

# Essential Plan Coverage for Deferred Action for Childhood Arrivals (DACAs)

August 2024

# WHAT IS DACA AND WHAT IS CHANGING?



- DACA is a federal rule which protects certain undocumented immigrants from being deported.
- These immigrants came to the U.S. as children.
- DACA recipients can work and attend school.
- DACA status must be renewed every two years.
- DACA individuals are currently eligible for state-funded Medicaid and Child Health Plus, if they are otherwise eligible.

Beginning August 1, 2024, individuals who are recipients of DACA, will be able to enroll in Essential Plan (EP) coverage up to 250% of the FPL.



# Existing DACA Recipients with Medicaid in NY State of Health

# **EXISTING DACA RECIPIENTS WITH MEDICAID**



In late July, DACA recipients who were enrolled in Medicaid through NY State of Health, were automatically transitioned into Essential Plan (EP) 3 or 4 with the same insurer, and no action is needed. These consumers should have already received notices, emails, and text reminders.

 A small number of consumers who are enrolled in a Fidelis Medicaid Managed Care Plan in Clinton County will need to select a new plan or, if they do not select a new plan, one will be auto-assigned for them. This is because Fidelis does not offer an Essential Plan product option in Clinton county.

Consumers moving from Medicaid to EP can review the EP Benefits and Cost Sharing Grid resource <u>here</u>.

#### SAMPLE EMAIL CONSUMER IS AUTO-ENROLLED IN THE SAME PLAN



∼ Favorites		All Unread	By Date 🗸 1		—
Inbox	1	∨ Today			
Sent Items					
Deleted Items	276				Text Message from NY State of Health
the Essential Plan automatically. The Essential Plan is \$0 per month. screenings, prescription medicine, de The Essential Plan is offered by your Essential Plan automatically. You have the option to change your h 1-855-355-5777 or a <u>certified enrolly</u> Look for a notice from your health pla providers. <b>Help is available in your own langu</b>	for \$0 per month. <u>nding!</u> ged. Starting August There is no deductible ental and vision benef current health plan. health plan. For more <u>ment assistor</u> . an. It will have your no Jage	<ul> <li>         Example 1         Example 2024, you qualify for the Essential Plan.     </li> <li>         Cost sharing is very low. The Essential fits, and more. Learn more about the Essential fits, and more. Learn more about the Essential plane information about changing health plane     </li> </ul>	gust for \$0 per month.         C Reply	to e r at	Sample Text Message from NY State of Health         Good news! Your health insurance is continuing with the Essential         Plan! You will be auto-enrolled at \$0 per month. For more         information, log into your nystateofhealth.ny.gov inbox. For help,         information, log into your nystateofhealth.ny.gov inbox. For help,         call 1-855-355-5777 (TTY: 1-800-662-1220). Reply STOP to         cancel. Msg&Data rates may apply.         Text messages were able to be sent depending on         the consumer's preferred language preference in         the following languages:         .       English         .       Spanish         .       Chinese         .       Korean
					Emails were sent in English and Spanish.

# SAMPLE EMAIL

#### **CONSUMER NEEDS TO CHOOSE A NEW PLAN**



All Unread ✓ Favorites By Date ∨ ↑ Inbox 1 ✓ Today Sent Items NY State of Health Deleted Items 276 Your health benefits will continue with the Essenti... 7:13 PM Choose a new health plan for coverage at \$0 per month. Your health benefits will continue with the Essential Plan!  $\odot$ ← Reply  $\langle f \rangle$  Reply All  $\rightarrow$  Forward NY State of Health Thu 7/18/2024 7:13 PM Bacheldor, Erin (HEALTH) Choose a new health plan for coverage at \$0 per month. New York's Essential Plan is Expanding! Good news! Federal rules have changed. Starting August 2024, you qualify for the Essential Plan. Your health benefits will move from Medicaid to the Essential Plan. The Essential Plan is \$0 per month. There is no deductible. Cost sharing is very low. The Essential Plan covers office visits, hospital care, screenings, prescription medicine, dental and vision benefits, and more. Learn more about the Essential Plan here. Next Steps: 1. To get the Essential Plan, you will need to choose a new health plan. Log into your nystateofhealth.ny.gov account, call the Customer Service Center at 1-855-355-5777, or contact a certified enrollment assistor. If you do not choose a new plan, one will be chosen for you. 2. After you are enrolled in a new health plan, they will send you a notice. It will have your new Essential Plan ID card. It will have information about your benefits and available providers. Help is available in your own language We are here to help. Call the Customer Service Center at 1-855-355-5777 or contact a certified enrollment assistor if you have questions. Pick a Plan



Text messages were able to be sent depending on the consumer's preferred language preference in the following languages:

- English
- Spanish
- Chinese
- Korean

Emails were sent in English and Spanish.

### DACA ENROLLEES WHO WILL NOT TRANSITION TO EP



- Consumers who are DACA and who are pregnant or are in their post partum period and are enrolled in Medicaid, will remain in Medicaid until the end of their 12-month post-partum period and will be re-evaluated upon renewal.
  - These consumers will receive a renewal at the end of the 12-month postpartum period, and may become eligible for EP, if otherwise eligible.
- Consumers who are DACA and enrolled in Medicaid and receiving long term care services will not transition to EP and will stay enrolled in Medicaid.
- Consumers who are DACA and enrolled in Medicaid and eligible for Minimum Essential Coverage (MEC) will not transition to EP and will stay enrolled in Medicaid.
- As a reminder, some children may remain eligible for Medicaid or Child Health Plus because they are ineligible for EP due to their age.



# Existing DACA Recipients with No Coverage in NY State of Health

# DACA RECIPIENTS WITH NO COVERAGE



DACA recipients who are newly eligible for the Essential Plan (EP) program will be able to enroll on or after August 1, 2024.

- DACA consumers who are pregnant and apply in NY State of Health for the first time (who do not already have coverage in NY State of Health), with income up to 223% FPL will be eligible for Medicaid if otherwise eligible.
  - Starting in August, if the pregnant DACA consumer has income between 223% and 250% of the FPL they will be eligible for EP, if otherwise eligible.
- Remember, EP coverage begins retroactively, back to the first of the month that the consumer enrolls in or is auto assigned an EP plan.



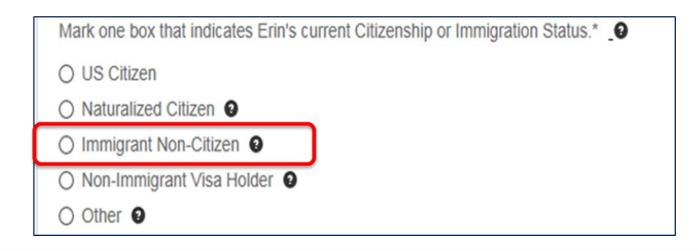


# Completing the NY State of Health Application





# A consumer who has DACA status, should be marked as "Immigrant Non-Citizen"



### DOCUMENTATION



## Individuals who are DACA recipients may present with the following documents.

#### Immigration Document with EAD code C33.



#### I-797 Notice of Action.

Initial Initinitia Initial Initial Initial Initial Initial Init	1-79	7   NOTICE		ENSIDE AND DERIGRATION SERVICES
Instruction Instr	Receipt Number	USCIS Account Nomber	Case Type 1821D - CONSIDERATION OF DEFI	FRED ACTION FOR CHILDHOOD ARRIVALS
Notice Type: Approval Notice C/o SNYTHE, JOHN           JANE SMITH c/o SNYTHE, JOHN           EXAMPLE INTRECOMMENTATION LAW GROUP 99 SAMPLE IN TEST NY 12134           Notice Type: Approval Notice Valid from: 04/28/2023 to 04/27/2025           The account of the provide provide of the provide provide of the propriod of the provide of the provide of the provide of the provi	Received Date	Priority Date		
JANE 5 MITH c/o SMTHE, JOHN EXAMPLE INMURCATION LAW GROUP 99 SAMPLE IN TEST NY 12184 Neter of Defend Action: The antice is in information or agenting U.S. Citizenship and humigration Services's (USCB) decision on your Foun 1-821D. Consideration of Defendence Source is in information or agenting U.S. Citizenship and humigration Services's (USCB) decision on your Foun 1-821D. Consideration of Defendence Source is in the exercise of its processorial discussion, has decided to defer action is your care. Defended action is not exercise of proceedence of Defendence SUCS: Not to present the remark of an individual from the United States for a specific discussion on spoor Foun 1-821D. Consideration of Deferred states. USCS: So to present the remark of an individual from the United States for a specific discussion on spoor Foun 1-821D. Consideration of Deferred states. USCS: So to present the remark of an individual from the United States for a specific discussion on spoor Foun 1-821D. Consideration of Deferred states. USCS: So to present the remark of an individual from the United States for a specific discussion on spoor Foun 1-821D. Consideration of Deferred states. USCS: So to present the remark of an individual from the United States for a specific discussion of the present of the United States. States terminated, this decision to furtheryour advectuation, field taplet with from 1-81D. Data as a field state of the Quint of the States States and residence. The Yo do previde for specific grant YOA, Application for Infloyment Althorization, field taplet with from 1-81D. Data as a field states. States are required to a states as a give. There is no for this change of address field taplet with the information submitted in this request and submitted is the revice of House and Stetesch. States and residence. Information existing the course of the verification with the specific discuss of a discussion on a discussion and discussion and a states as a give. There is no for this change of address field	Notice Date	Page	1-12	
The notice is in isolation you regarding U.S. Chitzenahip and Imnigration Scrvicer's (USCB) decision on your Form 14-21D, Consideration of Deferred Action for OxMihood Arnival. USCS, is the examined, of its presectorial discortion, has decided to defer action is specific period. Deferred action does not confer or after any imnigration USCS for the present the removal of an individual from the United States for a specific period. Deferred action does not confer or after any imnigration USCS action of the specific period. Action for the United States for a specific period. Deferred action does not confer or after any imnigration USCS action does not constance employment autorization, nor may is be used in place of an Employment Autorization Document. The 90-00 period for reviewing form 15/2, Application for fragmentar Autorization, Document separately by mail. Subsequent crisinal activity information activity of the your lands have been derived in 18 have musice your Engloyment Autorization, Document separately by mail. Subsequent crisinal activity information activity of your case have been derived in 18 have musice your Engloyment Autorization. Document separately by mail. Subsequent crisinal activity information activity information activity information and the stress set on the stress of the stress of the stress separately by mail. Subsequent crisinal activity information activity information subsection of the error of the stress Chitta's form may be found at www.msis.gov. There is no first for the datage of address fram. NOTICE: USCES of the U.S. Department of Homalizad Secutity (DHS) reserve the right to verify the information subsection of the reception activity indications of the reception activity in placebal lanes, rains, regulations, and other autorizins in bia for the request for activity in future activity and documentation to maxes conferring with applicable lanes, rains, regulations, and other autorizins in bia in the request of the revision of therror actions of the revision activity information i	c/o SMY EXAMPI 99 SAMP	THE, JOHN LE IMMIGRATIC PLE LN	ON LAW GROUP	
	Action for Childh SGCS, in the orac uluSGS socie to per- sitation. Unclease terminated This notice does nor- reviewing form 1 -1765 in granted, a defended in likely. You are required That form may be apporting does apporting does and/or theorem of the same of the same of the same and/or the same of the sa	ood Airthil. mise of its generatorial d'an indi seise of the generatorial of an indi the second of the second of the second of the second of the second of the second of the second of the second of the second second of the secon	Identifies, has devided to defer active in sy related from the United States for a specifi moral action will remain an effect for the d mathematicality, nor may it to work in place hypotent Autooiration. This and the devi- hypotent Autooiration. This and the devi- ing our address. You may use the Alien There is no fire for the charge of address of Hypotentian Structury (DHS) marrow the major your address. You may use the Alien There is no fire for the charge of address of Hypotentian Structury (DHS) marrow the major your address. You may use the Alien There is no fire for this charge of address of Hypotentian Structury (DHS) marrow the major with neglicide dark with the response of Hypotentian Structury (DHS) marrow of the real action is terministed and/or removal p the med action is terministed and/or removal p back. You will be notified separately abox SCMS calline account. To learn more who	er cace. Defend action is are surveiter of protectional discussion by protected. Defermed action does not confer or after any immigration unition of the validity period noted above. If the implement Archivectation Decement. The 50 days period for Archiven E42D Begins of the day of this approximate discussion by by and 3. Subsequent criminal activity diff your case has been provide permission to stude outside difficult days and a stud- tering of the stude outside difficult days and a stude difficult in the stude difficult days and a stude difficult days and stude a study the information submitted in this respect and/or man do the submitted difficult days and a stude difficult days and a studentistic days and a studentistic difficult days and a student and a studentistic days and a studentistic difficult days and a student and a studentistic days and a studentistic difficult days and a stude days and a studentistic difficult days and a student and a studentistic days and a studentistic difficult days and a studentistic days and a studentistic difficult days and a studentistic days and a studentistic days and a studentistic and a studentistic days and a studentistic days and a studentistic and a studentistic days and a studentistic days and a studentistic and a studentistic days and a studentistic days and a studentistic and a studentistic days and a stud

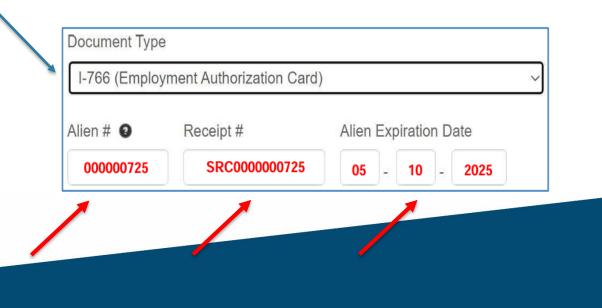
## **COMPLETING THE APPLICATION**



#### Immigration Document with EAD code C33.

Mark one box that indicates Test V's current Citizenship or Immigration Status.*	Document Type
O US Citizen	Select V
O Naturalized Citizen O	Select
Immigrant Non-Citizen Immigrant Non-Citiz	Other
O Non-Immigrant Visa Holder 9	Temporary I-551 Stamp (on Passport or I-94 Arrival/Departure Record)
O Other O	I-327 (Reentry Permit) I-551 Permanent Resident Card
	I-571 (Refugee Travel Document)
	Machine Readable Visa (With Temporary I-551 language)
	I-94 Arrival/Departure Record
	I-94 Arrival/Departure Record in Unexpired Foreign Passport
	I-766 (Employment Authorization Card)





## **COMPLETING THE APPLICATION**



#### I-797 Notice of Action

Mark one box that indicates Test V's current Citizenship or Immigration Status.* O	Document Type	
O US Citizen	Select	You have selected "Other Document"
O Naturalized Citizen O	Select	If you do not have an Alien# or 194#, you should leave all of the boxes blank. You will be asked to submit a copy of your immigration document after your application is completed. If you have an Alien# or 194#,
Immigrant Non-Citizen	Other	please fill in those boxes now. Completing those boxes will help us process your application.
<ul> <li>Non-Immigrant Visa Holder</li> <li>Other</li> </ul>	Temporary I-551 Stamp (on Passport or I-94 Arrival/Departure Record) I-327 (Reentry Permit) I-551 Permanent Resident Card	Document Type Other
CONTROL OF ACTION OF DEFERRED ACTION FOR CHILDHOOD ARRIVALS     Control Type: Approval Notice     Conty	I-571 (Refugee Travel Document) Machine Readable Visa (With Temporary I-551 language) I-94 Arrival/Departure Record I-94 Arrival/Departure Record in Unexpired Foreign Passport I-766 (Employment Authorization Card)	Alien #  IB4 #  SEVISID # Document Description

After choosing "Other" from the "Document Type" drop down, you are not required to enter in any numbers on the screenshot and may proceed and complete the application for the consumer.

These consumers will likely need to upload their I-797 to verify their immigration status.

 SNC15CE: 133255 and the L5. Department of Honchand Security (DHS) incore the right to verify the information submitted in this respect adder supervises. Advances to a supervise departments to an annothermore with applicable barray risks replandings, and the supervises of the supervises

This notice is to inform you regarding U.S. Citizenship and Immigration Services's (USCIS) decision on your Form I-821D, Consideration of Deferre

USCIS, in the exercise of its prosecutorial discretion, has decided to defer action in your case. Deferred action is an exercise of prosecutorial discretion by USCIS not to pursue the removal of an individual from the United States for a specific period. Deferred action does not confer or alter any immigration

This notice does not constitute employment authorization, not may be used in places of an Employment Authorization Document. The 90 day period for reviewing Form 1-165, Application for Employment Autorization, filed together with brunn 1.01 Dolgsin as of the date of the approximation. Form the state of the state o

Unless terminated, this decision to defer removal action will remain in effect for the duration of the validity period noted above.

EXAMPLE IMMIGRATION LAW GROUP

That form may be found at www.uscis.gov. There is no fee for this change of address form

99 SAMPLE LN TEST NY 12184

Notice of Deferred Action

ction for Childhood Arrival

FORM 1-797 [REV. 08/01/16]



# DACA Eligibility in Other NY State of Health Programs





# **Qualified Health Plans**

- Starting November 1, 2024, DACA recipients will be considered lawfully present for Qualified Health Plan (QHP) eligibility. This change applies to all QHP eligibility with or without financial assistance.
- We will provide more information on how and when to help a DACA consumer who is eligible to enroll in a QHP later this year.



# Medicaid and Child Health Plus

NYS already provides coverage to DACA recipients who otherwise meet eligibility requirements for Medicaid and Child Health Plus.

- As previously mentioned, pregnant consumers who currently have Medicaid or Medicaid postpartum coverage in NY State of Health will remain in Medicaid until the end of their 12-month post-partum period and will be re-evaluated upon renewal.
- For DACA consumers who are pregnant and apply in NY State of Health for the first time, these consumers are eligible for Medicaid up to 223% FPL.
- Children will remain eligible for Medicaid or Child Health Plus due to their age.



# Resources for Assistors and Consumers

# DACA DOCUMENTS Q & A



#### **Question:**

If a consumer tells their Assistor that they had or have DACA status, but their documentation is not current, how should the Assistor proceed?

#### Answer:

If a consumer presents as a DACA with expired documents, they should still be marked as "Immigrant Non-Citizen" so that their immigration documents and document numbers can be reviewed.

Mark one box that indicates Erin's current Citizenship or Immigration Status.* _@	
O US Citizen	
O Naturalized Citizen 8	
O Immigrant Non-Citizen	
O Non-Immigrant Visa Holder @	
O Other @	

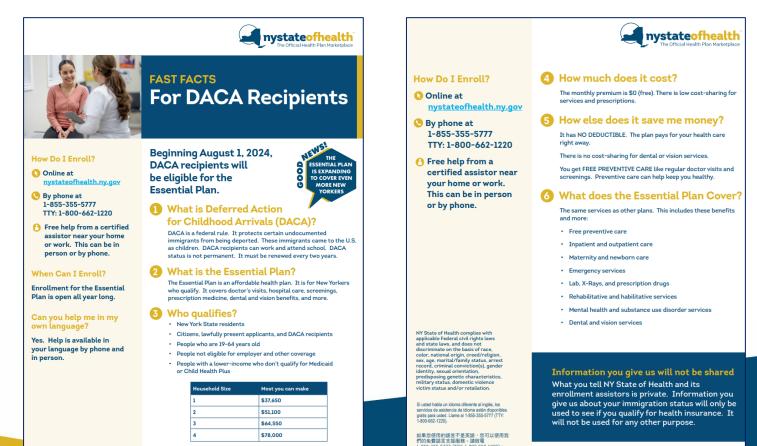


# **FACT SHEET FOR CONSUMERS**



NY State of Health has also created a Fast Fact Sheet for DACA Recipients on this change.

• Assistors should review and print and/or share as needed.



# **RESOURCE FOR CONSUMERS**



The New York State Office for New Americans (ONA) can help! ONA provides free services to all immigrants through its statewide network of community-based service providers:

- 1-800-566-7636
- <u>Newamericans@dos.ny.gov</u>







- If you have any questions about this information, please send us an email at: <u>Eligibility.Training.Support@health.ny.gov</u>.
- If you have questions about a particular consumer's eligibility and enrollment, please send the details, on an encrypted account review template to <u>Assistor.Cases@health.ny.gov</u>.



# **RECERTIFICATION PROCESS**



- This pre-recorded webinar is included in the 2024 Assistor recertification Training Requirements
- All Assistors and Assistor Oversight Managers who are registered or completed the online Assistor Certification Training by 10/31/2024 will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the initial online course.
  - o <u>https://info.nystateofhealth.ny.gov/SpringTraining</u>
- Keep track of the date you watched the live webinar or the video for each of this year's recertification webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

# **THANK YOU FOR JOINING US**



