

**DSS ADMINISTRATIVE LETTER NO. ECONOMIC SERVICES 2-2009**

**TO:** County Directors of Social Services

**ATTENTION:** Medicaid and Work First Supervisors and Caseworkers for Refugee Cash and Medical Assistance

**DATE:** September 03, 2009

**SUBJECT:** Refugee Medical Assistance for Family Reunification Cases

**EFFECTIVE:** **September 1, 2009**

**I. GENERAL INFORMATION**

The purpose of this letter is to outline the procedures for determining eligibility for Refugee Medical Assistance (MRF) when the client is eligible for regular Family and Children's Medicaid but has a deductible that is/can not be met (M-AF Medically Needy).

**II. POLICY PROCEDURES**

When an applicant is potentially eligible for MAF-M and MRF, authorize for MAF-M if medical expenses to meet the deductible have been incurred as of the date of application. If the deductible is not met, consider the client to be "ineligible" and take an application for MRF. Spouse to spouse income must always count. For MRF, the Income Criteria is 200% of poverty level (chart attached).

EXAMPLE

A mother and her 3 minor children arrive as refugees. The husband/father they are joining arrived as a refugee 2 years earlier and is now employed. His wages result in an MAF-M case with a deductible for his family. If the deductible is not met as of the date of application, take an MRF application on the wife/mother and an MIC application on the children. Since the husband has been in the US over 8 months, he is not eligible to receive MRF, however, count the husband's income in the wife's MRF case (spouse for spouse). If the income is below 200% of poverty level for 2, she is eligible for MRF. At the end of her 8 months of eligibility, evaluate to determine if she is eligible for any other assistance and take the necessary applications or refer to the appropriate agency

**III. IMPLEMENTATION INSTRUCTIONS**

This change is effective with each application taken or processed on or after September 1, 2009. Retroactive coverage is allowed for 3 prior months, which for September 01, 2009, applications would include June, July and August 2009.

If you have any questions, please contact the State Refugee office via telephone at (919) 334-1254 or email Gail Andersen at [gail.andersEn@dhhs.nc.gov](mailto:gail.andersEn@dhhs.nc.gov).

Sincerely,



Dean Simpson, Chief  
Economic Services Section

## 2009 FEDERAL POVERTY GUIDELINES

	100% of Poverty		200% of Poverty	
Household Size	Monthly	Annual	Monthly	Annual
1	\$903	\$10,830	\$1,806	\$21,660
2	\$1,214	\$14,570	\$2,428	\$29,140
3	\$1,526	\$18,310	\$3,052	\$36,620
4	\$1,838	\$22,050	\$3,676	\$44,100
5	\$2,149	\$25,790	\$4,298	\$51,580
6	\$2,461	\$29,530	\$4,922	\$59,060
7	\$2,773	\$33,270	\$5,546	\$66,540
8	\$3,084	\$37,010	\$6,168	\$74,020
For each additional person, add	\$312	\$3,740	\$624	\$7,480