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.

Questions? Email Heather Howard at heatherh@Princeton.edu.

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SHVS Resources for States

- **COVID-19**
  - 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/
  - 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
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
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.

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.

 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 Assisters 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.

Source: Health Coverage Options for Afghan Evacuees.
Potential Immigration Statuses and Health Coverage Options for Afghan Evacuees
Most Afghan evacuees receive one of the following “lawfully present” immigration statuses:

<table>
<thead>
<tr>
<th>Immigration Status</th>
<th>Eligible Individuals</th>
</tr>
</thead>
</table>
| **Special Immigrant Visa (SIV) Holders** | Individuals affiliated with the U.S. mission in Afghanistan (e.g., translators), their spouses, and their unmarried children under the age of 21.  
  *Note: SIV holders receive Lawful Permanent Resident (green card) status.* |
| **Special Immigrant (SI/SQ) Parolees**  | Individuals who are eligible for a SIV, but who were evacuated to the U.S. before completing the SIV application process. |
| **Humanitarian (Non-SI/SQ) Parolees**  | Individuals who are not eligible for a SIV, 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 OAW.
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”).
  - 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.
- 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).

- **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.
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. 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 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/.

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.
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.

Source: Health Coverage Options for Afghan Evacuees.
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.

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*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.

<table>
<thead>
<tr>
<th>Program Feature</th>
<th>Description</th>
<th>Sample Policy Changes¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Populations</td>
<td>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.</td>
<td>✓ Extend regular presumptive eligibility to all eligible populations. ✓ Update SPAs to adopt regular presumptive eligibility for eligibility groups based on age or disability status.</td>
</tr>
<tr>
<td>Qualified Entities</td>
<td>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.</td>
<td>✓ 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. ✓ Establish state and local government agencies as qualified entities.</td>
</tr>
<tr>
<td>Application</td>
<td>States are not required to use a written application for PE. States may use either gross income or a reasonable estimate of MAGI.</td>
<td>✓ Develop guidance clarifying that qualified entities may administer presumptive eligibility applications verbally or through an online portal. ✓ Simplify presumptive eligibility income determination process by switching to a “gross income” approach.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Program Feature</th>
<th>Description</th>
<th>Sample Policy Changes</th>
</tr>
</thead>
</table>
| Eligible Populations and Qualified Entities | ▪ Qualified hospitals must determine eligibility presumptively for most populations, other than those eligible on the basis of age or disability.  
▪ Hospitals can make presumptive eligibility determinations for individuals who are not patients. | ✓ Implement State Plan Amendments (SPAs) to adopt hospital presumptive eligibility for eligibility groups based on age or disability status.  
✓ Allow and encourage hospitals to make presumptive eligibility determinations for individuals outside of the “4 walls” of the hospital – including for individuals who are not patients of the hospital. |
| Eligibility Period | ▪ States must adopt reasonable standards regarding the number of periods of presumptive eligibility that will be authorized in a given timeframe. | ✓ Allow one period of presumptive eligibility per calendar year. |
| Application | ▪ States are not required to use a written application for PE.  
▪ Hospitals and other qualified entities must accept self-attested information regarding income, immigration status, and state residency. | ✓ Develop guidance clarifying that qualified hospitals may administer presumptive eligibility applications verbally or through an online portal.  
✓ Simplify the presumptive eligibility income determination process by switching to a “gross income” approach. |

Source: COVID-19 FAQs for State Medicaid and CHIP Agencies.
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.

Source: Health Coverage Options for Afghan Evacuees.
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).
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Appendix
## Immigration Statuses & Eligibility for Coverage

<table>
<thead>
<tr>
<th>Immigration Status</th>
<th>Medicaid/CHIP</th>
<th>Marketplace</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certain protected classes of “qualified non-citizens,”</strong> including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- People who have been granted asylum or refugee status</td>
<td>Same coverage as U.S. citizens (no 5-year bar)</td>
<td>Yes</td>
</tr>
<tr>
<td>- <strong>Afghans with a Special Immigrant Visa (SIV)(^2)</strong></td>
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<tr>
<td>- <strong>Special Immigrant (SI/SQ) Parolees(^2)</strong></td>
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<tr>
<td>- <strong>Humanitarian (Non-SI/SQ) Parolees(^3)</strong></td>
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<tr>
<td><strong>Other classes of qualified non-citizens,</strong> including:</td>
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</tr>
<tr>
<td>- Lawful Permanent Residents (LPRs) (aka “Green Card” holders)</td>
<td>Children &amp; Pregnant People: Same coverage as U.S. citizens if state has elected CHIPRA 214 option</td>
<td>Yes</td>
</tr>
<tr>
<td>- People who have been granted “parole” into the U.S. for a period of at least 1 year</td>
<td>All Others: Same coverage as U.S. citizens after meeting 5-year bar. During 5-year bar, no coverage except for Emergency Medicaid.</td>
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</tr>
<tr>
<td><strong>Lawfully present people who are not “qualified non-citizens,”</strong> including:</td>
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<td></td>
</tr>
<tr>
<td>- Asylum applicants and people with certain other humanitarian statuses</td>
<td>Children &amp; Pregnant People: Same coverage as U.S. citizens if state has elected CHIPRA 214 option</td>
<td>Yes</td>
</tr>
<tr>
<td>- People with “non-immigrant” visa status (e.g., time-limited visas for work or study)</td>
<td>All Others: No coverage, except for Emergency Medicaid.</td>
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<tr>
<td>- People who have been granted parole for less than 1 year</td>
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<tr>
<td>- People with legal status conferred by certain other laws (e.g., the Legal Immigration Family Equity Act)</td>
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<tr>
<td><strong>Undocumented people,</strong> including those eligible for Deferred Action for Childhood Arrivals (DACA)</td>
<td>No coverage, except for Emergency Medicaid.</td>
<td>No</td>
</tr>
</tbody>
</table>

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.