

Broadcast DMAS 96

To: LDSS Directors and Eligibility Staff
From: Cindy Olson, Director, Eligibility and Enrollment Services Division, DMAS
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Date June 28, 2022
Subject: MA Processing Guidance for Ukrainian Immigrants
Contact: MA Regional Practice Consultants

Acronyms used in this Broadcast:

DMAS – Department of Medical Assistance Services
FAMIS – Family Access to Medical Insurance Security
LDSS – Local Departments of Social Services
RO – Reasonable Opportunity
Temporary Protected Status
VDSS – Virginia Department of Social Services

The following guidance is intended to aid in the processing of Medical Assistance for individuals from Ukraine who have relocated to the United States.

Under Section 401 of the Additional Ukraine Supplemental Appropriations Act, 2022 H.R. 7691, P.L. No: 117-128 (enacted on May 21, 2022), citizens or nationals of Ukraine (or a person who last habitually resided in Ukraine) shall be eligible for the resettlement assistance, entitlement programs, and other benefits available to refugees admitted under section 207 of the Immigration and Nationality Act ([8 U.S.C. 1157](#)) to the same extent as such refugees. Medicaid, FAMIS, and FAMIS MOMS are included among these benefits.

To be eligible for benefits, the individual must have completed security and law enforcement background checks to the satisfaction of the Secretary of Homeland Security and have subsequently been:

- paroled into the U.S. between February 24, 2022 and September 30, 2023; or
- paroled into the U.S. after September 30, 2023, and be
 - the spouse or child of an individual paroled into the U.S. between February 24, 2022 and September 30, 2023, or

- the parent, legal guardian, or primary caregiver of an individual paroled into the U.S. between February 24, 2022 and September 30, 2023, who is determined to be an unaccompanied child under section 462(g)(2) of the Homeland Security Act of 2002 ([6 U.S.C. 279\(g\)\(2\)](#)) or section 412(d)(2)(B) of the Immigration and Nationality Act ([8 U.S.C. 1522\(d\)\(2\)\(B\)](#))

Ukrainian entrants with **parolee status** are to be evaluated for Medical Assistance using the same policies in subchapter M0220 of the Medical Assistance Eligibility Manual that apply to refugees.

Some Ukrainian entrants may enter the U.S. with **TPS**. Children under age 19 and pregnant women with TPS meet the lawfully residing criteria in M0220.314 and can be eligible for full Medicaid, FAMIS, or FAMIS MOMS eligibility. Other individuals with TPS are subject to the policies in M0220.411 and can only be eligible for Medicaid coverage of emergency services.

Individuals have a 90-calendar-day RO period to provide documentation of their immigration status. Do not delay, deny, or terminate coverage during this RO period. At the end of the 90 day period, follow up with the individual must be made to obtain the immigration status documentation, and immigration status must be verified through the Federal Hub. If the documentation is not provided within 90 calendar days, the individual will become eligible for Medicaid coverage of emergency services only.

VaCMS Clarifications

Due to current system functionality, we are providing the following guidance:

VaCMS Screen: Alien-Details

Alien Status: Refugee

Note: For any of the eligible Ukrainian or other eligible non-Ukrainian Humanitarian Parolees listed in the guidance provided, Benefits/Eligibility staff should select the alien status "Refugee" until system functionality has been updated.

Until system updates are in place, for individuals with Humanitarian Parolee status, workers ***should not*** select "Paroled into the US" as this selection will place limits/restrictions on Medical Assistance benefits.

Enter all other appropriate data fields

Medicaid Covered Group Screen: For Medicaid eligibility, please ***do not*** complete the Refugee-related fields on this screen unless the individual is not eligible for full coverage Medicaid.

Alien - Details

Case Name: Dap, Elle

Case #: 114484690

Case Action: Intake/Screening

Case Status: Pending

Populate



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** Before ending the Alien screen please ensure that the information displayed is not needed for continued eligibility. If eligibility continues for this individual the page should not be end dated.*

Client Information

Name: Dap, Elle 25F Client #: 2106541132 Updated Date : 06/22/2022

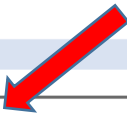

Alien Dates

* Effective Begin Date: 06 / 01 / 2022 End Date: mm / dd / yyyy
* Reported On: 06 / 22 / 2022 * Date Change Occurred: 06 / 22 / 2022

Qualified Alien Information (Child Care Only)

Qualified Alien: NO
* Alien Status:
* Qualified Alien Verification Source:
Date SIV or Asylum Granted: mm / dd / yyyy

Alien Status Information

* Alien Status: Refugee 
Document Type: Form I-94 or I-94A annotated with s
* Verification Source: Copy of Form I-94 or I-94A annotated
Battered individual is living apart from batterer:
I-94 Number: 51615615
Foreign Passport Country of Issuance:
Document Expiration Date: mm / dd / yyyy
SEVIS ID Number:
Date of Entry into the U.S.: 05 / 01 / 2022
Verify Lawful Presence
Initiate Next Step
Suspected Counterfeit or Altered Document:
Verified By Federal Hub?:
* Alien Category: Documented 
DHS Case #:
Alien Number:
Document Number:
Visa Number:

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

Under many circumstances, these individuals will not have, or applied yet or a SSN. If this is the case, please enter the following-

Reason SSN was not provided: Circumstances beyond the client's control...

Good Cause verification for no SSN: Pending

Client - SSN Application ? [Icons]

Case Name: Dap, Elle Case #: 114484690 Case Action: Intake/Screening Case Status: Pending

New Data [Reset] [Cancel] [+ Previous] [Next]

Client Information

Name: Dap, Elle 25F Client #: 2106541132

Client Demographics Dates

* Effective Begin Date: 06 / 01 / 2022 End Date: mm / dd / yyyy
* Reported On: 06 / 21 / 2022 * Date Change Occurred: 06 / 21 / 2022
* Verification Received On: 06 / 21 / 2022



SSN Application Verification

* Has an SSN been entered for this client: NO
SSN Application Date: mm / dd / yyyy
Reason SSN was not provided: Circumstances beyond th
SSN Application Verification:

Medicaid Program Only

Good Cause Verification for no SSN: Pending Good Cause Verification date: mm / dd / yyyy

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