    
```

SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-15



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

## APPENDIX II - DATA ELEMENT DICTIONARY

MEDS NETWORK NAME: COUNTRY-OF-ORIGIN

NARRATIVE NAME: COUNTRY OF ORIGIN

SOURCE: COUNTY, SDX

LENGTH: 2

DEFINITION: Country of Origin is the country of citizenship if known, otherwise, country of birth.

VALUES:

FEDERAL INFORMATION PROCESSING STANDARDS PUBLICATION 10-4  
ISSUED APRIL 1995

COUNTRIES, DEPENDENCIES, AREAS OF SPECIAL SOVEREIGNTY, AND THEIR  
PRINCIPAL ADMINISTRATIVE DIVISIONS

AF	AFGHANISTAN	BU	BULGARIA	ET	ETHIOPIA
AL	ALBANIA	UV	BURKINA	EU	EUROPA ISLAND
AG	ALGERIA	BM	BURMA	FK	FALKLAND ISLANDS
AQ	AMERICAN SAMOA	BY	BURUNDI		(ISLAS MALVINAS)
AN	ANDORRA	CB	CAMBODIA	FO	FAROE ISLANDS
AO	ANGOLA	CM	CAMEROON	FM	FEDERATED STATES
AV	ANGUILLA	CA	CANADA		OF MICRONESIA
AY	ANTARCTICA	CV	CAPE VERDE	FJ	FIJI
AC	ANTIGUA AND BARBUDA	CJ	CAYMAN ISLANDS	FI	FINLAND
AR	ARGENTINA	CT	CENTRAL AFRICAN	FR	FRANCE
AM	ARMENIA		REPUBLIC	FG	FRENCH GUIANA
AA	ARUBA	CD	CHAD	FP	FRENCH POLYNESIA
AT	ASHMORE AND	CI	CHILE	FS	FRENCH SOUTHERN
	CARTIER ISLANDS	CH	CHINA		AND ANTARCTIC LANDS
AS	AUSTRALIA	KT	CHRISTMAS ISLAND	GB	GABON
AU	AUSTRIA	IP	CLIPPERTON ISLAND	GA	GAMBIA, THE
AJ	AZERBAIJAN	CK	COCOS (KEELING)	GZ	GAZA STRIP
BF	BAHAMAS, THE		ISLANDS	GG	GEORGIA
BA	BAHRAIN	CO	COLOMBIA	GM	GERMANY
FQ	BAKÉR ISLAND	CN	COMOROS	GH	GHANA
BG	BANGLADESH	CF	CONGO	GI	GIBRALTAR
BB	BARBADOS	CW	COOK ISLANDS	GO	GLORIOSO ISLANDS
BS	BASSAS DA INDIA	CR	CORAL SEA ISLANDS	GR	GREECE
BO	BELARUS	CS	COSTA RICA	GL	GREENLAND
BE	BELGIUM	IV	COTE D'IVOIRE	GJ	GRENADA
BH	BELIZE		(IVORY COAST)	GP	GUADALOUPE
BN	BENIN	HR	CROATIA	GQ	GUAM
BD	BERMUDA	CU	CUBA	GT	GUATEMALA
BT	BHUTAN	CY	CYPRUS	GK	GUERNSEY
BL	BOLIVIA	CZ	CZECH REPUBLIC	GV	GUINEA
BK	BOSNIA AND	DA	DENMARK	PU	GUINEA-BISSAU
	HERZEGOVINA	DJ	DJIBOUTI	GY	GUYANA
BC	BOTSWANA	DO	DOMINICA	HA	HAITI
BV	BOUVET ISLAND	DR	DOMINICAN REPUBLIC	HM	HEARD ISLAND AND
BR	BRAZIL	EC	ECUADOR		MCDONALD ISLANDS
IO	BRITISH INDIAN	EG	EGYPT	HO	HONDURAS
	OCEAN TERRITORY	ES	EL SALVADOR	HK	HONG KONG
VI	BRITISH VIRGIN	EK	EQUATORIAL GUINEA	HQ	HOLLAND ISLAND
	ISLANDS	ER	ERITREA	HU	HUNGARY
BX	BRUNEI	EN	ESTONIA	IC	ICELAND

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

IN	INDIA	NR	NAURU	ST	ST. LUCIA
ID	INDONESIA	BQ	NAVASSA ISLAND	SB	ST. PIERRE AND MIQUELON VC
IR	IRAN	NP	NEPAL		ST. VINCENT AND THE GRENADINES
IZ	IRAQ	NL	NETHERLANDS		
EI	IRELAND	NT	NETHERLANDS ANTILLES	SU	SUDAN
IS	ISRAEL			NS	SURINAME
IT	ITALY	NC	NEW CALEDONIA	SV	SVALBARD
JM	JAMAICA	NZ	NEW ZEALAND	WZ	SWAZILAND
JN	JAN MAYEN	NU	NICARAGUA	SW	SWEDEN
JA	JAPAN	NG	NIGER	SZ	SWITZERLAND
DQ	JARVIS ISLAND	NI	NIGERIA	SY	SYRIA
JE	JERSEY	NE	NIUE	TW	TAIWAN
JQ	JOHNSTON ATOLL	NF	NORFOLK ISLAND	TI	TAJIKISTAN
JO	JORDAN	CQ	NO. MARIANA ISLANDS	TZ	TANZANIA
JU	JUAN DE NOVA ISLAND	NO	NORWAY	TH	THAILAND
KZ	KAZAKHTAN	MU	OMAN	TO	TOGO
KE	KENYA	PK	PAKISTAN	TL	TOKELAU
KQ	KINGMAN REEF	LQ	PALMYRA ATOLL	TN	TONGA
KR	KIRIBATI	PM	PANAMA	TD	TRINIDAD AND TOBAGO
KN	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (NORTH) KOREA, REPUBLIC OF (SOUTH)	PP	PAPUA NEW GUINEA	TE	TROMELIN ISLAND
KS		PF	PARACEL ISLANDS	PS	TRUST TERRITORY OF THE PACIFIC ISLANDS (PALAU)
KU	KUWAIT	PA	PARAGUAY		
KG	KYRGYZSTAN	PE	PERU	TS	TUNISIA
LA	LAOS	RP	PHILIPPINES	TU	TURKEY
LG	LATVIA	PC	PITCAIRN ISLANDS	TX	TURKMENISTAN
LE	LEBANON	PL	POLAND	TK	TURKS AND CAICOS ISLANDS
LT	LESOTHO	PO	PORTUGAL	TV	TUVALU
LI	LIBERIA	RQ	PUERTO RICO	UG	UGANDA
LY	LIBYA	QA	QATAR	UP	UKRAINE
LS	LIECHTENSTEIN	RE	REUNION	TC	UNITED ARAB EMIRATES
LH	LITHUANIA	RO	ROMANIA	UK	UNITED KINGDOM (ENGLAND)
LU	LUXEMBOURG	RS	RUSSIA	US	UNITED STATES
MC	MACAU	RW	RWANDA	UY	URUGUAY
MK	MACEDONIA	SM	SAN MARINO	UZ	USBKISTAN
MA	MADAGASCAR	TP	SAO TOME AND PRINCIPE	NH	VANUATU
MI	MALAWI	SA	SAUDI ARABIA	VT	VATICAN CITY
MY	MALAYSIA	SG	SENEGAL	VE	VENEZUELA
MV	MALDIVES	SR	SERBIA	VM	VIETNAM
ML	MALI	SE	SEYCHELLES	VQ	VIRGIN ISLANDS
MT	MALTA	SL	SIERRA LEONE	WQ	WAKE ISLAND
IM	MAN, ISLE OF	SN	SINGAPORE	WF	WALLIS AND FUTUNA
RM	MARSHALL ISLAND	LO	SLOVAKIA	WE	WEST BANK
MB	MARTINIQUE	SI	SLOVENIA	WI	WESTERN SAHARA
MR	MARTINIQUE	BP	SOLOMON ISLANDS	WS	WESTERN SAMOA
MR	MAURITANIA	SO	SOMALIA	YM	YEMEN
MP	MAURITIUS	SF	SOUTH AFRICA	CG	ZAIRE
MF	MAYOTTE	SX	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	ZA	ZAMBIA
MX	MEXICO			ZI	ZIMBABWE
MQ	MIDWAY ISLANDS			ZZ	UNKNOWN
MD	MOLDOVA	SP	SPAIN		
MN	MONACO	PG	SPRATLY ISLANDS		
MG	MONGOLIA	CE	SRI LANKA		
MW	MONTENEGRO	SH	ST. HELENA		
MH	MONTserrat	SC	ST. KITTS AND NEVIS (ST. CHRISTOPHER & NEVIS)		
MO	MOROCCO				
MZ	MOZAMBIQUE				
WA	NAMIBIA				

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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MEDS NETWORK  
USER MANUAL

SECTION NUMBER: A2.4  
PAGE: 267.1

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### APPENDIX II - DATA ELEMENT DICTIONARY

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DED NO. 2009

MEDS NETWORK NAME: REF/ALIEN-IND

NARRATIVE NAME: Refugee/Alien Indicator

AKA NAMES: Refugee/Alien, SDX Alien Status, Alien Indicator, INDOCD, Alien Status Code

SOURCE: County, SDC

LENGTH: 1

DEFINITION:

This code indicates whether an individual is a refugee, in a special alien status category or is a U.S. citizen. The information is used for the Refugee and Qualified and Not Qualified Alien Tracking Systems.

VALUES:

- A \*\* Proven U.S. citizen
- B \*\* Alleged U.S. citizen
- C Conditional Entrant admitted under INA section 203(a)(7)
- D Deportation Withheld admitted under INA section 243(h) or 241(b)(3)
- E Amerasian Refugee admitted under INA section 207
- F \*\* Refugee status admitted under Section 207 or 203(a)(7) of the INA
- G \*\* Parolee admitted under INA section 212 (d)(5)
- H \*\* Silva vs. Levi alien
- K Lawful permanent resident (LPR)
- L Asylee admitted under INA section 208, *but not Kurdish or Iraqi Asylee*
- M \*\* Resident of the Northern Mariana Islands
- N \*\* Identify and citizenship of the individual verified by the Numident interface (code was previously A or B)
- P \*\* Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence)
- Q \*\* Alleged born in the U.S. – allegation corroborated by a U.S. place of birth shown on the on-line Numident
- R Other Refugee admitted under INA section 207 *and not Amerasian or Indochinese refugee*
- S Other Aliens (not a temporary visa holder)
- U Undocumented Alien
- V Visitor / Student / VISA and other aliens with temporary documentation
- W Parolee admitted under INA section 212 (d)(5) with a period of parole over one year
- X Indochinese Refugee admitted under INA section 207
- Y Parolee admitted under INA section 212 (d)(5) with a period of parole less than one year
- Z Kurdish or Iraqi Asylees admitted under INA section 208
- 0\* Other Alien (*not 1, 5, 7, 8 or 9*)
- 1\* Indochinese Refugee admitted under INA section 207

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REVISION NUMBER: 14

REVISION DATE: 9/2/97

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SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 **24E-18**

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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MEDS NETWORK  
USER MANUAL

SECTION NUMBER: A2.4  
PAGE: 267.2

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### APPENDIX II - DATA ELEMENT DICTIONARY

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DED NO. 2009

- 5 Citizen Child Born to Refugee Parent(s)
- 7\* Other Refugee
- 8 Cuban / Haitian Refugee
- 9\* Aged Alien – Medicare ineligible alien and not 1, 7 or 8

\* Values are being obsoleted

\*\* Values are from SDX input only

#### SPECIAL CONSIDERATIONS:

The values 5, 8, C, E, L, R, X, and Z are to be used by counties to identify time-eligible refugees, non-time eligible refugees and citizen children born to refugee parents so that DHS can obtain 100 percent federal reimbursement for their expenses under the Medi-Cal program, and DSS can obtain 100 percent federal reimbursement for Refugee Cash Assistance, funding for Refugee Employment Services, and Targeted Assistance.

The values of D, K, S, V, W, and Y are to be used to identify Qualified and Not Qualified Aliens. The value K will require will require an entry in the alien eligibility code field *when* the LPR is active duty/veteran or the spouse/child of active duty/veteran.

Because of the continued availability of enhanced funding refugee values should not be changed if a refugee subsequently becomes a U.S. citizen.

The values A, B, F, G, H, M, N, P, and Q are valid only when reported for SSI/SSP recipients via the SDX update files and will not be accepted on county transactions. SDX values will not overlay existing MEDS values when the existing MEDS value has more information (e.g., SDC value G will not over a county value W).

The value F is used by SDX for refugee status Sections 207 or 203 (a)(7) of the INA. If counties see an F, they will need to reevaluate the alien's documentation and enter the appropriate refugee/alien indicator. The value G is used by SDX to identify a Parolee. If Counties see a G, they will need to reevaluate the alien's documentation to determine if the Parolee is admitted to the United States with a period of parole of under one year or over one year, and enter the correct value.

If Refugee/Alien information is reported erroneously for a recipient, it is removed by following the standard MEDS convention for deleting incorrect data; i.e., entry of an \* (asterisk) for online and entry of the data element followed by an equal sign and a comma (2009=,) for bath. Deletion of the Refugee/Alien Indicator will also delete the INS Entry Date and the alien eligibility code from MEDS.

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REVISION NUMBER: 14

REVISION DATE: 9/2/97

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SECTION NO.: 50257

MANUAL LETTER NO.: 206

DATE: October 19, 1998 24E-19

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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MEDS NETWORK  
USER MANUAL

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PAGE: 267.20

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### APPENDIX II - DATA ELEMENT DICTIONARY

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DED NO. 2009

When either a refugee aid code or a refugee alien indicator other than A, B, U, 5 or 0 is reported to MEDS, the Immigration and Naturalization Services entry date must also be reported if it is not already present on MEDS. Additionally, if the Alien registration number is known it should be reported.

Counties began using the new codes on December 1, 1997. Applicants will be coded with the new values when counties process the application. Beneficiaries will need to be reviewed and have their values changed (if necessary) at annual redetermination. Only citizen children of refugees and Cuban/Haitain entrants can remain in their current codes.

The values 0, 1, 7, and 9 are obsolete as of December 1998. The value 0 had been requested by counties to identify aliens who did not fall into any other categories. Since the values have been expanded and changed, the new values will accommodate the various groups of aliens previously reported using 0. Counties requested a full set of new values so they could easily tell whether or not a client's refugee/alien status had been reevaluated. The values 1 and 7 have previously been used to identify Conditional Entrants, Asylees, Indochinese and other Refugees, Parolees, and Amerasian. These various groups of aliens have now been given more specific indicators in order to identify them for the refugee DED NO. 2009 program and as Qualified and Not Qualified Aliens. The value 9 was previously used to identify aliens who were over 65 but not eligible for Medicare because they had not met their five-year residency requirement. The Medicare Buy-In unit is able to continue to suppress the potential Medicare Buy-In alert message issued by MEDS renewal by using the date of entry of the alien and the date of birth.

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REVISION NUMBER: 14

REVISION DATE: 9/2/97

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SECTION NO.: 50257

MANUAL LETTER NO.: 256

DATE: 01/04/02

24E-20

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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MEDS NETWORK  
USER MANUAL

SECTION NUMBER: A2.4  
PAGE: 67.1

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### APPENDIX II - DATA ELEMENT DICTIONARY

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DED NO. 2033

MEDS NETWORK NAME: ALIEN-ELIG-CODE  
NARRATIVE NAME: Alien Eligibility Code  
AKA NAMES:  
SOURCE: County, SDX

LENGTH: 1

#### DEFINITION:

The Alien Eligibility Code is used by Social Security Administration and the counties to identify those aliens who may be affected by the requirements in the Welfare Reform Act of August 1996.

#### VALUES:

- 1\* Refugee admitted under section 207 of the INA.
- 2\* Deportation Withheld under section 243(h) or 241(b)(3) of the INA.
- 3\* Lawful Permanent Residence (LPR) with 40 work quarters.
- 4 LPR Alien on active duty in the military or an honorable discharged veteran.
- 5 LPR spouse or unremarried surviving spouse of active duty military/veteran.
- 6 LPR dependent child of active duty military/veteran.
- 9 Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien.

#### SPECIAL CONSIDERATIONS:

\*These values are SDX input only and will not be accepted on a county transaction.

The values 4, 5, and 6 are only valid when sent with an alien indicator of K on a county transaction. An LPR who is an Amerasian and meets the military criteria should be coded as a 4, 5, or 6 rather than an 8. Values 4, 5, or 6 may appear with a value other than K on an SSI/SSP client; if an SSI client with this coding becomes a county client, the county will need to re-evaluate the alien indicator and alien eligibility code to determine what the appropriate coding should be.

The value 9 is valid when sent with any alien indicator code; however, it is specifically intended to be used with the alien indicator code of K, C, or S. EXCEPTION: K with a value of 4, 5, or 6 should never be changed to a value of 9.

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REVISION NUMBER: 14

REVISION DATE: 10/31/97

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SECTION NO.: 50257

MANUAL LETTER NO.: 256

DATE: 01/04/02

24E-21

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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MEDS NETWORK  
USER MANUAL

SECTION NUMBER: A2.4  
PAGE: 160

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### APPENDIX II - DATA ELEMENT DICTIONARY

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DED NO. 2005

MEDS NETWORK NAME: INS-ENTRY-MMY  
NARRATIVE NAME: INS-ENTRY-DATE  
AKA NAMES: Alien Date of Entry, Alien Date of Residence  
SOURCE: County, SDX, Buy-In Unit  
LENGTH: 4

#### DEFINITION:

This field identifies the reported date of entry into the United States or the month and year of residence in the United States. This field may be provided by counties, the Buy-In Unit, or by the SDX file when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. This information is used for Refugees and other Qualified and Not Qualified Aliens for tracking and identification, and for Buy-In for Medicare.

#### VALUES:

Date in the format MMY where MM is month and YY is year.

#### SPECIAL CONSIDERATIONS:

An INS date of entry must be reported when the county reports a Refugee/Alien Indicator of C, D, E, K, L, R, S, V, W, X, Y, Z, or 8. Additionally, the 1, 7, or 9, if reported, must have an INS entry date. The value 5 will require a date of entry for citizen children born to a refugee when they are in the refugee aid codes. (See MEM, Article 24).

The INS Entry Date must be entered for every Refugee and Alien. The information on the 1-94 or 1-551 should be sufficient for coding with the Refugee/Alien Indicator. The INS Entry Date for Refugees is the date they entered the U.S. The INS Entry Date for Asylees is the date Asylum is granted. For Other Qualified and Not Qualified Aliens, please follow the instructions in Article 7 of MEM Procedures.

If the SDX file identifies a recipient as an alien (see Refugee/Alien Indicator) and there is an alien date of residence present on the SDX file, this field will contain that date. Note: If the SDX alien date of residence was input prior to 10/80, the SDX month would have defaulted to January 1980. If the SDX alien date of residence is prior to April 1975, MEDS post a 4/75 date in this field. If the SDX file identifies a recipient as an alien and there is no alien date of residence present on the SDX file, MEDS will post the SDX date of application (which is the most recent SDX application date) in this field.

If the Refugee or Alien information is reported erroneously for a recipient, the INS Entry Date is removed by MEDS when the County requests deletion of the Refugee/Alien Indicator.

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REVISION NUMBER: 14

REVISION DATE: 10/30/2000

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SECTION NO.: **50257** MANUAL LETTER NO.: 239 DATE: 3/23/01 24E-22

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**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

<b>EDITS:</b>	<b>ERROR MESSAGE:</b>	<b>ACTION</b>
	<b><u>ONLINE</u></b>	
REFUGEE/ALIEN IND = '9', AGE < 64 YEARS 8 MONTH	385 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YEARS 9 MONTHS	REJECT TRANS
INS-ENTRY-DATE < BIRTHDATE	386 INS-ENTRY-MMYCANNOT BE PRIOR TO BIRTH DATE	REJECT TRANS
INS-ENTRY-DATE > CURRENT DATE	315 INS-ENTRY-MMYCANNOT BE A FUTURE DATE	REJECT TRANS
REFUGEE/ALIEN IND = 'K', 'D', 'C', 'Z', 'L', 'X', 'E', 'R', '8', '5', 'W', 'Y', 'S' NO INS-ENTRY-DATE ON MEDS OR TRANS	314 INS-ENTRY-MMYCANNOT BE ENTERED WHEN REFUGEE/ALIEN ENTERED	REJECT TRANS
INS-ENTRY DATE > SPACES NO REFUGEE/ALIEN IND ON MEDS OR TRANS	317 REFUGEE/ALIEN REQUIRED WHEN INS-ENTRY-MMYCANNOT BE ENTERED	REJECT TRANS
ELIG-APPROVAL-DATE > CURRENT DATE	401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE	REJECT TRANS
	<b><u>BATCH TRANS</u></b>	
INS-ENTRY-DATE GREATER THAN CURRENT DATE	1616 INS-ENTRY-MMYCANNOT BE A FUTURE DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
INS-ENTRY-DATE LESS THAN BIRTH DATE	1091 INS-ENTRY-MMYCANNOT BE PRIOR TO BIRTH DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
REFUGEE/ALIEN IND IS ALPHA	0004 INVALID CHARACTER WITHIN FIELD ACCEPT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
REFUGEE/ALIEN IND = '9' AGE < 64 YEARS 9 MONTHS	1090 REFUGEE/ALIEN VALUE INAPPROPRIATE FOR UNDER 64 YRS 9 MONTHS URGENT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
MEDS AID CODE = '01', '02', OR '08' TRANS REFUGEE/ALIEN IND = '0' OR '9'	2155 REFUGEE/ALIEN INFORMATION INCOMPLETE OR INCONSISTENT ACTION	MEDS REFUGEE ALIEN IND IS NOT CHANGED
	<b><u>RENEWAL</u></b>	
CHECK IF THERE IS A 01, 02 OR 08 AID CODE IN THE CURRENT OR HISTORY SEGMENTS WITHOUT A REFUGEE/ALIEN IND	8503 REFUGEE/ALIEN INFORMATION MISSING OR INCOMPLETE	ACTION





EDMUND G. BROWN JR.  
Governor

JENNIFER KENT  
Director

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](mailto:Amar.singh@dhcs.ca.gov).

Sincerely,

Original Signed By:

Alice Mak, Acting Chief  
Medi-Cal Eligibility Division

# California Refugee Health Assessment

## 1. Identification

<b>Demographic Data</b>		<b>Alien Number or VOT HHS Tracking Number</b>
File Number _____ County Medical Record Number _____		_____ _____
Last Name _____ / / <input type="checkbox"/> Approximate	First Name _____ _____	
Date of Birth (MM/DD/YYYY) _____ _____	Email _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Current Address</b>		<b>Contact Phone Numbers</b>
Street _____ _____	Apartment # _____ _____	Home _____ _____
City _____ _____	ZIP Code _____	Cell _____

## 2. Arrival Data

<b>Entry Status</b>					Is a copy of I-94 or other eligibility document in file? Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>	
<input type="checkbox"/> <b>Refugee</b>  / / U.S. Arrival Date (I-94) (MM/DD/YYYY)  <input type="checkbox"/> Primary <input type="checkbox"/> Secondary to State  Specify State _____ / / Date to CA (MM/DD/YYYY)	<input type="checkbox"/> <b>Asylee</b>  / / U.S. Arrival/ Adjudication Date (MM/DD/YYYY)  <input type="checkbox"/> Inside U.S.  Detention center name, if any _____  <input type="checkbox"/> Outside U.S.	<input type="checkbox"/> <b>Parolee</b>  / / Paroled Date (MM/DD/YYYY)  <input type="checkbox"/> Cuba <input type="checkbox"/> Haiti	<input type="checkbox"/> <b>Victim of trafficking</b>  / / Certification Date (MM/DD/YYYY)	<input type="checkbox"/> <b>Other</b>  / / U.S. Arrival Date (MM/DD/YYYY)  <input type="checkbox"/> Special Immigrant Visa <input type="checkbox"/> Amerasian <input type="checkbox"/> Other _____		
<b>Voluntary Resettlement Agency Information</b>						
Voluntary Resettlement Agency Name _____ County _____					<input type="checkbox"/> No Voluntary Agency	
City _____		State _____		ZIP Code _____		
<b>Medi-Cal</b>						
Has Medi-Cal? <input type="checkbox"/> Yes _____ <input type="checkbox"/> Pending _____ / / _____ <input type="checkbox"/> No _____						
<b>Medi-Cal Number</b> _____			<b>Application Date (MM/DD/YYYY)</b> _____		<b>Reason</b> _____	
<b>Interpreter</b>						
Was an interpreter used? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what type <input type="checkbox"/> In-Person <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Other _____			

### 3. Demographics

Country of Birth and Ethnicity		Languages		
Country of Birth _____ Ethnicity _____		Primary _____		
Education and Occupation		Secondary _____		
Not applicable <input type="checkbox"/>				
Years of Education _____	Previous or Current Occupation _____			
Residing Country Prior to U.S. (last 2 years)		Not applicable <input type="checkbox"/>		
Country (most recent first)	Refugee Camp (if applicable)	Length of stay		
		Years	Months	Days

### 4. Assessment Disposition

Assessment Status	
<input type="checkbox"/> Started _____ / _____ / _____ Date Started (MM/DD/YYYY)      Date of Final Visit (MM/DD/YYYY)  <input type="checkbox"/> Fully completed <input type="checkbox"/> Partially completed	<input type="checkbox"/> Partially completed <input type="checkbox"/> Not started Reason: <input type="checkbox"/> Used other provider <input type="checkbox"/> Medi-Cal eligibility issue _____ <input type="checkbox"/> Moved to _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Unable to locate <input type="checkbox"/> Did not keep appointment <input type="checkbox"/> Declined <input type="checkbox"/> Other _____

### 5. Overseas Medical Exam (DS-2053 or DS-2054)

Form DS-2053 or DS-2054	
DS-2053 or DS-2054 Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> Not available, reason _____ <input type="checkbox"/> Not applicable	
Classifications	
<input type="checkbox"/> No apparent defect, disease, or disability	
<b>Class A Conditions (Check all that apply)</b> <input type="checkbox"/> TB, active, infectious <input type="checkbox"/> Syphilis, untreated <input type="checkbox"/> Chancroid, untreated <input type="checkbox"/> Gonorrhea, untreated <input type="checkbox"/> Granuloma inguinale, untreated <input type="checkbox"/> Lymphogranuloma venereum, untreated <input type="checkbox"/> Hansen's disease, lepromatous, or multibacillary <input type="checkbox"/> Addiction or abuse of specific substance without harmful behavior <input type="checkbox"/> Any physical or mental disorder with harmful behavior or history of such behavior likely to recur	<b>Class B Conditions (Check all that apply)</b> <input type="checkbox"/> TB, active, noninfectious <input type="checkbox"/> TB, inactive <input type="checkbox"/> Syphilis (with residual deficit), treated within the last year <input type="checkbox"/> Other sexually transmitted infections, treated within last year <input type="checkbox"/> Current pregnancy <input type="checkbox"/> Hansen's disease, prior treatment <input type="checkbox"/> Hansen's disease, tuberculoid, borderline, or paucibacillary <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substances <input type="checkbox"/> Any physical or mental disorder with harmful behavior or history of such behavior likely to recur <input type="checkbox"/> Other _____
Pre-Departure Treatments	
<input type="checkbox"/> Intestinal parasites <input type="checkbox"/> No treatment <input type="checkbox"/> Praziquantel <input type="checkbox"/> Albendazole <input type="checkbox"/> Other _____ <input type="checkbox"/> Ivermectin	<input type="checkbox"/> Anti-Malaria <input type="checkbox"/> No treatment <input type="checkbox"/> Quinine <input type="checkbox"/> Artemether-Lumefantrine <input type="checkbox"/> Other _____ <input type="checkbox"/> Amodiaquine-Artesunate



**Tuberculosis (continued)**

**U.S. TST**

TST Placed

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Placed      Date Read  
 (MM/DD/YYYY)      (MM/DD/YYYY)

Results:  +    -    Did not return for reading

\_\_\_\_\_ mm  
 Induration

No TST

Reason:

Moved to \_\_\_\_\_       Declined  
 Lost to follow-up       Deceased  
 Did not keep appointment       Other \_\_\_\_\_  
 IGRA performed

**U.S. Chest X-Ray**

U.S. Chest X-Ray Performed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date (MM/DD/YYYY)

Result:

Normal  
 Abnormal (consistent with TB)  
 Abnormal (NOT consistent with TB)  
 Unavailable, reason \_\_\_\_\_

No U.S. Chest X-Ray Performed

Reason:

Moved to \_\_\_\_\_       Deceased  
 Lost to follow-up       Pregnancy  
 Did not keep appointment       Not applicable  
 Declined       Other \_\_\_\_\_

**Disposition**

Completed

Result:

TB Class 0 (No TB exposure, not infected)       TB Class V (TB suspected, pending final diagnosis)  
 TB Class I (TB exposure, no infection)      Reason for retaining TB V classification:  
 TB Class II (TB infection, no disease)       Moved to \_\_\_\_\_  
 TB Class III (TB, clinically active)       Lost to follow-up  
 TB Class IV (TB, not clinically active)       Work-up in progress  
 Deceased  
 Other \_\_\_\_\_

Not Completed

Reason:

Moved to \_\_\_\_\_  
 Lost to follow-up  
 Did not keep appointment  
 Declined  
 Deceased  
 Other \_\_\_\_\_

**LTBI Treatment**

LTBI Treatment

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Started Date      Stopped Date  
 (MM/DD/YYYY)      (MM/DD/YYYY)

Reason LTBI treatment stopped:

Treatment completed  
 Moved to \_\_\_\_\_       Active TB developed  
 Lost to follow-up       Changed to outside provider  
 Did not keep appointment       Adverse effect of medicine  
 Declined       Other \_\_\_\_\_  
 Deceased

No LTBI Treatment

Reason:

Moved to \_\_\_\_\_       Changed to outside provider  
 Lost to follow-up       Patient's age  
 Did not keep appointment       Medical contraindication  
 Declined       Prior adequate treatment  
 Deceased       Other \_\_\_\_\_  
 Pregnancy

Comments \_\_\_\_\_

**8. Laboratory Tests** (Refer to RHAP protocol for specific guidelines)

If a lab test is not completed, provide reason in section 17.					
CBC with Differential	Hemoglobin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
	Hematocrit	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
	Absolute Eosinophil Count	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
Chlamydia		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Fecal Occult Blood		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Hepatitis B - HBsAg		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis B - Anti-HBc		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis B - Anti-HBs		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis C - Anti HCV		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
HIV		<input type="checkbox"/> Positive <input type="checkbox"/> Type I <input type="checkbox"/> Type II	<input type="checkbox"/> Negative	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Declined <input type="checkbox"/> NA
Lipid Panel	Total Cholesterol	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Random	HDL	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Fasting	LDL	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
	Triglycerides	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
Malaria		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Pregnancy Test	<input type="checkbox"/> Urine <input type="checkbox"/> Serum	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Currently pregnant
		_____ / _____ / _____ EDC Date (MM/DD/YYYY)			
Serum Glucose		<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Random					
<input type="checkbox"/> Fasting					
Serum Lead		<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
Syphilis VDRL or RPR		<input type="checkbox"/> Reactive*	<input type="checkbox"/> Nonreactive	<input type="checkbox"/> Not applicable	Value _____
*If Reactive, which test	<input type="checkbox"/> FTA-ABS <input type="checkbox"/> TPPA <input type="checkbox"/> TP-MHA	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	Value _____
Parasitic Infection	Value	Findings / Treated			
Stool Sample 1	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	Parasite 1 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 2 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 3 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 4 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 5 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
Stool Sample 2	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	Parasite 1 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 2 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 3 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 4 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 5 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
Serum Strongyloides	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____			
Serum Schistosomiasis	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____			

**9. Patient Medical History**

Medical Condition	No History	Check All that Apply	If applicable, what type(s)	Taking Medications for Condition
Allergies	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Anemia	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Cancer	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Cardiovascular Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Hypertension	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Kidney Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Liver Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Lung Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Mental/Emotional	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Stroke	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Surgery(ies)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Thyroid Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No

**Supplements (Vitamins, Herbs, Etc.)**

Are you taking supplements?  Yes  No \_\_\_\_\_  
If yes, supplements taken

**Menstrual History** Not applicable (pre-puberty)

Menstruating \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of LMP (MM/DD/YYYY)  
 Menopausal \_\_\_\_\_ Age stopped menstruating

**Pregnancy History** Not applicable (pre-puberty)

\_\_\_\_\_  
Gravida                      Para                      SAB                      TAB

**Female Genital Cutting** Declined

Female genital cutting  Yes  No  
 Clitoridectomy       Infibulation       Excision  
 Other \_\_\_\_\_       Unknown

### 10. Family Medical History

Medical Condition	If applicable, what type(s)		
Cancer	<input type="checkbox"/> No history	Kidney Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Cardiovascular Dz	<input type="checkbox"/> No history	Lung Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Diabetes Mellitus	<input type="checkbox"/> No history	Mental/Emotional	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Hepatitis	<input type="checkbox"/> No history	Stroke	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
High Cholesterol	<input type="checkbox"/> No history	Thyroid Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Hypertension	<input type="checkbox"/> No history	Tuberculosis	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	

### 11. Lifestyle Assessment (13 years of age and older)

Health Behaviors	Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
<b>Exercise</b>		
During the last 30 days, did you exercise?	<input type="checkbox"/> Yes – Days per week _____ Minutes per day _____	<input type="checkbox"/> No
<b>Smoking</b>		
1. Have you ever smoked?	<input type="checkbox"/> Yes, age started _____	<input type="checkbox"/> No (skip to question 4)
2. Do you now smoke?	<input type="checkbox"/> Every day	<input type="checkbox"/> Some days
	<input type="checkbox"/> No, age stopped _____	
3. On average, how many or how long do/did you smoke a day?	# of Cigarettes _____	# of Pipes _____
	# of Cigars _____	# of Other Tobacco _____
	# of minutes per day of Hookah, Shisha, Galyān, Narghile or Chillin _____	
4. Is smoking ever allowed inside your home?	<input type="checkbox"/> Yes, # of hours per day _____	<input type="checkbox"/> No
<b>Alcohol</b>		
1. During the past 30 days, have you had at least one alcoholic drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip questions 2 and 3)
2. During the past 30 days, how many days per month did you have at least one alcoholic drink?	# of Days/Month _____	
3. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	# of Wine Drinks _____ <small>(3-5 oz)</small>	# of Beer Drinks _____ <small>(10-12 oz or 1 bottle)</small>
	# of Hard Liquor Drinks _____ <small>(1-1.5 oz)</small>	
<b>Health Education</b>		
Was health education provided on health behaviors (exercise, diet/nutrition, smoking, and alcohol)?	<input type="checkbox"/> Yes – <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> No

**12. Mental Health** (16 years of age and older. Refer to RHAP protocol for guidelines & scoring rubric.)

PTSD Screening					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
<b>In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:</b>						
					Yes	No
1.	Have had nightmares about it or thought about it when you did not want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Were constantly on guard, watchful, or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Felt numb or detached from others, activities, or your surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized Anxiety Disorder Screening					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
<b>Over the past 2 weeks, how often have you been bothered by the following problems?</b>						
		Not at all (0)	Several days (1)	More than half of the days (2)	Nearly every day (3)	
1.	Feeling nervous, anxious, or on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Not being able to stop or control worrying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**13. Traumatic Events** (16 years of age and older. Refer to RHAP protocol for guidelines & scoring rubric.)

Trauma					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
<b>Listed below are a number of difficult or stressful things that sometimes happen to people. For each event tell me if: a) it <i>happened to you personally</i>, b) you <i>witnessed it happen to someone else</i>, c) you <i>learned about it happening to someone close to you</i>, d) it <i>doesn't apply to you</i>. Be sure to consider your entire life (growing up as well as adulthood) as I go through the list of events.</b>						
Check all that apply:						
		Happened to me	Witnessed it	Learned about it	Doesn't apply	
1.	Physical assault (for example, being attacked, hit, slapped, kicked, or beaten up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb, or land mine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Sexual assault (for example, rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war, or forced labor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Sudden, violent death of a family member (for example, homicide, or suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Serious injury, harm, or death you caused to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Any other very stressful event or experience which caused you to experience intense fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Sudden move or loss of home and possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Persecution					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Have you experienced any type of persecution? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, check all that apply: <input type="checkbox"/> Religious <input type="checkbox"/> Political <input type="checkbox"/> Ethnic <input type="checkbox"/> Reproductive choices <input type="checkbox"/> Military service escapee <input type="checkbox"/> Other _____						

### 14. Vital Signs / Measurements

Vital Signs	
Temperature _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Pulse _____
B/P (6 years +) 1. _____ / _____      2. _____ / _____      3. _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>systolic      diastolic</span> <span>systolic      diastolic</span> <span>systolic      diastolic</span> </div>	
Measurements	
Height _____ <input type="checkbox"/> inches <input type="checkbox"/> cm	Weight _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg
Head circumference _____ <input type="checkbox"/> inches <input type="checkbox"/> cm (2 years and under)	
Vision (6 years +)    Glasses/contact lenses worn <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="display: flex; justify-content: space-around; font-size: small;"> <span>_____ Left</span> <span>_____ Right</span> <span>_____ Both</span> </div>	
Difficulty hearing (6 years +) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 15. Physical Exam

Findings	Comments
Abdomen <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Breast <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Extremities <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Genital <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Head <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Heart <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Lungs <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Mouth <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Neurologic <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Nose <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Rectal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Skin <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Throat <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Other <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
<b>Physical exam was not completed, why?</b>	
<input type="checkbox"/> Declined <input type="checkbox"/> Other _____	

### 16. Diagnosis

Findings				
<input type="checkbox"/> No overseas findings, and no U.S. findings.				
ICD10	Diagnosis	Findings	Follow-up	Date Seen by Outside Provider (optional)
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic, type: _____ <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	/ / Date (MM/DD/YYYY)  Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
<b>Is VOLAG follow-up assistance needed?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**17. Reason for Not Completing Any Screening Requirements**

[Empty box for providing reasons for not completing screening requirements]

**18. Signatures**

Physical Exam Performed By		
_____	_____	____/____/____
Name (print)	Signature	Date (MM/DD/YYYY)
Physical Exam Reviewed By		
<input type="checkbox"/> Same as above		
_____	_____	____/____/____
Name (print)	Signature	Date (MM/DD/YYYY)
Intake Interviewer 1		
_____	_____	____/____/____
Name (print)	Signature	Date (MM/DD/YYYY)
Intake Interviewer 2		
_____	_____	____/____/____
Name (print)	Signature	Date (MM/DD/YYYY)
Other Provider		
_____	_____	____/____/____
Name (print)	Signature	Date (MM/DD/YYYY)
_____		
Role		

**19. Notice of Privacy Practices Certification**

**I certify that a CDPH, Refugee Health Program Notice of Privacy Practices brochure was given to the client.**

Notice of Privacy Practices brochure given  Yes  No, reason \_\_\_\_\_

\_\_\_\_\_

Name (print) Signature Date (MM/DD/YYYY)

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
WELFARE TO WORK DIVISION**

**Continuity of Government/Continuity of Operations (COG/COOP) Plan  
Disaster Management Procedures – Pandemic Flu Preparation**

<b>Task-Event/Activity</b>	<b>Responsible Team Member</b>	<b>Detail or Reference</b>
Maintain telephone trees	WTW Management Team	Each manager responsible for his/her staff.
Conference Call Capability	WTW Management Team	Obtain conference call lines to be used as needed.
Dial-Up Access	WTW Branch Chiefs	If Dial-Up PC access becomes necessary, Branch Chiefs would work with managers to determine who needs access. ISD would then be requested to set up accounts.
Communication Plan for Stakeholders	WTW Deputy & Branch Chiefs	Inform stakeholders to refer to website for daily updates on issues. Branch Chiefs would review web content prior to posting.
Contact with Federal Government	WTW Deputy & Branch Chiefs	Keep federal officials informed of limitations by program and geographic area.
Request Waivers	WTW Management Team	If mandated program activities cannot be performed, e.g., face-to-face interviews, then waivers would be requested from federal entities.
Seek Executive Order	WTW Deputy Director	If State mandates cannot be carried out, e.g., fingerprint imaging, request an Executive Order to suspend mandate.
Alternative Operational Guidelines	WTW Management Team	Develop alternative program procedures for mandated activities that cannot be performed.

**REFERENCES**

Information by Government – U.S. Department of Health and Human Services  
<http://www.pandemicflu.org>.

Pandemic Influenza Fact Sheet  
<http://cdc.gov/flu/avian/gen-info/pandemics.htm>

California Department of Health Services  
<http://www.dhs.ca.gov>

Governor's Office of Emergency Services  
<http://www.oes.ca.gov>

World Health Organization  
<http://www.who.org>

**ACRONYMS**

**AB – Assembly Bill**

**ACA -- Affordable Care Act**

**ACIN -- All County Information Notice**

**ACL -- All County Letter**

**AOGP-- Annual Outcome Goal Plan**

**AREERA -- Agricultural Research, Extension and Education Reform Act**

**ARHC -- Association of Refugee Health Coordinators**

**Cal EMA – California Emergency Management Agency**

**Cal OES – Governor’s Office of Emergency services**

**CalWORKs -- California Work Opportunity and Responsibility to Kids**

**CAPIC -- Cash Assistance Program for Immigrants**

**CBO – Community Based Organization -- now referred to as ECBOs**

**CCLD -- CDSS Community Care Licensing Division**

**CDA -- California Department of Aging**

**CDC -- Centers for Disease Control and Prevention**

**CDDS -- California Department of Developmental Services**

**CDE -- California Department of Education**

**CDPH -- California Department of Public Health**

**CDSS -- California Department of Social Services**

**CFAP -- California Food Assistance Program**

**CFR -- Code of Federal Regulations**

**CHEP -- Cuban/Haitian Entrant Program**

EXHIBIT K - Acronyms

**CHIP -- Children's Health Insurance Program**

**CHHS -- California Health and Human Services Agency**

**CMA -- Cash and Medical Assistance**

**COG -- Continuity of Government**

**COOP -- Continuity of Operations Plan**

**CRC -- County Refugee Coordinator**

**CRHC -- County Refugee Health Coordinator**

**CWD -- County Welfare Department**

**CWDA -- County Welfare Directors Association**

**DHCS -- California Department of Health Care Services**

**DOJ -- Department of Justice**

**DOS -- U.S. Department of State**

**EBT -- Electronic Benefit Transfer System**

**ECA -- Entrant Cash Assistance**

**ECBOs -- Ethnic Community Based Organizations**

**EDN -- Electronic Database Notification**

**ESL -- English-as-a-Second Language**

**FFP -- Federal Financial Participation**

**FFY -- Federal Fiscal Year**

**FSP -- Food Stamp Program**

**GA/GR -- General Assistance/General Relief**

**ICPC -- Interstate Compact on Placement of Children**

**ILP -- Independent Living Program**

## EXHIBIT K - Acronyms

**LEP -- Limited English Proficient**

**Local Health Jurisdiction (LHJ)**

**LIRS -- Lutheran Immigration and Refugee Service**

**MAA -- Mutual Assistance Association -- now referred to as RA**

**MAP -- Maximum Aid Payment**

**MBSAC -- Minimum Basic Standard of Adequate Care**

**Medi-Cal -- California Medical Assistance Program**

**MED -- Medi-Cal Eligibility Division**

**MEDS -- Medi-Cal Eligibility Data System**

**MHSD -- DHCS' Mental Health Services Division**

**MPP -- Manual of Policies and Procedures**

**NOA -- Notice of Action**

**NMD -- Non minor dependents**

**ORH -- Office of Refugee Health**

**ORR -- Office of Refugee Resettlement**

**ORR-1 -- Cash and Medical Assistance Program Estimates Report**

**ORR-3 -- Refugee Minor Placement Report**

**ORR-4 -- Unaccompanied Refugee Minor Outcomes Report**

**PIPRP -- Pandemic Influenza Preparedness and Response Plan**

**PIWG -- Pandemic Influenza Work Group**

**PRWORA -- Personal Responsibility and Work Opportunity Reconciliation Act**

**R&P -- Reception and Placement**

**RAs -- Resettlement Agencies**

EXHIBIT K - Acronyms

**RCA -- Refugee Cash Assistance**

**RHA -- Refugee Health Assessment**

**RHAP -- Refugee Health Assessment Program**

**RHEIS -- Refugee Health Electronic Information System**

**RHIN -- Refugee Health Information Network**

**RHP -- Refugee Health Program**

**RHS -- Refugee Health Section**

**RMA -- Refugee Medical Assistance**

**RMS -- refugee medical screening**

**RPHDG -- Refugee Preventive Health Discretionary Grant**

**RPB -- Refugee Programs Bureau**

**RRP -- Refugee Resettlement Program**

**RSS -- Refugee Social Services**

**SAC -- State Advisory Council on Refugee Assistance and Services**

**SIJS -- Special Immigrant Juvenile Status**

**SIVs -- Special Immigrant Visa recipients**

**SNAP -- Supplemental Nutrition Assistance Program**

**SOC 162 -- MUTUAL AGREEMENT FOR EXTENDED FOSTER CARE Form**

**SSA -- Social Security Administration**

**SSI -- Supplemental Security Income**

**SSP -- State Supplementary Payment**

**SOC -- State of California**

**TA -- Targeted Assistance**

## EXHIBIT K - Acronyms

**TANF -- Temporary Assistance for Needy Families**

**TB -- Tuberculosis**

**TCVAP -- Trafficking and Crime Victims Assistance Program**

**THP-Plus -- Transitional Housing Program–Plus**

**URM -- Unaccompanied Refugee Minors Program**

**U.S. -- United States**

**USCCB -- United States Conference of Catholic Bishops**

**USCIS -- United States Citizenship and Immigration Services**

**VOLAG -- Voluntary Agency**

**W&I Code -- Welfare and Institutions Code**

**WTW -- Welfare to Work, Division within CDSS**

### **Former Acronyms**

**HFP -- Healthy Families Program**

**MEB -- Medical Eligibility Branch**

**CDMH -- California Department of Mental Health -- has been absorbed into DHCS'  
Mental Health Services Division (MHSD)**