

# State Strategies to Support Afghan Evacuees in Accessing Health Coverage

Manatt Health

*Revised:* March 16, 2022

**STATE**  
Health & Value  
**STRATEGIES**

*A grantee of the Robert Wood Johnson Foundation*

# About State Health and Value Strategies

---

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

*Support for this webinar was provided by the Robert Wood Johnson Foundation.  
The views expressed here do not necessarily reflect the views of the Foundation.*

# SHVS Resources for States

---

- COVID-19
  - [www.shvs.org/covid19/](http://www.shvs.org/covid19/)
  - Webpage is designed to support states seeking to make coverage and essential services available to all of their residents during the COVID-19 pandemic
- Health Equity
  - [www.shvs.org/health-equity-resources/](http://www.shvs.org/health-equity-resources/)
  - Webpage featuring SHVS products on health equity as well as state examples and models

# About Manatt Health

---

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving healthcare policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit [www.manatt.com/ManattHealth.aspx](http://www.manatt.com/ManattHealth.aspx)

# Agenda

- **Level-Setting: Overview of Afghan Evacuee Crisis and Centers for Medicare & Medicaid Services (CMS) Factsheet**
- **Potential Immigration Statuses and Health Coverage Options for Afghan Evacuees**
- **State Strategies for Enrolling Evacuees into Health Coverage**



# Level-Setting

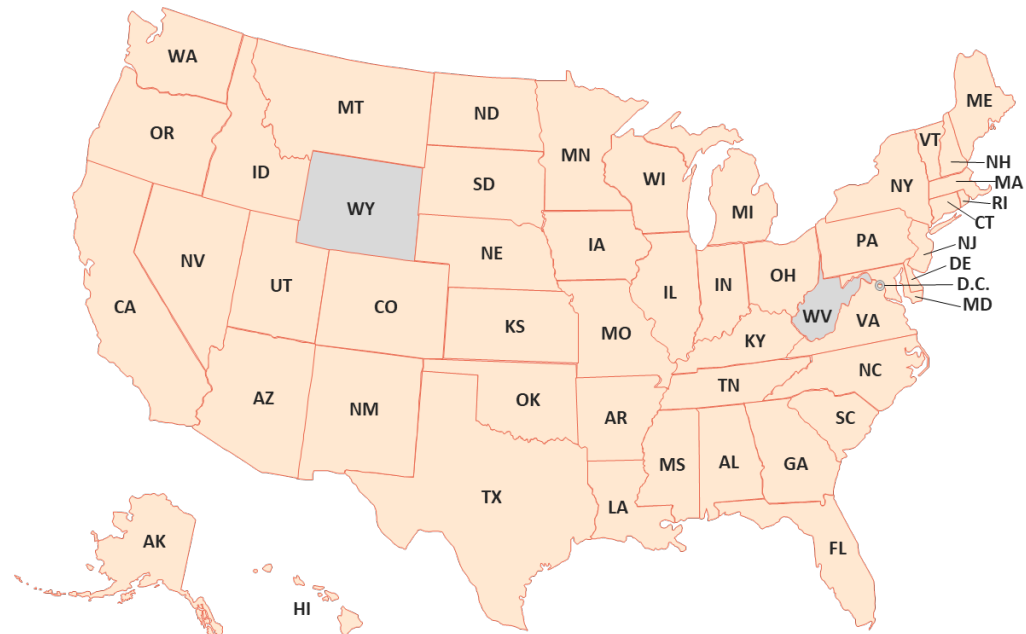
# Overview of the Afghan Evacuation Process

The United States (U.S.) is continuing to resettle Afghan nationals. Many of these evacuees are from areas with limited access to healthcare and vaccinations and are in critical need of healthcare services.

- Among the tens of thousands of people who have arrived in the U.S., some are still being processed and living on military bases or in alternate accommodations (e.g., hotels).
- The majority of states are resettling Afghan evacuees—with Texas, California, Virginia, New York, Washington, North Carolina, and Arizona receiving more than half of evacuees who have left U.S. military sites.

## States Resettling Afghan Evacuees

(as of December 2021)



Source: CBS News, [Texas](#), [California](#), [Virginia](#), [New York](#), [Washington](#), [North Carolina](#) and [Arizona](#) (based on State Department data).

# Need for Access to Healthcare & Social Services

Evacuees are in need of healthcare services, and newcomers continue to grapple with the trauma associated with leaving their country.



## Pressing Healthcare Needs:

- **Infectious diseases** among evacuees living in close quarters, including reported cases of:
  - Vaccine-preventable diseases, such as COVID-19, measles, mumps, chickenpox, and hepatitis A.
  - Other diseases, including tuberculosis, malaria, and leishmaniasis.
- High rates of **depression, anxiety, and post-traumatic stress disorder** (experienced among 33% of asylum seekers and evacuees).



## States Have Reported Evacuees Experiencing:

- **Challenges enrolling** in health coverage.
- **Barriers to accessing critical healthcare services.**
- **Urgent need for resources**, including food, clothing, and interpreters.
- **Challenges accessing affordable housing**

Under the Biden Administration's Operation Allies Welcome (OAW) program, all Afghan evacuees are being tested for COVID-19 upon arrival into the country. Evacuees are offered (or, depending on their immigration status, required to receive) a tuberculosis screening and several vaccines free of charge, including: COVID-19; Measles, Mumps, Rubella (MMR); polio; and other age-appropriate vaccinations.

Source: [C.D.C. Requires Quarantine After Measles Vaccination for Afghan Evacuees](#); [Common Mental Disorders in Asylum Seekers and Refugees](#); and [OAW](#).



# CMS Factsheet on the Afghan Evacuee Crisis

On September 27, 2021, CMS released a factsheet intended to help states and advocacy organizations understand the healthcare options available to Afghan evacuees.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201



## Health Coverage Options for Afghan Evacuees September 27, 2021

Most Afghan evacuees arriving in the United States will be eligible for health insurance. Afghan evacuees can access health insurance through Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, or Refugee Medical Assistance (RMA). RMA is provided through the Office of Refugee Resettlement (ORR), in the Administration for Children and Families (ACF) and administered in most cases by state Medicaid programs. Eligibility for each coverage program depends upon the immigration status of the evacuee and the state where an evacuee is residing.<sup>1</sup> This fact sheet provides information based on current law and will be updated if there are future legislative changes.

### Non-Citizen Eligibility

Afghan evacuees are entering the U.S. under three main immigration categories:

**Afghans with a Special Immigrant Visa (SIV):** Afghans granted a SIV have been affiliated with the U.S. mission in Afghanistan, e.g., as translators and interpreters, or are the spouse or an unmarried child under the age of 21 of such individuals. SIVs are Legal Permanent Residents (LPR also known as U.S. green card holders).

- Afghans granted SIVs are in a qualified non-citizen status and are eligible for Medicaid or CHIP to the same extent as refugees, without a five-year waiting period, if they meet other eligibility requirements (e.g., income) for coverage in the state.
- Afghans with a SIV who are ineligible for Medicaid/CHIP because they are over the income limits or do not have other coverage (e.g., employer-sponsored insurance) may be eligible for Marketplace coverage with financial assistance.
- Afghans granted SIVs who are ineligible for Medicaid/CHIP are eligible for Refugee Medical Assistance for up to 8 months following the date of arrival, if they meet the RMA income and eligibility requirements. RMA benefits generally mirror Medicaid coverage and are administered through state Medicaid programs in most states.<sup>2</sup> Afghans granted SIVs who are ineligible for Medicaid/CHIP and RMA (including those whose 8 months of RMA has ended) may be eligible for Marketplace coverage with financial assistance.

**Special Immigrant (SI/SQ) Parolees:** Such SI/SQ Parolees are eligible for a SIV but were evacuated to the U.S. before completing the process to receive a SIV. Afghans granted SI/SQ Parole for more than one year are in a qualified non-citizen status and are eligible for Medicaid or CHIP as refugees, without the five-year waiting period, if otherwise eligible in the state.<sup>3</sup>

<sup>1</sup> Applicants must also meet all other eligibility criteria for the respective program. Medicaid and CHIP eligibility criteria vary from state to state. Eligibility requirements for coverage through the Marketplace with financial assistance are generally consistent across states.

<sup>2</sup> States that do not administer RMA programs are: AK, KS, KY, ME, MO, NV, TN, TX. In most of these states, RMA is administered privately by a national resettlement agency.

<sup>3</sup> If a parolee has a SI or SQ Class of Admission code, they are a special immigrant parolee that meet the immigration status requirement for public benefits pursuant to section 602(b)(8) of the Afghan Allies Protection Act

## Included in the Factsheet

### ■ Coverage Options for 3 Types of Afghan Evacuees:

- Special Immigrant Visa (SIV) Holders
- Special Immigrant (SI/SQ) Parolees
- Humanitarian (Non-SI/SQ) Parolees\*

### ■ Enrollment and Coverage Strategies/Considerations:

- Application Assistors and Out-Stationing
- Presumptive Eligibility
- State Residency and Applications for Individuals Moving to Another State
- Reasonable Opportunity Period

### ■ Information about a special enrollment period (SEP) to enroll in Marketplace coverage available to Afghan evacuees

After CMS released the factsheet, Congress enacted additional protections for Afghan evacuees in its September 30, 2021 [Continuing Resolution](#). On November 1, 2021, CMS issued an updated [factsheet](#) to reflect these legislative changes.



# **Potential Immigration Statuses and Health Coverage Options for Afghan Evacuees**

# Afghan Evacuees Immigration Statuses

Most Afghan evacuees receive one of the following “lawfully present” immigration statuses:

Immigration Status	Eligible Individuals
Special Immigrant Visa (SIV) Holders	Individuals <b>affiliated with the U.S. mission in Afghanistan</b> (e.g., translators), their <b>spouses</b> , and their unmarried <b>children</b> under the age of 21. <i>Note: SIV holders receive Lawful Permanent Resident (green card) status.</i>
Special Immigrant (SI/SQ) Parolees	Individuals who are <b>eligible for a SIV, but who were evacuated</b> to the U.S. before completing the SIV application process.
Humanitarian (Non-SI/SQ) Parolees	Individuals who are <b>not eligible for a SIV</b> , but were nonetheless evacuated for humanitarian reasons and paroled into the U.S. They may apply for asylum, work authorization, and other immigration benefits.

“Parole” means that an individual has received temporary permission to enter the United States without a visa or other formal immigration status.

- Afghan parolees (SI/SQ and humanitarian) will generally receive a parole period of 2 years.
- The Afghanistan Supplemental Appropriations Act, passed as part of the Sept. 30, 2021 Continuing Resolution, enhanced protections for humanitarian parolees by:
  - Expanding health coverage options.
  - Requiring expedited processing of asylum applications (decision within 150 days).
  - Making Afghan parolees eligible for REAL ID-compliant driver’s licenses and state ID cards.

Source: Special Immigrant Visas for Afghans - Who Were Employed by/on Behalf of the U.S. Government; and QAW.

## Overview: Afghan Evacuee Eligibility for Coverage

- **CMS stated that “most Afghan evacuees ... will be eligible for health insurance,”** whether under:
  - Medicaid or the Children’s Health Insurance Program (CHIP)
  - Refugee Medical Assistance (RMA), which provides short-term medical assistance to newly arriving Afghans who are not eligible for Medicaid
  - The Marketplace (potentially including premium tax credits)
- **For each evacuee, eligibility for coverage depends on:**
  - Holding a qualifying immigration status
  - Satisfying all program-specific eligibility criteria, such as income and residency requirements.

# Medicaid & CHIP

**Most Afghan evacuees may enroll in Medicaid/CHIP if they meet program eligibility criteria in their state of intended residence.**

- **Background: The 5-year bar on Medicaid/CHIP coverage**
  - Federal law generally limits Medicaid/CHIP eligibility to “qualified non-citizens” who have resided in the U.S. for at least 5 years (the so-called “5-year bar”).<sup>1</sup>
  - Certain groups are exempt from the 5-year bar, including refugees and asylees. They may enroll in Medicaid/CHIP at any time if they meet program eligibility criteria.
- **Congress exempted most Afghan evacuees from the 5-year bar.** The following groups are eligible for “entitlement programs and other benefits” on the same terms as refugees:
  - All SIV holders and SI/SQ parolees.
  - Humanitarian parolees who arrive in the U.S. between July 31, 2021 and Sept. 30, 2022 (*as well as the qualifying family members of these parolees, even if they are admitted after September 30, 2022*).

**Humanitarian parolees who arrived in the U.S. *before* July 31, 2021 are subject to the 5-year bar on Medicaid/CHIP coverage, with certain exceptions:**

- Under CHIPRA 214, states may waive the 5-year bar for lawfully present ***children and pregnant people*** who meet all Medicaid/CHIP eligibility requirements.<sup>1</sup>
- States must cover ***treatment for emergency medical conditions*** for any individual who would be eligible for Medicaid but for their immigration status.

Note: (1) The 5-year bar was imposed under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Under section 214 of the CHIP Reauthorization Act of 2009 (CHIPRA), states have the ability to waive this 5-year bar for lawfully residing children and pregnant women.

Source: [Afghan Allies Protection Act of 2009, as amended; Extending Government Funding and Delivering Emergency Assistance Act, Section 2502.](#)

# Refugee Medical Assistance (RMA)

**RMA is potentially available to any newly arriving Afghan evacuees who do not qualify for Medicaid/CHIP.**

- **Background on Refugee Medical Assistance**
  - RMA provides up to 8 months of health coverage to immigrants who are not eligible for Medicaid/CHIP, and who meet other requirements (e.g., income thresholds).
  - RMA benefits generally mirror Medicaid coverage.
  - RMA is typically administered through state Medicaid programs (but paid for with federal dollars).<sup>1</sup>
- **RMA is potentially available to all newly arriving Afghan evacuees\* who do not qualify for Medicaid/CHIP** (e.g., because they exceed income thresholds, which may be particularly likely in non-expansion states). While enrolled in RMA coverage, these individuals may:
  - Apply for an immigration status that would qualify them for Medicaid/CHIP without the 5-year bar (e.g., asylum)
  - Apply for Marketplace coverage (potentially with subsidies).

*\*RMA is not available to Humanitarian parolees who arrived in the U.S. before July 31, 2021*

The HHS Office of Refugee Resettlement maintains a list of [key state contacts](#) regarding RMA and other refugee resettlement programming.

Note: (1) The following states do not administer an RMA program: AK, KS, KY, ME, MO, NV, TN, TX. In most of these states, RMA is administered privately by a national resettlement agency.

# Commercial Insurance in the Marketplace

Afghan evacuees who do not qualify for Medicaid/CHIP are eligible to purchase coverage on the Marketplace, potentially with subsidies in certain cases.

**Afghan evacuees with income < 100% of the federal poverty level (FPL) likely will not qualify for premium tax credits.**<sup>1</sup> They must pay full price for Marketplace coverage.

- In states that have not expanded Medicaid under the Affordable Care Act, RMA may be the only form of comprehensive, federally supported health coverage for low-income adult evacuees.
- These adults may, however, qualify for limited Medicaid coverage of emergency services.

**Afghan evacuees with income > 100% FPL may qualify for premium tax credits** if they do not qualify for Medicaid, CHIP, or any other form of “minimum essential coverage.”

*Note: For plan years 2021 and 2022, the American Rescue Plan Act of 2021 (ARP) temporarily increased existing premium tax credits, including by making these subsidies available to those with incomes > 400% FPL. Congressional Democrats are considering legislation to make these changes permanent.*

Afghan evacuees can use [HealthCare.gov](https://www.healthcare.gov) to apply for and enroll in Marketplace coverage.

If a state has its own Marketplace platform, contact information can be found here:

[www.HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/).

Note: (1) A previous version of this deck erroneously stated that premium tax credits are available to lawfully present immigrants below 100% FPL. This policy applies only to lawfully present immigrants who would be eligible for Medicaid/CHIP but for the 5-year bar on coverage. This exception does not apply to Afghan evacuees, however, because they are not subject to the 5-year bar.

# SEP for Marketplace Coverage

The September factsheet on the Afghan Evacuee Crisis includes information on a SEP through the Marketplace available to Afghan evacuees, including individuals:



**Who move to, or gain  
lawful presence in, the U.S.**



**Who initially qualify for  
Medicaid, CHIP, or RMA  
coverage, but later  
lose such coverage.**



**Who receive a  
determination of  
ineligibility for Medicaid or  
CHIP after the end of an  
enrollment period.**

- Individuals have 60 days to enroll in Marketplace coverage.
- Coverage generally starts the first of the month after an individual applies and selects a plan.
- Evacuees who know ahead of time that their RMA coverage will end may apply and select a plan up to 60 days before the end of their coverage, allowing Marketplace coverage to start on the first of the month.





# **State Strategies for Enrolling Evacuees into Health Coverage**

# Application Assisters & Out-Stationing

Before evacuees are resettled, states can conduct in-reach activities into military bases and leverage their existing network of application assisters, community-based organizations (CBOs), and navigators to help individuals complete single streamlined applications for, and enroll in, health coverage.

## State Strategies

- **Provide or fund specialized training for assisters and navigators** on Afghan evacuees' unique enrollment issues (e.g., potential change in residency, need for interpreters).
- **Rely on the existing application assister workforce** to help evacuees complete and submit applications for health coverage.
- Leverage **locally anchored organizations** to assist individuals and families with connecting to critical social supports (e.g., food pantries) and provide assistance with navigating the healthcare system.
- **Out-station workers** including: (1) Medicaid agency eligibility workers to help facilitate enrollment and, if authorized, determine eligibility; and (2) provider/contractor employees or trained volunteers to assist evacuees with completing applications.
  - ✓ States may receive **50% Federal Medical Assistance Percentages (FMAP)** for out-stationed eligibility functions.
  - ✓ States may **claim salaries for out-stationed workers, travel, training, space, and related expenditures** so long as they are directly attributable to the out-stationing activities, as defined by 42 C.F.R. 435.904.

*Out-station locations can include hospitals that receive Disproportionate Share Hospital (DSH) funding, Federally Qualified Health Centers (FQHCs), and any “alternate location” that the state demonstrates is an equal or more effective location (alternate locations must be approved by CMS).*

Source: 42 C.F.R. 435.904; and [State Medicaid Director Letter \(SMDL\) #01-008](#).

# Presumptive Eligibility

States can implement new or enhanced presumptive eligibility processes to quickly enroll eligible evacuees into coverage.

Program Feature	Description	Sample Policy Changes <sup>1</sup>
Eligible Populations	<ul style="list-style-type: none"><li>States can use presumptive eligibility for children, pregnant women, parents, expansion adults, former foster care children, certain individuals with income above 133% FPL, among others.</li></ul>	<ul style="list-style-type: none"><li>✓ Extend regular presumptive eligibility to all eligible populations.</li><li>✓ Update SPAs to adopt regular presumptive eligibility for eligibility groups based on age or disability status.</li></ul>
Qualified Entities	<ul style="list-style-type: none"><li>A qualified entity is an entity determined by the state to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.</li></ul>	<ul style="list-style-type: none"><li>✓ Designate the military bases, medical hotels where evacuees are being housed, the Medicaid agency, or other entities as qualified entities, and provide them with training to make presumptive eligibility determinations.</li><li>✓ Establish state and local government agencies as qualified entities.</li></ul>
Application	<ul style="list-style-type: none"><li>States are not required to use a written application for PE.</li><li>States may use either gross income or a reasonable estimate of MAGI.</li></ul>	<ul style="list-style-type: none"><li>✓ Develop guidance clarifying that qualified entities may administer presumptive eligibility applications verbally or through an online portal.</li><li>✓ Simplify presumptive eligibility income determination process by switching to a "gross income" approach.</li></ul>

***Reminder:** Presumptive eligibility enables healthcare providers and other qualified entities to provide children and certain groups access to Medicaid or CHIP services without having to wait for their application to be fully processed.*

Note: (1) Changes can be made on an expedited basis using a Medicaid Disaster Relief SPA.

# Hospital Presumptive Eligibility

States can leverage their current hospital presumptive eligibility policies and operational approaches to support enrollment of Afghan evacuees.

Program Feature	Description	Sample Policy Changes
Eligible Populations and Qualified Entities	<ul style="list-style-type: none"><li>▪ Qualified hospitals must determine eligibility presumptively for most populations, other than those eligible on the basis of age or disability.</li><li>▪ Hospitals can make presumptive eligibility determinations for individuals who are not patients.</li></ul>	<ul style="list-style-type: none"><li>✓ Implement State Plan Amendments (SPAs) to adopt hospital presumptive eligibility for eligibility groups based on age or disability status.</li><li>✓ Allow and encourage hospitals to make presumptive eligibility determinations for individuals outside of the “4 walls” of the hospital – including for individuals who are <u>not</u> patients of the hospital.</li></ul>
Eligibility Period	<ul style="list-style-type: none"><li>▪ States must adopt reasonable standards regarding the number of periods of presumptive eligibility that will be authorized in a given timeframe.</li></ul>	<ul style="list-style-type: none"><li>✓ Allow one period of presumptive eligibility per calendar year.</li></ul>
Application	<ul style="list-style-type: none"><li>▪ States are not required to use a written application for PE.</li><li>▪ Hospitals and other qualified entities must accept self-attested information regarding income, immigration status, and state residency.</li></ul>	<ul style="list-style-type: none"><li>✓ Develop guidance clarifying that qualified hospitals may administer presumptive eligibility applications verbally or through an online portal.</li><li>✓ Simplify the presumptive eligibility income determination process by switching to a “gross income” approach.</li></ul>

Source: [COVID-19 FAQs for State Medicaid and CHIP Agencies](#).

# Medicaid State Residency & Applications for Individuals Moving to Another State

States can proactively enroll evacuees who are still being processed at military bases (including those that are out-of-state) based on the individual's "intent to reside" or by covering the person as a "non-state resident."

- **States can enroll Afghan evacuees based on "intent to reside":**
  - Residency is defined as the place where the individual is living and intends to reside (42 C.F.R. 435.403).
  - States have flexibility to define the term "intent to reside," including accepting attestation that an individual is a state resident without requiring further documentation.
  - States may not deny Medicaid eligibility because the individual has not resided in the state for a minimum, specified period of time or does not have a fixed address.
- **Alternatively, states can extend Medicaid eligibility to "non-residents."**
- **Application process considerations for evacuees moving to another state:**
  - Evacuees may apply for Medicaid in the state in which they intend to reside.
  - When applying, evacuees should use the address where they intend to live, if known, or provide another address where the Medicaid agency can reach them (e.g., the address of a community organization).
  - Effective date of eligibility would be the date the individual arrives in their new state of residence.
  - Individuals can designate an authorized representative (e.g., case manager from a refugee resettlement organization) to:
    - Communicate with the state Medicaid agency on the person's behalf.
    - Report changes in circumstances.
    - Receive copies of notices and other information.

## Reasonable Opportunity Period

Verifying immigration status for evacuees may present challenges to facilitating enrollment into coverage. The September factsheet reminds states of their obligation to give applicants a Reasonable Opportunity Period to provide supporting documentation if their immigration status cannot be verified via data matching sources.

- If (1) a state is unable to promptly verify an Afghan evacuee's immigration status, and (2) the individual has attested to eligible immigration status and is found otherwise eligible for Medicaid, then **the state is required to furnish benefits:**
  - ✓ During the **90-day Reasonable Opportunity Period**; or
  - ✓ A **longer period provided by the state for non-citizens making a good faith effort** to obtain documentation or where the agency needs more time to verify the individual's immigration status.
- Before discontinuing Reasonable Opportunity Period coverage, states must provide individuals **at least 10 days advance notice.**
- **Notices must be accessible** to individuals with limited English proficiency or living with disabilities.

Source: Section 1137(d) of the Social Security Act; 42 C.F.R. § 435.956(b); 42 C.F.R. § 435.956(b)(2)(ii)(B); 42 C.F.R. § 431.211; 42 C.F.R. § 435.905(b); and 42 C.F.R. 431.206(e).

# Maintaining Contact with Afghan Evacuees

States should consider a multi-prong approach for maintaining accurate mailing addresses, which supports sending notices, benefit cards, managed care plan information, and renewal packets to Afghan evacuees as they are processed and begin to resettle.



**Create specialized notices in Pashto and Dari** that inform individuals about how to update their contact information when they move, and the importance of doing so.



**Partner with resettlement organizations or other community organizations** to remind individuals enrolled in Medicaid or Marketplace coverage to update their contact information.



**Encourage applicants to use a stable mailing address** so that they know where to go to check for updated mail (e.g., a local social service agency office or CBO).



# State Reactor: Virginia





# Thank You

**Kinda Serafi**

Partner

Manatt Health

kserafi@manatt.com

212-790-4625

**Julian Polaris**

Associate

Manatt Health

jpolaris@manatt.com

212-704-1980

**Sarah Hatton**

Deputy of Administration,

Director's Office

Virginia DMAS

sarah.hatton@dmass.virginia.gov

804-786-7355

**Heather Howard**

Director

State Health and Value

Strategies Program

heatherh@princeton.edu

609-258-9709

**Daniel Meuse**

Deputy Director

State Health and Value

Strategies Program

dmeuse@princeton.edu

609-258-7389

# Appendix

# Immigration Statuses & Eligibility for Coverage

Immigration Status <sup>1</sup>	Medicaid/CHIP	Marketplace
<b>Certain protected classes of “qualified non-citizens,”</b> including: <ul style="list-style-type: none"> <li>People who have been granted asylum or refugee status</li> <li><b><i>Afghans with a Special Immigrant Visa (SIV)<sup>2</sup></i></b></li> <li><b><i>Special Immigrant (SI/SQ) Parolees<sup>2</sup></i></b></li> <li><b><i>Humanitarian (Non-SI/SQ) Parolees<sup>3</sup></i></b></li> </ul>	Same coverage as U.S. citizens ( <i>no 5-year bar</i> )	Yes
<b>Other classes of qualified non-citizens,</b> including: <ul style="list-style-type: none"> <li>Lawful Permanent Residents (LPRs) (aka “Green Card” holders)</li> <li>People who have been granted “parole” into the U.S. for a period of at least 1 year</li> </ul>	<u><b>Children &amp; Pregnant People:</b> Same coverage as U.S. citizens <b>if</b> state has elected CHIPRA 214 option</u> <u><b>All Others:</b> Same coverage as U.S. citizens <b>after</b> meeting 5-year bar.</u> During 5-year bar, no coverage except for Emergency Medicaid.	Yes
<b>Lawfully present people who are <u>not</u> “qualified non-citizens,”</b> including: <ul style="list-style-type: none"> <li>Asylum applicants and people with certain other humanitarian statuses</li> <li>People with “non-immigrant” visa status (e.g., time-limited visas for work or study)</li> <li>People who have been granted parole for less than 1 year</li> <li>People with legal status conferred by certain other laws (e.g., the Legal Immigration Family Equity Act)</li> </ul>	<u><b>Children &amp; Pregnant People:</b> Same coverage as U.S. citizens <b>if</b> state has elected CHIPRA 214 option</u> <u><b>All Others:</b> <b>No coverage,</b> except for Emergency Medicaid.</u>	Yes
<b>Undocumented people,</b> including those eligible for Deferred Action for Childhood Arrivals (DACA)	No coverage, except for Emergency Medicaid.	No

Notes: (1) This table does not present a comprehensive list of immigration statuses eligible for federally funded coverage programs. (2) Per CMS guidance, SIV holders and SI/SQ parolees will share the same Medicaid/CHIP, Marketplace, and RMA eligibility rules as refugees. (3) Per the Afghanistan Supplemental Appropriations Act (enacted Sept. 30, 2021), humanitarian (non-SI/SQ) parole recipients are similarly eligible for these programs on the same terms as refugees.