

# Refugee Medical Assistance (RMA)

June 2024

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Eligibility Policy Innovation and Community Support  
IT Innovation & Customer Experience Administration



# Topics

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# Refugee Medical Assistance

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# Refugee Medical Assistance (RMA)

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The Refugee Medical Assistance program (RMA) is for individuals who:

- ▶ Are not eligible for Apple Health programs but who meet the income and resource standard of the RMA program.
- ▶ May be eligible for RMA if they are able to provide documentation issued by the United States Citizenship and Immigration services (USCIS).



# Refugee Medical Assistance (RMA)

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If determined eligible the certification period for RMA ends on the last day of the twelfth month from the month an individual enters the United States (U.S.).

- ▶ For example, if the individual entered the U.S. on May 28, 2024, they may be eligible for RMA coverage through the end of April 2025.

For more information on refugee medical assistance status requirements see [Apple Health for Refugees | Washington State Health Care Authority](#)

**Source:** <https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/apple-health-refugees>



# RMA eligibility criteria

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# Eligibility for RMA

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- ▶ Individuals may be eligible for RMA if they:
  - ▶ Meet immigration status requirements listed in the [Health Care Authority Apple Health for Refugees webpage](#).
  - ▶ Have countable resources at or below \$2000 on the date of application.
  - ▶ Have a countable income equal to or below 200% of the federal poverty level (FPL) on the date of application.
  - ▶ Receive refugee cash assistance (RCA), they are eligible for RMA as long as they are not eligible for Apple Health.

**Source:** <https://www.hca.wa.gov/health-care-services-supports/program-administration/apple-health-refugees>



# Eligibility for RMA continued

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- ▶ An individual is **not** eligible for RMA if they are:
  - ▶ Already eligible for Medicaid or a children's health care program as described in [WAC 182-505-0210](#).
  - ▶ A full-time student in an institution of higher education, unless the educational activity is part of a DSHS-approved individual responsibility plan (IRP).
  - ▶ A nonrefugee spouse of a refugee.

Source: <https://app.leg.wa.gov/wac/default.aspx?cite=182-505-0210>





# Who is eligible for RMA

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# Who is eligible for RMA

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- ▶ An individual is eligible for RMA if they are:
  - ▶ Admitted as a refugee under section 207 of the Immigration and Nationalities Act (INA)
  - ▶ Paroled into the United States as a refugee or asylee under section 212 (d)(5) of the INA
  - ▶ Granted conditional entry under section 203 (a)(7) of the INA
  - ▶ Granted asylum under section 208 of the INA
  - ▶ Admitted as an Amerasian immigrant from Vietnam through the orderly departure program, under section 584 of the Foreign Operations Appropriations Act, incorporated in the FY88 continuing resolution P.L. 100-212



# Who is eligible for RMA continued

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- ▶ An individual is eligible for RMA if they are:
  - ▶ Admitted as an Amerasian immigrant from Vietnam through the orderly departure program, under section 584 of the Foreign Operations Appropriations Act, incorporated in the FY88 continuing resolution P.L. 100-212
  - ▶ A Cuban-Haitian entrant who was admitted as a public interest parolee under section 212 (d)(5) of the INA
  - ▶ Certified as a victim of human trafficking by the federal Office of Refugee Resettlement (ORR)
  - ▶ An eligible family member of a victim of human trafficking certified by ORR who has a T-2, T-3, T-4, or T-5 visa



# Who is eligible for RMA continued

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- ▶ An individual is eligible for RMA if they are:
  - ▶ Admitted as special immigrant from Iraq or Afghanistan under one of the following:
    - ▶ Special immigrant status under section 101 (a) (27) of the INA
    - ▶ Special immigrant conditional permanent resident, or
    - ▶ Parole under section 602 (b) (1) of the Afghan Allies Protection Act of 2009 or section 1059 (a) of the National Defense Authorization Act of 2006.
  - ▶ An Afghan granted humanitarian parole between July 31, 2021, and September 30, 2023, their spouse or child, or a parent or guardian of an unaccompanied minor who is granted parole after September 30, 2022, under section 2502 of the Extending Government Funding and Delivering Emergency Assistance Act of 2021.



# United for Ukraine eligibility

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# Eligibility for individuals from Ukraine

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- ▶ On May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) passed, expanding Apple Health (Medicaid) eligibility to Ukrainians, and non-Ukrainian individuals, who last habitually resided in Ukraine, who were paroled into the United States between February 24, 2022, and September 30, 2023.
- ▶ The Ukrainian Supplemental appropriations act 2024 (AUSAA) extended the period of eligibility to September 30, 2024.



# Who is eligible

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- ▶ Citizens or nationals of Ukraine who were paroled into the United States as Ukrainian Humanitarian Parolee (UHP) between February 24, 2022, and September 30, 2024, or
- ▶ Non-Ukrainians who last habitually resided in Ukraine paroled as UHP into the United States between February 24, 2022, and September 30, 2024, or
- ▶ The spouse, child, parent, legal guardian, or primary caregiver of an unaccompanied refugee minor or an unaccompanied child of an individual as mentioned above, who is paroled into the United States after September 30, 2023.



# Date of eligibility

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- ▶ For eligible individuals who entered the United States between February 24, 2022, and September 30, 2023, their date of eligibility is May 21, 2022, or the date of their parole whichever is later.
- ▶ For eligible individuals who enter the United States between October 1, 2023, and September 30, 2024, their date of eligibility is April 24, 2024, or their date of parole, whichever is later.





# Period of eligibility

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- ▶ Ukrainian (UHP) and non-Ukrainian parolees are eligible for benefits until the end of their parole term, unless otherwise amended by law, or the individual gains another category or status.
  - ▶ For example, an eligible individual enters the United States on February 14, 2024, has a date of eligibility of April 24, 2024. They are eligible for the duration of their parole, including any additional period of re-parole.
- ▶ If a Ukrainian (UHP) or non-Ukrainian applies for and obtains Temporary Protected Status (TPS\*), they remain eligible until the end of their parole term.

\* An individual with only TPS and no underlying humanitarian parole status is not eligible for RMA and is not eligible for Apple Health unless they are a child or pregnant.



# Eligibility for Apple Health

Category/Status	Children's Medical	Pregnancy/ APC Medical	Adult Medical	AEM
Parolee (prior to 2/24/22)	Eligible	Eligible	Not Eligible	Eligible
Parolee (UHP) (2/24/22 – 9/30/23) Eligibility Starts 5/21/22	Eligible	Eligible	Eligible	Not Eligible
Parolee (UHP) 10/1/23 – 9/30/24 Eligibility Starts 4/24/24	Eligible	Eligible	Eligible	Not Eligible
TPS*	Eligible	Eligible	Not Eligible	Eligible

\*Ukrainians paroled under humanitarian parole between 2/24/2022 and 9/30/2024, who are subsequently granted TPS, remain eligible for full-scope Apple Health (Medicaid) through 9/30/2024, or until the end of their Parole, whichever is later.



# Countable income for RMA

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# RMA countable income

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- ▶ Income for individuals entering Washington may be received from supporters, organizations or federal programs.
- ▶ Some income types may be counted depending on whether an individual is applying for:
  - ▶ Modified adjusted gross income (MAGI) based programs through *Washington Healthplanfinder* or
  - ▶ Classic Apple Health programs through the Department of Social and Health Services (DSHS).



# MAGI-based income

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- ▶ MAGI based countable income examples:
  - ▶ Earned income including wages, salaries and tips
  - ▶ Foreign earned income. Any amount of foreign income excluded from gross income under Section 911 of the IRS.
  - ▶ Unearned income such as Title II Social Security benefits or dividends.
- ▶ MAGI based non-countable income examples:
  - ▶ Needs-based assistance from other agencies
  - ▶ Child support payments
  - ▶ Income from the Uniting for Ukraine program



# Apple Health Classic (Medicaid) income

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- ▶ Income must be reported when applying for Classic Apple Health programs. Countable income includes but is not limited to:
  - ▶ Gifts (cash support/gift cards)
  - ▶ Educational benefits (student loans, grants, work-study)
  - ▶ Child support/spousal maintenance
  - ▶ Gaming income
  - ▶ Rental income
  - ▶ Supplemental Security Income (SSI)



# Applying for Apple Health

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# Application process for refugees under the age of 65

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- ▶ Medical assistance applications for refugees under the age of 65 should be submitted through *Washington Healthplanfinder*.
- ▶ HCA determines eligibility for MAGI based Apple Health programs first.
- ▶ If an error occurs when submitting the application, complete a paper application and email it to [HCAWAHRMAapps@hca.wa.gov](mailto:HCAWAHRMAapps@hca.wa.gov) and include:
  - ▶ Primary applicant name
  - ▶ *Washington Healthplanfinder* app ID
  - ▶ Managed care organization (MCO) plan selection (optional)
  - ▶ Error code (if any)
- ▶ If an applicant is not eligible for MAGI-based Apple Health, or becomes ineligible during the certification period, HCA will determine eligibility for RMA.





# Create an account

The screenshot shows the 'Create an Account' page on the Washington Health Plan Finder website. The page has a dark blue header with navigation links: HOME, EN ESPAÑOL, LANGUAGE HELP, and CUSTOMER SUPPORT. The Washington Health Plan Finder logo is on the left, and 'Sign Out' and 'DASHBOARD' links are on the right. The main content area is titled 'Create an Account' and includes a '\*Required Field' indicator. Below this is the 'ACCOUNT INFORMATION' section with the following fields and validation messages:

- USERNAME \***: A text input field containing 'E.g. jsmith123'. A warning message below it says 'At least 6 characters'.
- PASSWORD \***: A text input field with a red 'x' icon and the message 'At least 8 characters'.
- RE-ENTER PASSWORD \***: A text input field with a red 'x' icon and the message 'Passwords match'.
- EMAIL ADDRESS \***: A text input field containing 'E.g. jdoe@mail.com'.
- RE-ENTER EMAIL ADDRESS \***: A text input field containing 'E.g. jdoe@mail.com'.

Below the account information is the 'GO PAPERLESS' section with a checkbox labeled 'I want to receive e-mail notifications.' and a small blue icon to its right.

An account is not required for Washington Apple Health applicants; however, it allows individuals to:



- Go paperless
- Use the mobile app WAPlanfinder
- Report changes with ease




# Create an account continued

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TERMS AND CONDITIONS OF USE

Yes, I have read and accept the Washington Healthplanfinder [Terms and Conditions of Use](#)  

 Notice:  
Creating your account may take several seconds. Please be patient.

[Cancel and Go Back](#) [Skip Account Creation](#) [Create Account](#)

[Login as Existing User](#)

If an individual does not want to create an account:

- Select "Skip Account Creation"

If an individual with an existing application would like to create an account:

- Call 1-855-923-4633 or;
- Select "Create Account" from the client's dashboard



# About you page

**About You**

We are now going to collect some information about you and your household to help you find health coverage options. \*Required Field

Paper application submitted

SUBMITTED DATE

E.g. 01/20/2012

**NOTICE:**  
Provide full legal name such as what appears on the Social Security card.

FIRST NAME \*      MI      LAST NAME \*      SUFFIX

E.g. John      E.g. J      E.g. Smith      [v]

SOCIAL SECURITY NUMBER [Why we ask for this?](#)      DATE OF BIRTH \*

E.g. 123-45-6789      E.g. 01/20/2012

If you have a Social Security number and are applying for coverage, you may have to provide it. Select the "Why we ask for this" link for details.

SEX \*

MALE      FEMALE

Start the application with the **About You** page.

**APPLICATION DETAILS**

WHO ARE YOU APPLYING FOR? \*

Select an Option [v]

DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)? \*

YES      NO

**DEMOGRAPHICS**

RACE      HISPANIC ORIGIN \*

American Indian/Alaska Native      Select an Option [v]  
Asian Indian  
Black/African American  
Cambodian

ARE YOU AN AMERICAN INDIAN OR ALASKA NATIVE? \*

YES      NO

Yes, I have read the [Washington Healthplanfinder Privacy Policy](#) \*

Next

# Contact information page

Enter your contact information \*Required Field

**YOUR HOME ADDRESS**

I don't have a home address

ADDRESS LINE 1 \*  
E.g. 1234 Main Street

APT/SUITE/OTHER  
E.g. Apt 3

CITY \*  
E.g. Everett

STATE \*  
Washington

ZIP \*  
E.g. 98501

COUNTY

This page displays:

- Home address
- Mailing address
- Contact details

**YOUR MAILING ADDRESS**

My mailing address is the same as my home address

I don't have a mailing address

ADDRESS LINE 1 \*  
E.g. 1234 Main Street

CITY \*  
E.g. Everett

COUNTY

**YOUR CONTACT DETAILS**

PHONE NUMBER  
E.g. 1234567890

PHONE TYPE  
Select an Option

ALTERNATE PHONE NUMBER  
E.g. 1234567890

ALTERNATE PHONE TYPE  
Select an Option

**LANGUAGE PREFERENCE**

We ask questions about your language preferences to make sure that we can communicate about your coverage. We offer language assistance and disability accommodations at no cost, including free interpreter services for spoken and signed languages. To communicate with someone for free in your language, call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604). Help is offered in over 200 different languages.

Can you read English? \*

YES  NO

Can you speak English? \*

YES  NO

If you require your notices in another format, select from the options below.

Do you need an interpreter? \*

YES  NO

What language interpreter do you need? \*

Select an Option


It also shows:

- Language preferences
- Authorized Representative (AREP)



# Authorized Representative (AREP)

AUTHORIZED REPRESENTATIVE

I have an Authorized Representative 

FIRST NAME \*  
First Name

LAST NAME \*  
Last Name

ADDRESS LINE 1 \*  
E.g. 1234 Main Street

APT./SUITE/OTHER  
E.g. Apt 3

CITY \*  
E.g. Everett


STATE \*  
Select an Option

ZIP \*  
E.g. 98501

EMAIL  
Email

I want my authorized representative to receive duplicate copies of my notification.

[Back](#) [Finish Later](#) [Next](#)

[Submit Partially](#) 

**Note:** You can submit an application that only includes the name of the primary applicant, address and signature. A partial application cannot be electronically processed, however, we will record your application as received today. You will be contacted by mail or phone to complete your application.

On the bottom of the **Contact Information** page:

- Check the AREP box
- Enter AREP information
- Check the box "I want my AREP to receive duplicate copies of my notification" if applicable
- Click "Next" to advance to the next page



# About your household

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**Answer questions about your household** \*Required Field

Information is used to determine eligibility for household members applying for coverage:

- \* Kimbo Limbo
- \* Bimbo Limbo
- \* Fimbo Limbo

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? \*  YES  NO

Please check the box below for any member who is not a US citizen or national.

Kimbo Limbo  
Is this member lawfully present in the US? \*  YES  NO

Kimbo Limbo  
 Bimbo Limbo  
 Fimbo Limbo

Are any of the members listed above currently incarcerated? \*  YES  NO

Please check the box for any member who is incarcerated.

Kimbo Limbo  
Is this member pending disposition of charges? \*  YES  NO

Kimbo Limbo  
 Bimbo Limbo

This page includes additional questions regarding:

- Pregnancy
- Washington state residency
- Citizenship and immigration



# Entering immigration information

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? \*

YES

NO

Please check the box below for any member who is not a US citizen or national.

Kimbo Limbo  
Is this person lawfully present in the US? \*

YES NO

Date of entry to U.S. \*  
E.g.: MM/DD/YYYY

Does this person have an immigration document? \*

YES NO

Immigration Document Type \*

Select an Option

- Select an Option
- Permanent Resident Card with photograph (Form I-551)
- I-20 Certificate of Eligibility for non-immigrant student
- I-327 Reentry Permit
- I-571 Refugee Travel Document
- DS2019 Certificate of Eligibility for Exchange Visitor
- I-766 Employment Authorization Card
- Temporary I-551 Stamp
- I-94 Arrival or Departure Record
- Machine Readable Immigrant Visa (with Temp I-551 Language)
- Other

Kimbo Limbo  
 Bimbo Limbo  
 Fimbo Limbo

any of the members listed above currently incarcerated? \*

Selecting **No** to the citizenship question will allow you to select the applicable person(s) and answer:

- Lawfully present
- Date of entry
- Immigration documents (yes/no)
  - If yes, select the document type

# Selecting document type

Please check the box below for any member who is not a US citizen or national.

Jimbo Limbo

Is this person lawfully present in the US? \* ⓘ

Yes  No

Date of entry to U.S. \* ⓘ

01/01/2022

Does this person have an immigration document? \*

Yes  No

Immigration Document Type \* ⓘ

Other

**Alien Number \* ⓘ**

Alien Number

Description \* ⓘ

Description

Does this person have a foreign passport? \*

Yes  No

- ▶ If only an 'A' number is available, select document type "Other", enter the 'A' number and description of the document.
- ▶ If an 'A' Number has 8 digits, add a zero to the beginning to make it a 9-digit number.
- ▶ Entering passport information is not required. However, if the only document available is a passport, the information should be entered.



# Foreign passport with stamp

- ▶ The date of entry is located on the stamp.

Does this person have a foreign passport? *	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Passport number *	E.g.: 1234567890	
Country of Issuance *	Select an Option ▼	
Passport Expiry Date *	E.g.: MM/DD/YYYY	

- ▶ The passport number is located on the upper right corner and is either all numbers or alpha numeric.



# I-94 arrival/departure record

 **U.S. Customs and Border Protection**  
Securing America's Borders

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### Most Recent I-94

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**Admission (I-94) Record Number : 51415565885**

Most Recent Date of Entry: 2017 July 25  
Class of Admission F1  
Admit Until Date D/S  
Details provided on the I-94 Information form:

Last/Surname :   
First (Given) Name :   
Birth Date :   
Passport Number :   
Country of Issuance : China

Immigration Document Type *	I-94 Arrival or Departure Record
I-94 Number *	I-94 Number
Sevis ID	Sevis ID

- ▶ The I-94 record number is 11 characters either all numbers or alpha numeric.



# I-94 arrival/departure record

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1651-0111

Departure Record

Admission Number: 442415050 21

Expiration Date: JUL 15 2009

Category/Class of Admission: [Blank]

Class: [Blank]

Unit: [Blank]

18. Family Name: SIMLITH

19. First (Given) Name: MARY

20. Birth Date (DDMMYY): 1130579

21. Country of Citizenship: PHILIPPINES

Callout boxes: Expiration Date, I-94 Number, Category/Class of Admission, Last name, Firstname


A card version of the I-94 will have a space before the last 2 digits, enter the number without any spaces



# Review your application

**Review your application**

Carefully review and edit your household information before submitting your application.



**NOTICE:**  
We were not able to verify your information. Review your application, such as full legal names and birth dates, to make sure everything is correct. Otherwise, you may need to submit documents to verify your information.

[Close all ^](#)

**ACCOUNT HOLDER** ^

<b>APPLICATION TYPE</b> Applying for tax credits, cost sharing reductions or Washington Apple Health	<b>FULL NAME</b> Jimbo Limbo
<b>SOCIAL SECURITY NUMBER</b> XXX-XX-2594	
<a href="#">SOCIAL SECURITY DISCLOSURE</a>	
<b>DATE OF BIRTH</b> 04/01/1955	<b>SEX</b> Male
<b>EMAIL</b> --	

**Edit**

**CONTACT INFORMATION** ^

**HOME ADDRESS**

<b>ADDRESS LINE 1</b> 500 SW 7th St	<b>APT/SUITE/OTHER</b> --
<b>CITY</b> Renton	<b>STATE</b> WA
<b>ZIP</b> 98057	

This page displays all the information entered into the application.

- Click the **Edit** button if corrections are needed



# Submit your application

**Submit your application** \*Required Field

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**REGISTER TO VOTE**

Would you like to register to vote? \*

[  ]

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email [elections@sos.wa.gov](mailto:elections@sos.wa.gov), or call [1-800-448-4881](tel:1-800-448-4881).

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**SIGN AND SUBMIT YOUR APPLICATION**

By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I am electronically signing my application \*

I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. By checking this box, I permit tax credits to be applied to my annual renewal without my taking further action.

I have read the [rights & responsibilities](#) ↗ \*

Telephonic signature

FIRST NAME \*  MIDDLE INITIAL  LAST NAME \*

Jimbo  Limbo

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To electronically sign and submit the application:


- Check the appropriate boxes
- Enter the primary applicant's name exactly as it was entered in the application
- Click **Submit My Application**









# Your eligibility results

**Your eligibility results**

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.

 You have 1 household member(s) with additional action required. Please review for more information.

<p>Jimbo Limbo</p> <p> Pending</p>	<p>Kimbo Limbo</p> <p>SPOUSE (INCLUDING SAME SEX MARRIAGE)</p> <p> Approved</p>				
<p>Kimbo Limbo</p> <p> Approved</p>	<p><b>COVERAGE</b></p> <div><p> You need to submit documents to verify: Citizenship, SSN.</p></div> <p>Kimbo Limbo has been enrolled in Washington Apple Health Family Coverage. <a href="#">Why this result?</a></p> <p><b>PROGRAM</b> Washington Apple Health Family Coverage</p> <table><thead><tr><th>COVERAGE START DATE</th><th>COVERAGE END DATE</th></tr></thead><tbody><tr><td>01/01/2020</td><td>12/31/2020</td></tr></tbody></table> <p><b>RENEWAL INFORMATION</b> Kimbo Limbo will need to renew coverage by 12/31/2020. We will contact you with more information when it's time to renew.</p> <hr/> <p><b>NEXT STEPS FOR KIMBO LIMBO</b> Starting 01/01/2020 Washington Apple Health Family Coverage will cover Kimbo Limbo. Click 'Next' to see Washington Apple Health Managed Care Plan options.</p>	COVERAGE START DATE	COVERAGE END DATE	01/01/2020	12/31/2020
COVERAGE START DATE	COVERAGE END DATE				
01/01/2020	12/31/2020				
<p>Bimbo Limbo</p> <p> Approved</p>					
<p>Fimbo Limbo</p> <p> Approved</p>					

- This page displays:
- Eligibility outcome for all household members that requested coverage
  - Coverage start and end dates
  - System alerts for any documents needed
  - Next steps for each household member



# Application process for refugees over age 65

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- ▶ DSHS determines eligibility for medical assistance for clients over age 65 who are refugees or have other eligible immigration statuses. Refugees can apply via:
  - ▶ **Online:** Go to [Washington Connection](#) select the "Apply Now" button.
  - ▶ **Paper:** Submit an [Application for aged, blind, disabled/long-term care coverage \(wa.gov\)](#)
  - ▶ **Phone: Call** 1-877-501-2233.
  - ▶ **In-person:** local community services office.
- ▶ Interpreter services are available.

**Source:** <https://www.washingtonconnection.org/home/>; <https://www.hca.wa.gov/assets/free-or-low-cost/18.005.pdf>



# Authorized representative

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# Authorized representative (AREP)

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- ▶ An Authorized Representative (AREP) is an individual or organization that is authorized by an applicant or recipient to act on their behalf for Apple Health eligibility purposes and is designated on the application or verbally.
- ▶ An AREP may:
  - ▶ Sign an application on the applicant's behalf
  - ▶ Complete and submit a renewal form
  - ▶ Receive copies of the notices and communications from the agency
  - ▶ Act on behalf of the applicant in all eligibility matters with the agency



# AREP responsibilities

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- ▶ An AREP can share any information relevant to eligibility; however, the agency can only share information with the AREP that is necessary for the purposes of determining financial eligibility.
  - ▶ Examples of information the agency cannot share are:
    - Social Security Numbers (SSN)
    - Birthdates
    - Home or mailing addresses
    - Places of employment that are outside of a request for specific employment verification
    - Estimated Due Dates (EDD)



# Termination of AREP authorization

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- ▶ The AREP designation may be terminated at any time by either the applicant or AREP, verbally or in writing.
- ▶ When the applicant or beneficiary is deceased the AREP designation terminates, except when the AREP is:
  - ▶ The executor or administrator of the deceased's estate or
  - ▶ Legally authorized by the courts or by state law to act on behalf of the deceased or their estate.
- ▶ Legal guardianship and power of attorney (POA) assigned while the client is living ends after the client is deceased.



# RMA application assisters

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# VOLAG responsibilities

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- ▶ Once a refugee is granted permission to come to the U.S. and granted a legal immigration status, voluntary resettlement agencies called "VOLAG's" are contracted for initial resettlement.
  - ▶ The VOLAG is responsible for meeting and picking up the refugee at the airport; finding a place to live; and helping with necessities and cultural orientation within the first 90 days of the refugee being in the U.S.
  - ▶ The VOLAG also assists refugee's with submitting Apple Health Medicaid applications through the *WA HealthPlanFinder* or *Washington Connections*

**Source:** <https://www.dshs.wa.gov/sites/default/files/ESA/oria/documents/volagwaproviders.pdf>



# Volunteer assister access

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- ▶ Community partners who are affiliated with a community-based organization in Washington State can complete training and gain volunteer access to the *Washington Healthplanfinder* website.
- ▶ The application process includes a registration form, Washington State Patrol background check, and Health Benefit Exchange User Agreement.
- ▶ Contact the volunteer assister program to begin the process at [hcavolunteerassister@hca.wa.gov](mailto:hcavolunteerassister@hca.wa.gov).
- ▶ To learn more about the process, see [hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/community-based-training](https://hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/community-based-training) for more information.



# Resources

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# HCA resources

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- ▶ **Apple Health Citizenship and Immigration status guide**

- ▶ [hca.wa.gov/assets/free-or-low-cost/citizenship alien status guide.pdf](https://hca.wa.gov/assets/free-or-low-cost/citizenship-alien-status-guide.pdf)

- ▶ **Apple Health Eligibility for Individuals from Ukraine**

- ▶ [hca.wa.gov/assets/free-or-low-cost/apple-health-for-individuals-from-ukraine.pdf](https://hca.wa.gov/assets/free-or-low-cost/apple-health-for-individuals-from-ukraine.pdf)

- ▶ **Apple Health Eligibility for Individuals from Afghanistan**

- ▶ [Apple Health Eligibility for Individuals from Afghanistan \(wa.gov\)](https://www.wa.gov/apple-health/eligibility-for-individuals-from-afghanistan)

- ▶ **Immigration status requirement for refugee medical assistance**

- ▶ [WAC 182-507-0135](https://www.wa.gov/wac/182-507-0135)





# HCA resources

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- ▶ **Cross-agency Desk Aid:**

- ▶ [hca.wa.gov/assets/free-or-low-cost/customer\\_support\\_center\\_referrals.pdf](https://hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf)

- ▶ **HCA Stakeholder Training & Education Resources:**

- ▶ [hca.wa.gov/stakeholder-training](https://hca.wa.gov/stakeholder-training)

- ▶ **HCA Community-Based Specialists**

- ▶ [hca.wa.gov/hcacommunitystaff](https://hca.wa.gov/hcacommunitystaff)



# HCA resources

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- ▶ **Apple Health MAGI Medicaid paper application**
  - ▶ [hca.wa.gov/assets/free-or-low-cost/18-001P.pdf](https://hca.wa.gov/assets/free-or-low-cost/18-001P.pdf)
- ▶ **Classic Medicaid paper application**
  - ▶ [hca.wa.gov/assets/free-or-low-cost/18-005.pdf](https://hca.wa.gov/assets/free-or-low-cost/18-005.pdf)
- ▶ **AREP form (14-532) shared by DSHS and HCA**
  - ▶ [Electronic DSHS Forms | DSHS \(wa.gov\)](#)



# Questions?

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