

## Broadcast DMAS-80

To: LDSS Directors and Eligibility Staff  
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Subject: MA Processing Guidance for Afghan Immigrants  
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### Acronyms used in this Broadcast:

DBP – Division of Benefit Programs  
DMAS – Department of Medical Assistance Services  
FAMIS – Family Access to Medical Insurance Security  
LDSS – Local Departments of Social Services  
MA – Medical Assistance  
NOA – Notice of Action  
RMA – Refugee Medical Assistance  
RO – Reasonable Opportunity  
SIP – Special Immigrant Parolee  
SIV – Special Immigrant Visa  
SSN – Social Security Number  
VaCMS – Virginia Case Management System  
VCL – Verification Check List  
VDSS – Virginia Department of Social Services

The following guidance is intended to aid in the processing of Medical Assistance for individuals from Afghanistan who have relocated to the United States. The majority of these individuals will fall into one of three groups:

1. Holders of a Special Immigrant Visa,
2. Special Immigrant Parolees, who are individuals granted Special Immigrant (SI/SQ) Parole (per section 602(B)(1) AAPA/Section 1059(a) NDAA 2006), and

3. Non Special Immigrant Parolees entering the United States without SI/SQ parole due to the urgent nature of their arrival (Humanitarian status).

Individuals with SIV and SIP status are qualified for evaluation in Medicaid and FAMIS without a five-year residency bar (provided that all other eligibility requirements are met). If an applicant is ineligible for Medicaid/CHIP, they may gain eligibility in Refugee Medical Assistance. Note: As of 09/16/21, the Office of New Americans has announced that the waiver extending the RMA enrollment period ends 09/30/21 meaning RMA enrollees are only eligible for the first eight months after arrival.

Children under 19 years and pregnant women with SIV, SIP, or Humanitarian status meet the definition of lawfully residing aliens for Medicaid and FAMIS/FAMIS MOMS coverage.

Afghan and Iraqi Special Immigrant visa holders will have either (1) a passport or I-94 form indicating category SI1, SI2, SI3, SQ1, SQ2, or SQ3 and bearing the Department of Homeland Security stamp or notation or an I-151 ("green card") indicating SI6, SI7, SI8, SQ6, SQ7, or SQ8.

Special Immigrant Parolees will have an I-94 form noting SQ or SI Parole (per section 602(B)(1) AAPA/Sec 1059(a) NDAA 2006).

If the individual has attested to eligible immigration status and is found otherwise eligible for Medicaid, but verification of that status cannot be obtained, do not deny or delay coverage. Enroll the individual and give a 90-day reasonable opportunity period.

Individuals with Humanitarian status are Parolees entering the United States **without SI/SQ status**. They are not eligible for full Medicaid or RMA upon entry **except children under 19 and pregnant women**, but may be eligible for coverage of emergency services.

### **VaCMS Clarifications**

Due to current and potentially extenuating circumstances that are, at many times, beyond the control of these applicants, we are providing the following guidance:

**VaCMS Screen:** Alien-Details

**Alien Status:** Iraqi/Afghani Special Immigrant *or* Paroled into the US

**Note:** For SIV and SIP status, workers should select the alien status "Iraqi/Afghani Special Immigrant" and for Humanitarian status, workers should select "Paroled into the US."

### **SSN Application Verification:**

When an application for Medical Assistance is received, the first course of action is to require and request all appropriate eligibility criteria, including the Social Security number (SSN) as well as the SSN of any person for whom MA is requested, or proof of application for an SSN.

In the event the applicant(s) indicate that they are unable to provide proof of application for the Social Security number, document the case, and select the following to proceed with processing the application. **Please do not delay processing for proof of application for SSN.**

The worker is responsible for informing the applicant(s) that while we are not delaying for proof of SSN, they will need to provide that information once it is received.

Please add comments/notes to the NOA informing the applicant(s) of this requirement. In addition, set a manual case alert for 90 days after case processing in order to send the member a VCL requesting the SSN.

**VaCMS Screen:** Client- SSN Application

**Reason SSN was not provided:** Willing to Apply

**Is individual willing to apply for SSN?:** YES

**Note:** Screenshots that correspond with the instructions above will be provided via the DBP listserv

For additional questions or clarifications, please contact your Regional Practice Consultant.