

## Article 5 Section 8 – Miscellaneous Special Programs

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### Processing Guidelines

RESOURCE	TITLE
BENDS	<a href="#">HF Transition to Medi-Cal BENDS CR 6086</a>

## 05.08.01 Introduction

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### General

This section describes the miscellaneous special Medi-Cal programs and applicable individual limitations regarding Medi-Cal eligibility.

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## 05.08.02 Pickle Benefits, Restricted Benefits, and the Repatriate Program

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### A. 20% Social Security Increase (Pickle Benefits)

Persons who qualify for Medi-Cal under this category were discontinued from SSI/SSP after April 1977, currently receive RSDI benefits, and would be eligible to SSI/SSP benefits if their RSDI COLA increases received after SSI/SSP discontinued were disregarded. The activities in PICKLE cases are handled by specialists in FRCs according to the regulations addressed in [MPG Article 5, Section 10](#).

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### B. Restricted Benefits

Restricted benefits provide medical coverage for emergency and pregnancy-related services only. Certain IRCA and OBRA aliens are eligible to restricted benefits. [MPG Article 7, Section 3](#), explains alien status.

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### C. Repatriate Program

The Repatriate Program is a cash assistance program available to U.S. citizens who have established residence in a foreign country and wish to return to reside in the United States. Persons eligible for cash payments and other assistance under the Repatriate Program are not eligible for Medi-Cal until they are discontinued from the Repatriate Program.

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## 05.08.03 Tuberculosis (TB), Dialysis and Total Parenteral Nutrition (TPN) Special Treatment Benefits

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### A. Tuberculosis

The TB program allows clinics and providers who serve TB infected persons to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at an FRC. These providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. The information will then be forwarded to the county welfare department for a Medi-Cal determination. [MPG Article 5, Section 17](#) explains TB program benefits and details the eligibility determination.

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### B. Dialysis and Total Parenteral Nutrition (TPN) Special Treatment Benefits

Special Medi-Cal benefits are available to eligible persons in need of dialysis or TPN services. These benefits are explained in [MPG Article 17, Section 1](#).

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**County of San Diego, Health and Human Services Agency (HHS)**  
**Program Guide**

**Unmarried Pregnant Women Under Age 21 Income Disregard**

**Number**

**05.08.04**

**Page**

5 of 36

**Effective Date:**

**07/18/2017**

**Background:**

In April 2017, the Department of Healthcare Services (DHCS) informed counties that effective 8/1/2016 a new Income Disregard Program was created for unmarried pregnant women who are under the age of 21. There is no determination of income required for individuals who meet the eligibility criteria for this group.

**Policy:**

This program provides full scope or pregnancy related Medi-Cal to those who do not qualify for any no cost mandatory or optional categorically needy coverage.

To be eligible, the unmarried pregnant woman under 21 must either:

- (a) live with her parents and not plan to file taxes; or
- (b) be claimed as a tax dependent by her parents in the taxable year.

**Procedure:**

There will be no income determination for these individuals who will be identified automatically in the CalHEERS system. The system will assign an M7 aid code to those who have satisfactory immigration status and an M8 aid code to those who do not.

Note: Beneficiaries of this program who are under 19 years old are eligible for Continuous Eligibility for Children (CEC)

**Program Impacts:**

Medi-Cal

**References:**

ACWDL 17-06

**Sunset Date:**

This policy will be reviewed for continuance on or by 07/31/2020

**Approval for Release:**



Rick Wanne, Director  
Eligibility Operations

## 05.08.05 Medi-Cal to Healthy Families (HFP) Bridging Program (Bridging)

### A. General

Children born to mothers in the Access for Infants and Mothers (AIM) program are deemed eligible to HFP for one year. If they are AIM eligible at their one year redetermination, they can remain HFP eligible until age 2.

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HFP will continue to serve AIM linked infants with income above 250% of the Federal Poverty Level (FPL) and below 300% FPL. AIM linked children found ineligible to TLICP due to income exceeding 250% must be bridged to HFP.

MPG LTR 771 (12/12)

### B. Eligibility Requirements

To determine if a child is AIM linked workers must:

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Step	Action						
1	Clear INQ1 and INQ2 and look for aid code 0C in the last twelve months. <table border="1" data-bbox="472 919 1307 1075"> <thead> <tr> <th>If the 0C aid code ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>applies to the infant,</td> <td>Go to Step 2.</td> </tr> <tr> <td>does not apply to the infant,</td> <td>process as outlined in "When to Complete Redetermination"</td> </tr> </tbody> </table>	If the 0C aid code ...	Then ...	applies to the infant,	Go to Step 2.	does not apply to the infant,	process as outlined in "When to Complete Redetermination"
If the 0C aid code ...	Then ...						
applies to the infant,	Go to Step 2.						
does not apply to the infant,	process as outlined in "When to Complete Redetermination"						
2	Complete Medi-Cal redetermination: <table border="1" data-bbox="472 1188 1307 1304"> <thead> <tr> <th>If the income is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>up to 250% of the FPL,</td> <td>grant TLICP.</td> </tr> <tr> <td>at or above 250 to 300% of the FPL,</td> <td>go to Step 3.</td> </tr> </tbody> </table>	If the income is ...	Then ...	up to 250% of the FPL,	grant TLICP.	at or above 250 to 300% of the FPL,	go to Step 3.
If the income is ...	Then ...						
up to 250% of the FPL,	grant TLICP.						
at or above 250 to 300% of the FPL,	go to Step 3.						
3	Bridge to the HFP.						

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### C. Step-by-Step Bridging Instructions

When a child is found eligible for bridging workers must:

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Step	Action
1	Discontinue TLICP with timely notice.
2	Grant aid code 7X for the month following the discontinuance of TLICP. CalWIN will not trigger the CEC aid code, refer to BENDS CR6086 for override instructions.
3	Refer child to HFP using form MC 363

The following information will be attached to the MC 363:

- Case identifying information such as county, worker name and phone number, case name and case number and household members (including the parents, step parents and all children including step children and unborn (s)).
- Medi-Cal denial reason.
- Reason and type of referral.
- Individual Information including last name, first name, SSN, CIN, gender, date of birth, relationship, individual gross income, type of income, allowable deductions, and SOC amount (if assessed).
- Comments to describe any unusual situation to assist HFP in making the correct determination.
- A copy of the most recent application or RV form (if available).
- A copy of the most recent Medi-Cal NOA showing the income calculation for the MFBU with the SOC amount. HF does not accept the Sneed NOA as income verification.
- A copy of the most recent discontinuance NOA with the reason the child has been determined ineligible for zero SOC Medi-Cal.
- A copy of any proof of income, dated within 45 days.
- A copy of the current MFBU budget worksheet. HF can use the MFBU budget computation worksheet as supporting income documentation. Workers must print a copy of the CalWIN '**display SOC/Financial eligibility determination**' window that displays the budget that moved the child from zero SOC to a SOC.
- A photocopy of the following documents if they are in the case file:
  - Birth Certificate (if the child's US citizenship was validated through a birth record match in MEDS, please indicate such on the MC 363).
  - Immigration verification or Proof of Acceptable Citizenship or Identity documents (DHCS 0011).
  - Proof of tribal affiliation (American Indian or Alaska Native).

The underlying principle of referring applications to HFP is to provide a seamless process to refer a child from Medi-Cal to HFP.

MPG LTR 771 (12/12)

#### D. Prior Period Bridging

There may be instances when a child's full-scope SOC eligibility in a prior month based on the application is reduced to zero SOC (*i.e.*, fair hearing or the County recognizes it failed to act timely on a report of reduced income). The worker will take their usual action to reduce the SOC for that month. If zero SOC eligibility in the prior month is followed by a SOC in the following month, the worker must determine whether Bridging is appropriate.

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- If Bridging is appropriate, the worker must grant Bridging for that first SOC month.
- The worker must then determine whether it is appropriate to refer the child to HFP in the current month.

**E.  
Consent  
Requirement**

There is no consent requirement to bridge AIM linked children to HFP.

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# 05.08.06 Healthy Families to Medi-Cal Presumptive Eligibility (HFPE) Program

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**A. General**

HFPE extends zero SOC coverage until a worker completes a Medi-Cal eligibility determination when at Annual Eligibility Review (AER) all or some of the family are no longer eligible to HF and appear eligible for zero SOC Medi-Cal based on income screening. This program replaced the Healthy Families to Medi-Cal Bridging program effective 7/1/08.

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**B. Aid Code**

HFPE uses Aid Code 5E for children whose responsible adult consented to have their AER form forwarded to Medi-Cal for a determination.

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**C. Eligibility Determination**

Upon determining that a child is potentially eligible for Medi-Cal without a SOC, HF will convert the child’s eligibility to 5E and forward the family’s latest AER along with all supporting documents to the appropriate county for a Medi-Cal determination. Since the AER serves as a Medi-Cal application, 5E eligibility will continue until a Medi-Cal determination is made.

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The worker must use the HFPE start date as the application date for Medi-Cal. This date is on the HF Administrative Vendor Detail Transmittal Form (HFFM80) under the “AE Start Date” column.

HFPE will continue until the worker completes the eligibility determination.

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**D. Worker Actions**

<b>If the child is...</b>	<b>Then...</b>
Eligible to Medi-Cal	Activate with appropriate aid type.
Not eligible to Medi-Cal	Deny case, send appropriate denial notices and check MEDS to ensure that the 5E AC discontinued.

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**E. Citizenship and Identity Verification Requirements**

Evidence of citizenship and identity must be provided when ongoing Medi-Cal eligibility is determined unless the individual falls within one of the exemption groups identified in [MPG Article 7, Section 2](#).

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**Medi-Cal Program Guide**

	<b>Number</b>	<b>Page</b>
<b>Refugee Medical Assistance (RMA) and Entrant Medical Assistance (EMA)</b>	05.08.07	1 of 3

**Issue Date:**

12/3/2014

**Effective Date:**

Upon receipt.

**Background:**

RMA and EMA are forms of humanitarian resettlement assistance that enable refugees without linkage to Medi-Cal to obtain health coverage. The RMA/EMA aid code is 02.

**Policy:**

**05.08.07**

**A. Eligibility Requirements**

- To be eligible to RMA/EMA, refugees must be determined ineligible to any other Medi-Cal program including CalWORKs related Medi-Cal, MAGI, or SSI/SSP. Refugees determined to have no linkage to Medi-Cal must be evaluated for RMA/EMA.
- If any member of the family is eligible to a Medi-Cal program, they must be placed in that program rather than RMA. Families can have some individuals in RMA/EMA and others in Medi-Cal programs.
- Citizen children of refugees are potentially eligible to RMA/EMA benefits if they are determined ineligible to Medi-Cal.
- Full-time students in an institution of higher education are ineligible for RMA/EMA unless it is part of an employability plan developed by a county welfare department or its designee, or is part of a plan for an unaccompanied minor.
- The refugee must provide the name of their resettlement agency to the worker.
- Applicants must meet the federal definition of “refugee” or “entrant” and provide proof of status from one of the following:
  - Conditional Entrant
  - Refugee or Asylee
  - Permanent Resident Status (for those who are now permanent residents who were formerly one of the other categories listed here)
  - Amerasian
  - Cuban/Haitian Entrants
  - Victim of Severe Trafficking

See [Appendix A](#) for a list of appropriate documentation. A secondary SAVE verification is not required for refugees.

- Otherwise eligible refugees with income below 200% of FPL are eligible to Zero SOC Medi-Cal and those with income over 200% of FPL are eligible to RMA with a SOC.
- For RMA, workers must only evaluate income/resources belonging to a refugee at the time of signing the SAWS1 application. Increases after the SAWS1 date will not be counted

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during the 8 month period. A decrease in income or property will be applied and the budget recalculated.

- The following is not counted in the RMA/EMA income eligibility determination:
  - Refugee Cash Assistance (RCA).
  - In-kind services provided by a sponsor or resettlement agency.
  - Resources remaining in the refugee's county of origin.
  - Sponsor's income or resources.
  - Income earned after the date of application.
- Refugee applicants can spend-down if over the property limits.

**B. RMA and Advanced Premium Tax Credits (APTC)**

Refugees with income above 138% of FPL (ineligible to MAGI Medi-Cal M1 aid code) and below 200% are potentially eligible to zero SOC Medi-Cal and Advanced Premium tax credits simultaneously and must be offered the opportunity to either enroll in APTC or continue with zero SOC Medi-Cal for their eight-month RMA/EMA period.

**C. Time Limits**

RMA/EMA is time limited to the shorter of:

- The refugee's first eight months of U.S. residency, beginning with the month of entry.
- The asylee's first eight months of asylum beginning with the month asylum is granted.
- The entrant's first eight months of parole (release from USCIS custody).
- The time period that DHCS determines there is funding available.

The time limit begins with the month of entry, even if the refugee enters on the last day of the month. RMA/EMA benefits continue until the end of the 8 month eligibility period without redetermination or a change in benefits.

**D. Refugee Cash Assistance**

Refugees continue to receive RMA/EMA through their eight-month eligibility period if they are discontinued from RCA for any reason.

**E. Ongoing Medi-Cal Evaluation**

Redetermination for ongoing Medi-Cal must be completed prior to the end of the eight-month time limit and discontinuation of RMA/EMA. See the RMA/EMA Processing guide (link) for redetermination procedures.

Refugees with a diagnosis of Tuberculosis (TB) may be evaluated for TB Medi-Cal if they have no other linkage at the end of their eight-month eligibility period.

**F. Refugees Claiming Disability**

**County of San Diego, Health and Human Services Agency (HHS)A)  
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<b>Refugee Medical Assistance (RMA) and Entrant Medical Assistance (EMA)</b>	05.08.07	3 of 3

Refugees who claim disability at application must have a DDS determination. If disability is established during the eight-month RMA/EM eligibility period, the refugee must be placed in the appropriate disability based aid code, if otherwise eligible. RMA/EMA beneficiaries who claim disability at the end of their eligibility period are not eligible for Medi-Cal benefits a Pending Disability Determination.

**G. Victims of Trafficking**

**Definition**

- 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
- 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 or slavery to repay a debt.

Adults and children identified as victims of severe forms of trafficking and family members of the victims are entitled to be treated as refugees for the receipt of RMA/EMA benefits. See the RMA/EMA Processing Guide for required actions including reporting requirements for victims of trafficking.

**H. Sponsored Aliens**

Those identified as refugees, asylees, Victims of a Severe Form of Trafficking or a Cuban/Haitian Entrant are exempt from sponsored alien regulations.

**References:**

- [MEPM PROC 24-A](#)
- [MEPM PROC 24-B](#)
- [MEPM LTR 285](#)
- [ACWDL 09-46](#)
- [ACWDL 94-15](#)
- [ACWDL 01-49](#)
- [ACWDL 08-34](#)
- [ACWDL 05-03](#)
- [ACWDL 14-16](#)

**Sunset Date:**

This policy will be reviewed for continuance by 12/3/2017.

## 05.08.08 Iraqi and Afghan Special Immigrants (SIs)

### A. General

The National Defense Authorization Act of 2008 granted SI status to certain displaced non-citizens, their spouses and children from Iraq and Afghanistan who were employed by or assisted the U.S Armed Forces. These individuals may be eligible to receive a maximum of six months (Afghan) or eight months (Iraqi) of federal time limited RMA.

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Under a new federal law, as of March 11, 2009, the period of RMA eligibility for Afghan SIs has been extended to eight months. Eligibility for Afghan SIs that are currently on RMA and still within this new eight-month time limit must have RMA eligibility extended to cover the eight-month time limit if they are otherwise eligible.

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Afghan SIs who lost RMA eligibility in March 2009 or later based solely on the six-month time limit must have eligibility restored with proper notice, if otherwise eligible, to assure that they are provided with eight-months of RMA eligibility.

Afghan SIs who lost eligibility prior to March 2009 based solely on the previous six-month RMA time limit are not eligible for additional RMA coverage.

The worker shall ensure that these new requirements are met;

If...	Then...
The Afghan Sis applied after March 11, 2009	Allow eight-month time limit for RMA eligibility.
The Afghan Sis is currently RMA and still within this new eight-month time limit	Extend cover to eight-month time limit.
Afghan Sis who lost RMA eligibility in March or later based solely on the six-month limit	Restored eligibility with proper notice to assure that they are provided with eight-month time limit of RMA.
Afghan Sis who lost eligibility prior to March 2009 based solely on the previous six-month RMA limit	Do nothing they are not eligible for additional RMA coverage.

Iraqi and Afghan Sis both have the eligibility terms equal to those of standard RMA cases. Workers shall use the DNCS 7111 Approval notice and the DNCS 7100 discontinuance notice. The DHCS Afghan RMA restoration notice shall be used for Afghan Sis who lost eligibility

based solely on the six-month time limit in or after March 2009.

MPG LTR NO. 695 (10/09)

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**B.  
Eligibility  
Requirements**

Iraqi and Afghan SIs must meet all RMA eligibility requirements in [MPG 05.08.07.B.](#)

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MPG LTR NO. 670 (03/09)

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**C.  
Period of  
Eligibility &  
Date of Entry**

**Afghan Special Immigrants**

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For Afghan SIs and their eligible family members who establish their SI status prior to arriving in the U.S., their eligibility period begins on the date admitted to the U.S. (Date of Entry).

For Afghans and their eligible family members who establish their SI domestically from some other immigration status, their eligibility period begins on the date in which LPR status was granted.

In no circumstances will additional services be provided for the months of eligibility that occurred prior to the effective date of law, December 26, 2007, or prior to application for RMA benefits.

**Iraqi Special Immigrants**

For Iraqi SIs and their eligible family members who establish their SI status prior to arriving in the U.S., the eight-month eligibility period begins on the date admitted to the U.S. (Date of Entry).

For Iraqis and their eligible family members who establish their SI domestically from some other immigration status, the eight-month eligibility period begins on the date in which LPR status was granted.

In no circumstances will additional services be provided for the months of eligibility that occurred prior to the effective date of law, December 26, 2007, or prior to application for RMA benefits.

MPG LTR NO. 670 (03/09)

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**D.  
Time Limit  
Examples**

The following chart illustrates time limits of eligibility for Afghan and Iraqi SIs:

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Months of Medi-Cal Eligibility for Afghan and Iraqi SIs					
	Months of Possible Eligibility	Date of Entry	Date of Application	Eligibility Ends	# of Benefit Months

<b>Afghan SI</b>	6 months	September 1, 2008	September 1, 2008	February 28, 2009	6 months
<b>Afghan SI</b>	6 months	September 1, 2008	November 1, 2008	February 28, 2009	4 months
<b>Afghan SI</b>	8 months	March 1, 2009	May 1, 2009	October 31, 2009	6 months
<b>Afghan SI</b>	8 months	March 1, 2009	March 1, 2009	October 31, 2009	8 months
<b>Iraqi SI</b>	8 months	March 1, 2009	March 1, 2009	October 31, 2009	8 months
<b>Iraqi SI</b>	8 months	March 1, 2009	April 1, 2009	October 31, 2009	7 months

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**E.  
Documentation**

The worker must determine eligibility in accordance with current RMA eligibility requirements. The worker will confirm the SI's immigration status and date of entry through verification of documentation. Refer to [Appendix D](#) for a complete list of acceptable documentation.

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**F.  
Income &  
Resources**

Iraqi and Afghan SI eligibility shall be determined using the same RMA income and resource requirements in [MPG 05.08.07.E](#).

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MPG LTR NO. 670 (03/09)

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**G.  
Aid Code &  
Coding  
Requirements**

**Aid Code**

Iraqi and Afghan SIs will be aided under Aid Code 02.

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**Coding Requirements**

The worker must ensure all Iraqi and Afghan SI beneficiaries have the proper coding in CalWIN:

- USCIS entry date (Date of Entry or date LPR status granted)
- Alien registration number
- Country of origin
- Refugee Special Indicators
  - a. Afghan – Afghan-SIV
  - b. Iraqi – Iraqi SIV

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**H.  
On-going**

A redetermination of eligibility is required prior to the end of the six- or eight-month time limit and discontinuance of RMA. This

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## Medi-Cal Evaluation

redetermination must comply with federal regulations, which require that the beneficiary continue to receive Medi-Cal until the determination of ongoing benefits is completed. The redetermination shall include the following procedures:

- The worker must send a discontinuance of RMA notice of action and an MC 210 SOF to the RMA beneficiary no later than 60 days before the end of the six- or eight-month eligibility period.
- Request additional information from the beneficiary regarding changes in income, property, medical condition, disability status, or household composition.
- RMA beneficiaries are not required to re-submit information they have already provided if that information has not changed.
- The beneficiary will continue to receive Medi-Cal until the redetermination is completed. If the redetermination is not complete by the end of the six- or eight-month time limit, benefits will be continued under the appropriate Medically Indigent Aid Code until complete.
- RMA beneficiaries who claim disability status at any time during the six- or eight-month time limit will be required to complete a DDS evaluation. The beneficiary is entitled to continuing Medi-Cal benefits, according to MPG Special Notice 01-12, Item 3-F, while the DDS evaluation is being completed.
- The worker must document the result of the redetermination in the case narrative. Timely notice of action must be mailed out prior to discontinuance of benefits.

**NOTE:** Under no circumstances is RMA eligibility for Iraqi and Afghan SIs to continue beyond the six- or eight-month federal time limit.

MPG LTR NO. 670 (03/09)

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## 05.08.09 Organ Transplant Anti-Rejection Medications (OTAM)

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### A. Introduction

Assembly Bill 2352 added section 14132.70 to the Welfare and Institutions Code to enable Medi-Cal beneficiaries to remain eligible to receive Medi-Cal coverage for anti-rejection medication for up to two years following an organ transplant. Without anti-rejection medications the body can potentially reject the transplant and the beneficiary may require a new transplant, have deterioration in their health, require hospitalization, dialysis or possibly die.

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MPG LTR # 732 (6/11)

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### B. Eligibility

In order to be eligible for the program a beneficiary must:

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- Have had an organ transplant within two years; and
- Be discontinued or about to be discontinued from Medi-Cal or Medi-Cal based California Children's Services (CCS); and
- Not have Medicare or private health insurance that covers organ transplant anti-rejection medications.

Or

- Have had an organ transplant within two years; and
- Be eligible for restricted Medi-Cal only; and
- Not have CCS based Medi-Cal; and
- Not have Medicare or private health insurance that covers the organ transplant anti-rejection medications

There are no other verification requirements such as income, resources, residency, citizenship or identity. It is not necessary to verify who paid for the organ transplant for eligibility to this program.

**NOTE:** There is potential for a beneficiary to be eligible to this program more than once. For each organ transplant, they would be eligible for up to two years from the date of their most recent transplant.

MPG LTR # 732 (6/11)

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### C. Referral Source

Beneficiaries can be referred to the program in the following ways:

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- Answering yes to the following question on the MC210 RV: Has

any family member living in the home received an organ transplant?

- Through a list provided by DHCS
- Client request through ACCESS or in the FRC.

MPG LTR # 732 (6/11)

**D.  
Referral  
Actions**

Required actions when a client has been referred to the program:

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Step	Action						
1	<p>Flag the case as a possible OTAM program case using the CalWIN Special Indicator ‘MC - Organ Transplant’ (see Appendix G for instructions).</p> <p><b>NOTE: It is crucial to flag these cases with a special indicator so that the county can ensure that potentially eligible beneficiaries are evaluated for OTAM when they lose full-scope Medi-Cal eligibility.</b></p>						
2	<table border="1"> <thead> <tr> <th data-bbox="548 999 977 1073">If the client is referred by the ...</th> <th data-bbox="977 999 1398 1073">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1073 977 1262">DHCS list and the transplant date is listed</td> <td data-bbox="977 1073 1398 1262"> <ul style="list-style-type: none"> <li>• Accept this as proof of the transplant date.</li> <li>• Enter information into case comments.</li> </ul> </td> </tr> <tr> <td data-bbox="548 1262 977 1856">DHCS list and no transplant date is listed, their answer on the MC 210 RV, or the beneficiary contacts the County</td> <td data-bbox="977 1262 1398 1856"> <ul style="list-style-type: none"> <li>• Request a letter on physician’s letterhead from the treating physician with the National Provider Identifier (NPI).</li> <li>• The letter must state that the individual had an organ transplant and the date of that transplant.</li> <li>• Scan letter into case file and note in case comments.</li> </ul> </td> </tr> </tbody> </table>	If the client is referred by the ...	Then...	DHCS list and the transplant date is listed	<ul style="list-style-type: none"> <li>• Accept this as proof of the transplant date.</li> <li>• Enter information into case comments.</li> </ul>	DHCS list and no transplant date is listed, their answer on the MC 210 RV, or the beneficiary contacts the County	<ul style="list-style-type: none"> <li>• Request a letter on physician’s letterhead from the treating physician with the National Provider Identifier (NPI).</li> <li>• The letter must state that the individual had an organ transplant and the date of that transplant.</li> <li>• Scan letter into case file and note in case comments.</li> </ul>
If the client is referred by the ...	Then...						
DHCS list and the transplant date is listed	<ul style="list-style-type: none"> <li>• Accept this as proof of the transplant date.</li> <li>• Enter information into case comments.</li> </ul>						
DHCS list and no transplant date is listed, their answer on the MC 210 RV, or the beneficiary contacts the County	<ul style="list-style-type: none"> <li>• Request a letter on physician’s letterhead from the treating physician with the National Provider Identifier (NPI).</li> <li>• The letter must state that the individual had an organ transplant and the date of that transplant.</li> <li>• Scan letter into case file and note in case comments.</li> </ul>						

**E.  
Eligibility  
Process**

In order to process individuals referred to the Organ Transplant Anti-Rejection Medication Program, workers must:

Step	Action						
1	<p>Complete SB87 process and determine that the individual is not eligible to any other full-scope Medi-Cal program.</p> <table border="1" data-bbox="548 625 1398 814"> <thead> <tr> <th data-bbox="548 625 976 659">If...</th> <th data-bbox="976 625 1398 659">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 659 976 737">Eligible to another full-scope program</td> <td data-bbox="976 659 1398 737">Approve individual for that program.</td> </tr> <tr> <td data-bbox="548 737 976 814">Not eligible to any full-scope Medi-Cal program</td> <td data-bbox="976 737 1398 814">Continue with the evaluation.</td> </tr> </tbody> </table>	If...	Then...	Eligible to another full-scope program	Approve individual for that program.	Not eligible to any full-scope Medi-Cal program	Continue with the evaluation.
If...	Then...						
Eligible to another full-scope program	Approve individual for that program.						
Not eligible to any full-scope Medi-Cal program	Continue with the evaluation.						
2	<p>Question beneficiary about private health insurance. Investigate available resources in case file and MEDS for indications that they may have private insurance.</p> <table border="1" data-bbox="548 999 1398 1297"> <thead> <tr> <th data-bbox="548 999 878 1033">If the beneficiary...</th> <th data-bbox="878 999 1398 1033">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1033 878 1110">Does not have private insurance</td> <td data-bbox="878 1033 1398 1110">Continue with the eligibility determination.</td> </tr> <tr> <td data-bbox="548 1110 878 1297">Does have private insurance</td> <td data-bbox="878 1110 1398 1297"> <ul style="list-style-type: none"> <li>• Verify that it does not pay for anti-rejection medication.</li> <li>• If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul> </td> </tr> </tbody> </table> <p><b>Verification of Health Insurance can be any of the following:</b></p> <ul style="list-style-type: none"> <li>• Summary of benefits showing anti-rejection medications are not a covered benefit.</li> <li>• Letter from the insurance stating that anti-rejection medications are not covered.</li> <li>• Documentation showing that the transplant and or any benefits related to the transplant are in a period of exclusion.</li> <li>• Documentation showing the beneficiary has exhausted his or her lifetime limit on all benefits under the plan.</li> </ul>	If the beneficiary...	Then...	Does not have private insurance	Continue with the eligibility determination.	Does have private insurance	<ul style="list-style-type: none"> <li>• Verify that it does not pay for anti-rejection medication.</li> <li>• If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul>
If the beneficiary...	Then...						
Does not have private insurance	Continue with the eligibility determination.						
Does have private insurance	<ul style="list-style-type: none"> <li>• Verify that it does not pay for anti-rejection medication.</li> <li>• If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul>						

	<ul style="list-style-type: none"> <li>• Documentation showing his or her yearly benefits for treatment of the organ transplant has been exhausted.</li> <li>• Any other documentation from the insurance company that states that anti-rejection medications are not covered.</li> </ul>
3	Document insurance verification in case file.
4	<p>Obtain date of organ transplant from Dr.'s letterhead or DHCS list.</p> <p><b>NOTE: Workers must allow applicants sufficient time to provide verification that their insurance does not cover anti-rejection medication and verification of the organ transplant date.</b></p> <p><b>The OTAM applicant must remain active in their previous aid code during the OTAM application process.</b></p> <p><b>If the applicant's Medi-Cal case is closing and good cause is established for providing verification, workers must complete an override to keep the applicant on their previous aid code while the applicant provides verifications for the OTAM program.</b></p>
5	<p>Have MEDS clerk enter eligibility in MEDS with a beginning date on the 1st of the month of termination from full scope Medi-cal and a termination date two years from the date of the transplant.</p> <p><b>Example 1</b></p> <p>Beneficiary had an organ transplant 1/1/2010. Beneficiary found eligible to program 3/1/2011. Termination date is 12/31/2012.</p> <p><b>Example 2</b></p> <p>Beneficiary had an organ transplant 4/1/2009. Beneficiary found eligible to program 3/1/2011. Termination date is 3/31/2011.</p>
6	Send approval notice if applicable.

**F.  
Notice of  
Action**

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Approval Notice

ACWDL  
11-02

MC 378 – APPROVAL FOR ORGAN TRANSPLANT AND ANTI-REJECTION MEDICATION PROGRAM

Discontinuance Notice

MC 379 – DISCONTINUANCE FOR ORGAN TRANSPLANT ANTI-REJECTION MEDICATION PROGRAM

Denial Notice

There is no denial notice for this program. If the individual does not cooperate or is not eligible, their Medi-Cal case remains closed.

MPG LTR # 732 (6/11)

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**G.  
Redetermination**

There is no required annual redetermination for this program. However, if a client reports a change in circumstances related to this program, they must be re-evaluated for the program and/or for Medi-Cal. Examples of relevant changes would be:

ACWDL  
11-02

- Any change that would make the beneficiary eligible to a full-scope Medi-Cal program.
- Obtaining Medicare or other private insurance that covers anti-rejection medications.

MPG LTR # 732 (6/11)

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**H.  
Alerts**

There are two alerts that will generate when OHC is obtained by the OTAM beneficiary:

ACWDL  
11-02

**Medicare Alert** – ALERT 9061 MEDICARE ELIGIBLE – COUNTY AID CODE TERMINATION NEEDED – URGENT

**Other Health Coverage Alert** – ALERT 9062 – POSITIVE OHC REPORTED – COUNTY AID REEVALUATION NEEDED – URGENT

Workers must contact the OTAM beneficiary and determine if their health care covers anti-rejection medications. Workers must close the OTAM case if the anti-rejection medications are covered.

MPG LTR # 732 (6/11)

**I.  
Aid Code**

The Aid Code for this program is 77. This provides State-only restricted scope Medi-Cal coverage with no SOC for organ transplant anti-rejection medication for up to two years following an organ transplant to individuals who lost regular full scope Medi-Cal or on restricted scope Medi-Cal. Aid Code 77 does not cover physician's office visits.

Aid code 77 will show on the Secondary screens in MEDS. If the beneficiary already has a secondary aid code, a ticket must be opened by the MEDS helpdesk at the state level.

MPG LTR # 732 (6/11)

**J.  
Retroactive  
Coverage**

There is no retroactive coverage for this program unless the county fails to act on the notification of possible OTAM eligibility. When an individual with a closed Medi-Cal case contacts the county:

If the...	Then the worker...
former beneficiary requests coverage and the county has not been notified prior to case closure of the organ transplant	must evaluate the individual for the program with the day of request as the beginning date of aid for OTAM.
former beneficiary did inform the county of the possible OTAM eligibility prior to case closing via MC210 RV or the county received notification from DHCS and failed to evaluate the client	Worker must evaluate the individual for the program with the first of the month following the case closure as the beginning date of aid.

MPG LTR # 732 (6/11)

**County of San Diego, Health and Human Services Agency (HHSA)  
Program Guide**

**Trafficking and Crime Victims Assistance Program (TCVAP)**

**Number**

**05.08.10**

**Page**

1 of 3

**Background:**

Senate Bill (SB) 1569, effective January 2007, ensures that specified non-citizen victims of human trafficking, domestic violence or other serious crimes that meet Medi-Cal or Refugee Medical Assistance (RMA) eligibility requirements but not Satisfactory Immigration Status (SIS) can receive state-funded full scope Medi-Cal.

**Policy:**

TCVAP covers non-citizen victims of human trafficking, domestic violence and other serious crimes whose lack of SIS makes them ineligible to federal refugee programs, but whom meet all other requirements for Medi-Cal or RMA.

The state-funded Medi-Cal and RMA eligibility categories created by SB 1569 are limited to two types of non-citizen victims:

1. Trafficking Victims:

Non-citizen victims of a severe form of trafficking in persons who have filed or are preparing to file for a T Visa or are taking steps to become certified by the US Department of Health and Human Services, Office of Refugee Resettlement (ORR).

Note: Child victims of severe forms of trafficking do not require ORR certification to be eligible for benefits.

2. Survivors of Domestic Violence and Other Serious Crimes:

Non-citizen victims who have filed for or have been granted a U Visa

**Procedure:**

To establish eligibility for benefits under the TCVAP program, an applicant must:

- Meet all eligibility requirements (not related to immigration status) for a Medi-Cal program available to refugees or for the RMA program; and,
- Meet the immigration status documentation requirements specific to TCVAP meaning they are a victim of trafficking, domestic violence or other serious crime **AND**
  - They have applied for a T Visa, are preparing to apply or are taking steps to be certified by ORR
  - They have applied or been granted a U Visa

*Note: The term “victim” includes both the direct victim and certain family members called “derivative relatives”. Derivative relatives are those who have applied/are preparing to apply for a T Visa or have filed a U Visa application. These individuals are eligible as ORR only issues certification letters to the primary victim.*

**Documentation Requirements**

Trafficking Status

1. Police, government agency, or court records
2. News articles
3. Documentation from a social services, trafficking or domestic violence program,
4. Documentation from a legal, clinical, medical, or other professional from

**County of San Diego, Health and Human Services Agency (HHSA)  
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<b>Trafficking and Crime Victims Assistance Program (TCVAP)</b>	<b>Number</b>	<b>Page</b>
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	<p>whom the applicant has sought assistance in dealing with the crime</p> <ol style="list-style-type: none"> <li>5. A statement from any other individual with knowledge of the circumstances that provided the basis for the claim</li> <li>6. Physical evidence such as a wheelchair, bruises or cast</li> <li>7. A copy of a completed visa application or written notice from the federal agency that they received it.</li> </ol>
T Visa	<ol style="list-style-type: none"> <li>1. A confirmation receipt /letter from United States Citizenship and Immigration Services (USCIS) verifying and application has been filed</li> <li>2. A copy of the T Visa application</li> <li>3. Statements from officials who have assisted or are assisting the victim with an application</li> </ol>
U Visa (Application <u>must</u> have been filed)	<ol style="list-style-type: none"> <li>1. A confirmation receipt/letter from USCIS</li> <li>2. Form I-797 Approval Notice or I-797C Extension of U status</li> <li>3. U Visa stamp in passport</li> <li>4. A Form I-797 fee receipt for an employment authorization request based on a U Visa application</li> <li>5. A completed copy of Form I-918. If this is the only available evidence, the applicant must provide, within a reasonable time, verification from USCIS that it was submitted.</li> <li>6. An Employment Authorization Document (EAD) issued under category "A19" or "A20" for an approved U Visa petitioner.</li> <li>7. A Form I-797 fee receipt for a Form I-485 Application to Register Permanent Residence or Adjust Status, along with the first page of the applicant's Form I-485 indicating that it is based on U Visa status.</li> <li>8. An Employment Authorization Document (EAD) issued under category "C9" along with the first page of the applicant's Form I-485, indicating that the application to adjust to lawful permanent residence is based on U Visa status.</li> <li>9. A Form I-797C Extension of U nonimmigrant status.</li> </ol>

**Period of Eligibility**

For those who qualify under Medi-Cal eligibility rules:

T Visa Applicants	One year unless an application for continued presence or a T Visa is filed within the first year of eligibility. If an application is filed within this period, eligibility is extended until the T Visa is granted or denied or until they are certified by ORR for federal eligibility.
U Visa applicants	Eligibility will continue unless the U Visa is administratively denied. When TCVAP beneficiaries are granted a U Visa, their TCVAP benefits will continue for the life of the visa or until their immigration status changes.



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For those who qualify under RMA rules:

T Visa applicants	Eight months unless an application for continued presence or a T Visa is filed within the first eight months of eligibility. If an application is filed within this period, eligibility is extended until the T Visa is granted or denied or until they are certified by ORR for federal eligibility.
U Visa applicants	Eligibility will continue unless the U Visa is administratively denied. When TCVAP beneficiaries are granted a U Visa, their TCVAP benefits will continue for the life of the visa or until their immigration status changes.

**Impacts:**

**Automation:**

This program requires bottom line override in CalWIN to assign the aid code.  
See Processing Guide 20 Trafficking and Crime victims Assistance Program (TCVAP)

**Forms and Document Capture:**

No impact

**Other Programs Affected:**

None

**Quality Control:**

Effective with the January 2016 review month, Quality Control will cite with the appropriate error any case that does not follow the TCVAP regulations.

**Management Reporting:**

No Impact

**References:**

[ACWDL15-25](#)

**Sunset Date:**

This policy will be reviewed for continuance on or by 03/31/2023

**Release Date:**

11/16/2015

## APPENDIX A – REFUGEE DOCUMENT IDENTIFICATION CHART

<b>RMA/EMA-ELIGIBLE REFUGEES</b>	<b>DEFINITION</b>	<b>DOCUMENTATION</b>
Refugee	An individual admitted under Section 207 of INA.	I-94- Arrival-Departure Record.
Refugee or Asylee	An individual paroled under Section 212(d)(5) of INA.	I-94 -Arrival-Departure Record.
Asylee	An individual from any country who has been granted asylum under Section 208 of the INA. <b>Date of entry for all asylees is the date asylum is granted.</b>	I-94 -Arrival-Departure Record with admission codes AS-1, AS-2, AS-3; I-94 with Visa 92 (V-92); Order of an Immigration Judge granting asylum; or asylum approval letter from USCIS.
Conditional Entrant	An individual admitted under Section 203(a)(7) of INA.	I-94 -Arrival-Departure Record.
Permanent Resident Status	Person who previously held one of the statuses above and was admitted for permanent resident status.	I-551, Alien Registration Receipt Card, or I-151, or "Green Card". Code of any of the following indicates once held above status: AS6, AS7, AS8, CU6, CU7, IC6, IC7, M83, M93, R86, RE6, RE7, RE8, Y64.
Amerasian	Admitted under the Amerasian Homecoming Act. Only Vietnamese Amerasians are eligible for RMA.	I-94 with code AM1, AM2, AM3; I-551 with AM1, AM2, AM3, AM6, AM7, AM8; Vietnamese Exit Visa, Vietnamese Passport, or U.S. Passport if stamped AM1, AM2, AM3.
Citizen Child Of Refugee	Children born in the US of refugee parents or children born of a refugee and a US citizen living with the refugee parent.	Parents with I-94 or I-551 document with codes as shown above.
<b>RMA/EMA-ELIGIBLE VICTIMS OF TRAFFICKING</b>	<b>DEFINITION</b>	<b>DOCUMENTATION</b>
Adult Victims of Severe Forms of Trafficking	Sex trafficking involving a forced or coerced commercial sex act or the recruitment of a person for labor through the use of force for the purpose of subjection to involuntary slavery.	Certification issued by ORR.

Children Victims of Severe Forms of Trafficking (Under 18 Years Old)	Sex trafficking involving a commercial sex act forced by a child under 18 or the recruitment of a person under 18 for labor through the use of force for the purpose of subjections to involuntary slavery.	Letter for children issued by ORR.
<b>RMA/EMA-ELIGIBLE REFUGEES</b>	<b>DEFINITION</b>	<b>DOCUMENTATION</b>
Cuban-Haitian Entrant Program:	<p>1. Cuban or Haitian Nationals</p> <p>2. Cuban or Haitian Nationals who are subject of exclusion or deportation proceedings unless a final order of deportation has been issued.</p> <p>3. Cuban or Haitian nationals who have an application for asylum pending with INS unless a final order of deportation or exclusion has been issued.</p> <p>4. Cuban or Haitian Nationals granted parole for Humanitarian reasons or in the Public Interest unless a final order of deportation or exclusion has been issued.</p> <p>5. Cuban or Haitian Nationals paroled into the U. S. from Guantanamo or Havana with special status under the Immigration laws for Cuban/Haitians.</p>	<p>1. I-94 with "Cuban/Haitian Entrant (Status Pending)"</p> <p>2. I-94 and notices or letters indicating on-going deportation proceedings.</p> <p>3. I-94 with notation "Form I-589 filed"</p> <p>4. I-94 with the word "Parole" or a reference to Section 212(d)(5)"</p> <p>5. I-94 with stamped notation "Public Interest Parole per Presidential Policy dated October 14, 1994"</p>
<b>RMA/EMA INELIGIBLE REFUGEES</b>	<b>DEFINITION</b>	<b>DOCUMENTATION</b>
Applicants for Asylum	Not eligible until asylum has been granted under Section 212(d)(5) or Section 208 of INA.	
Humanitarian Parolee	Person residing in U.S. under color of law. Paroled under 212(d)(5) of INA.	I-94 - Arrival-Departure Record-Parole Edition
Public Interest Parolee	Person who has been rejected for refugee status. Paroled under 212(d)(5) of INA.	I-94 - Arrival-Departure Record-Parole Edition

# APPENDIX B – VICTIMS OF TRAFFICKING CERTIFICATION FOR ADULTS

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## 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

# APPENDIX C – VICTIMS OF TRAFFICKING LETTER FOR CHILDREN UNDER 18

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## DEPARTMENT OF HEALTH & HUMAN SERVICES

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

# APPENDIX D – REFUGEE ENTRY DATE DETERMINATION CHART

Workers will determine Date of Entry for refugees, asylees, victims of severe forms of trafficking, and certain family members using the following documentation:

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08-34

RMA/EMA-ELIGIBLE REFUGEES	DOCUMENTATION
Refugees (Not Indochinese)	<ul style="list-style-type: none"> <li>• I-94 under INA Sec. 212(d)(5) with notation Refugee</li> <li>• I-766 with code A04</li> <li>• I-688B under INA Sec. 274a.12(a)(4)</li> <li>• I-94 under INA Sec. 207 with code RE-1, RE-2, RE-3, RE-4, RE-5</li> <li>• I-766 with code A03</li> <li>• I-688B – under INA 274a.12(a)(3)</li> <li>• INS Form I-571</li> </ul>
Indochinese Refugees	<ul style="list-style-type: none"> <li>• I-94 under INA Sec. 212(d)(5) with notation Refugee</li> <li>• I-94 under INA Sec. 207</li> <li>• I-551 with code IC6/ IC7</li> </ul>
Cuban/Haitian Entrants	<ul style="list-style-type: none"> <li>• I-94 with stamp showing Cuban/Haitian Entrant under INA Sec. 212(d)(5)</li> <li>• I-551 with code CH6</li> <li>• Cuban/Haitian Passport with INA Sec. 212(d)(5) with stamp date after 10/10/80</li> <li>• I-766 with code C11</li> <li>• I-766 with code A04</li> <li>• I-688B under INA Sec. 274a.12(a)(4)</li> <li>• I-688B under INA Sec. 274a.12(c)(11)</li> <li>• INS Form I-221</li> <li>• INS Form I-862</li> <li>• INS Form I-220A</li> <li>• INS Form I-122</li> <li>• INS Form I-221S</li> <li>• INS Form I-589 stamped by Executive Office for Immigration Review (EOIR)</li> <li>• EOIR-26</li> <li>• I-766 with code C10</li> <li>• I-688B under INA Sec.</li> </ul>

	<p>274a.12(c)(10)</p> <ul style="list-style-type: none"> <li>• Notice of Hearing date before Immigration Judge</li> <li>• I-766 with code C08</li> <li>• I-688B under INA Sec. 274a.12(c)(8)</li> </ul>
Amerasians	<ul style="list-style-type: none"> <li>• I-94 with code AM-1, AM-2, or AM-3</li> <li>• I-551 with code AM-6, AM-7, or AM-8</li> <li>• Vietnamese Exit Visa with code AM-1, AM-2, or AM-3</li> <li>• Vietnamese Passport with code AM-1, AM-2, or AM-3</li> <li>• United States Passport with code AM-1, AM-2, or AM-3</li> <li>• Form I-551 with code RE6, RE7, RE8, RE9, AS6, AS7, AS8, CH6, HA6, HB6, GA6, GA7, or GA8</li> <li>• Foreign Passport with temporary I-551 Stamp with code RE6, RE7, RE8, RE9, AS6, AS7, or AS8</li> </ul>
<b>VICTIMS OF SEVERE FORMS OF TRAFFICKING</b>	<b>DOCUMENTATION</b>
Adult Victims of Severe Forms of Trafficking	<ul style="list-style-type: none"> <li>• ORR Certificate (<a href="#">Appendix B</a>)</li> </ul>
Child Victims of Severe Forms of Trafficking Family Members of Victims of Severe Forms of Trafficking	<ul style="list-style-type: none"> <li>• ORR Letter (<a href="#">Appendix C</a>)</li> <li>• Derivative T Visas with code T-2, T-3, T-4, or T-5</li> <li>• Passport</li> <li>• I-94</li> <li>• I-797-Notice of Action of Approval of the Visa</li> </ul>
<b>RMA/EMA-ELIGIBLE ASYLEES</b>	<b>DOCUMENTATION</b>
Asylees (not Kurdish/Iraqi)	<ul style="list-style-type: none"> <li>• I-94 under INA Sec. 208</li> <li>• I-94 with code AS-1, AS-2, AS-3</li> <li>• INS Form I-571</li> <li>• I-766 with code A05</li> <li>• I-688B INA Sec. 274a.12(a)(5)</li> <li>• Order of Immigration Judge Granting Asylum under INA Sec. 208</li> <li>• Asylum Approval Letter from INS Asylum Office</li> <li>• Written Decision from Board of</li> </ul>

	<p>Immigration Appeals</p> <ul style="list-style-type: none"><li>• I-551 with codes AS6, AS7, AS8</li></ul>
Kurdish/Iraqi Asylees	<ul style="list-style-type: none"><li>• I-94 under INA Sec. 208 or 108(a)</li><li>• I-94 or I-551 with codes AS6, AS7, AS8</li><li>• Medical Document (Form 157)</li><li>• EAD Card with QF1-Asylum Granted</li><li>• QT-II and QT-III – Paroled in the Public Interest (274a.12.(a)(5) or 274.(c)(11)</li></ul>

MPG LTR NO. 670 (03/09)

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## APPENDIX E – SPECIAL IMMIGRANT (SI) DOCUMENTATION: IMMIGRATION STATUS AND DATE OF ENTRY

The following documents confirm both immigration status and date of entry for Iraqi and Afghan Special Immigrants:

ACWDL  
08-53

<b>DOCUMENTS ACCEPTABLE for CONFIRMING IMMIGRATION STATUS and DATE OF ENTRY</b>	
<b>RMA-ELIGIBLE SI</b>	<b>DOCUMENTATION</b>
Principal Applicant Iraqi or Afghan SI – Status Established Prior to Arrival in the U.S.	<ul style="list-style-type: none"> <li>• Iraqi or Afghan Passport with an immigration stamp noting that the individual has been admitted under Immigrant Visa Category SI1 or SQ1, and one of the following:               <ul style="list-style-type: none"> <li>◦ DHS stamp or notation on passport, or</li> <li>◦ I-94 showing Date of Entry</li> </ul> </li> </ul>
Spouse of Principal Applicant Iraqi or Afghan SI in SI1 or SQ1 Category	<ul style="list-style-type: none"> <li>• Iraqi or Afghan Passport with an immigration stamp noting that the individual has been admitted under Immigrant Visa Category SI2 or SQ2, and one of the following:               <ul style="list-style-type: none"> <li>◦ DHS stamp or notation on passport, or</li> <li>◦ I-94 showing Date of Entry</li> </ul> </li> </ul>
Unmarried Child Under 21 Years of Age of Iraqi or Afghan SI in SI1 or SQ1 Category	<ul style="list-style-type: none"> <li>• Iraqi or Afghan Passport with an immigration stamp noting that the individual has been admitted under Immigrant Visa Category SI3 or SQ3, and one of the following:               <ul style="list-style-type: none"> <li>◦ DHS stamp or notation on passport, or</li> <li>◦ I-94 showing Date of Entry</li> </ul> </li> </ul>
Principal Applicant Iraqi or Afghan SI Principal Adjusting Status in the U.S.	<ul style="list-style-type: none"> <li>• DHS Form I-551 showing Iraqi or Afghan nationality (or Iraqi or Afghan passport) with an immigrant visa code of SI6 or SQ6</li> </ul>
Spouse of Principal Applicant Iraqi or Afghan SI in SI6 Category	<ul style="list-style-type: none"> <li>• DHS Form I-551 showing Iraqi or Afghan nationality (or Iraqi or Afghan passport) with an immigrant visa code of SI7 or SQ7</li> </ul>
Unmarried Child Under 21 Years of Age of Iraqi or Afghan SI in SI6 Category	<ul style="list-style-type: none"> <li>• DHS Form I-551 showing Iraqi or Afghan nationality (or Iraqi or Afghan passport) with an immigrant visa code of SI9 or SQ9</li> </ul>



## APPENDIX F – BRIDGING QUESTIONS AND ANSWERS

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**Question #1** Performance Standard #3 provides that families who have not consented to sending the child's annual RV form to HF shall be sent a consent request. Does the 3<sup>rd</sup> Performance Standard preclude the worker from trying to call the family first instead of sending the consent form?

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**Response** No. If the worker makes contact with the beneficiary by phone, the worker only needs to document that contact in the case. To meet the performance standard, the worker would have to have made the call within five working days of the SOC. However, if the worker is unsuccessful in reaching the beneficiary by phone, the consent form (TEMP 07-297) still will have to be sent within five working days of the SOC determination.

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**Question #2** If the most recent application has a consent section relating to Bridging and the family does not consent, is the worker still required to send the consent form (TEMP 07-297)?

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**Response** Yes. If consent was not given on the most recent application, the worker must follow the requirements of any applicable performance standard to obtain consent.

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**Question #3** Is a child eligible for Bridging in the month the child turns 19?

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**Response** Yes. If otherwise eligible, such children are placed in Bridging in the month they turn age 19, but they are not included in Bridging performance standards, nor are they referred to HF.

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**Question #4** Is a child eligible for Bridging who is already enrolled in the Healthy Families program if he/she meets all the Bridging requirements?

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**Response** Yes. The Bridging requirements do not specify that the child cannot already be enrolled in HF.

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# APPENDIX G - SPECIAL INDICATOR INSTRUCTIONS FOR OTAM

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## Actions

In order to enter the special indicator for the OTAM program, take the following actions on the 'Collect Case Special Indicators' screen:

Step	Action
1	Select 'MC-Organ Transplant' from the 'Type of Special Indicator' drop-down menu.
2	Change the 'effective begin date' to the date of transplant if known or the date of referral if unknown.
3	Change the 'effective end date' to a date two years from the effective begin date.
4	Save changes and narrate in case comments.

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