

CIRCULAR

Date: November 9, 2012

CIRCULAR NUMBER: #2012-60

Alternate Program(s):

To: Community Social Service Supervisors/Program Managers

Subject: Health Benefits for Privately Sponsored Refugees

Reference: Directive 2003-22 Pharmacare Deductible-Policy and Practice
Circular 2012-41 Social Allowances Health Services for Newcomers
Section 13.3.3 Recovery of Assistance from Defaulting Sponsor of Immigrants
Section 22.1.3 Test of Need
Section 22.1.6 Health Card Only
Section 22.1.7 Single Grant

Type: Policy
 Procedure
 Rate
 Information Only

Replaces:

Effective Date: Immediately

The purpose of this circular is to clarify the eligibility criteria and process for the provision of health benefits to Privately Sponsored Refugees (PSRs). As a result of changes to the Interim Federal Health Program (IFHP), PSRs are no longer eligible for IFHP benefits.

Background

PSRs are convention refugees who are selected by the federal government through the same process as other refugees. They do not however, receive any federal settlement assistance. Refugees who receive federal settlement assistance, Government Assisted Refugees (GARs), do not qualify for Employment and Income Assistance (EIA) benefits while receiving federal assistance.

EIA views the removal of IFHP benefits as a breakdown in the agreement between the federal government and refugees, not in the agreement between the sponsor and the refugee. EIA will provide health benefits to PSRs who meet EIA program eligibility criteria.

Prior to IFHP coverage changes, EIA only supported privately sponsored refugees in cases of sponsorship breakdown. EIA expects private sponsors to continue providing living supports to refugees. Should a sponsor default on living supports necessitating that EIA provide assistance

for those costs, the process outlined in Section 13.3.3 Recovery of Assistance from Defaulting Sponsor of Immigrants should be followed.

Eligibility Assessment Procedures for PSR Health Benefits

PSRs with an active sponsorship agreement requesting assistance for health benefits do not need to attend a Pre Intake Orientation. An intake appointment can be scheduled to have their application taken and their circumstances reviewed to determine eligibility.

Determining Financial Eligibility

Not all PSRs will be without sufficient resources to meet their health care costs. All sources of income should be considered when determining eligibility.

When assessing income eligibility for PSRs it may not be possible to verify cash benefits provided by the sponsor, as support is often given as goods in kind. Staff can assume that shelter and basic needs are provided by the sponsor, and assess any alternate sources of income the PSR may have including, employment income, savings or other assets.

If health costs are beyond a PSR's available resources, and there are no alternate payers, assistance may be provided as a single grant for one time medical costs or as Health Card Only enrollment when ongoing assistance is required for prescription drugs, dental and optical benefits.

Determining Benefit Type

Health Card Only

- Applicants are eligible for Health Card Only benefits if their resources are sufficient to meet all basic living costs, other than ongoing non-insured health care needs.
- Health Card Only benefits for PSRs may only be granted for the duration of the sponsorship agreement.
- Eligibility for Health Card Only benefits is determined by comparing the applicant's ongoing non-insured health care costs or an allowance of \$10.00 for health expenses per adult per month to the household's available resources. If the ongoing health costs exceed the household's available resources, Health Card Only benefits can be granted.

Single Grants

- Applicants are eligible for single grants if they have sufficient resources to meet their monthly living costs, but are unable to meet the cost of an immediate medical need.
- Single grants may be issued for drug, dental and optical needs, as well as for medical equipment. As outlined in Directive 2003-22, single grants cannot be issued to cover the cost of an applicant's Pharmacare deductible.
- Eligibility for single grants is determined by comparing the cost of the health need to the applicant's surplus financial resources over a six-month period. If the cost of the need exceeds the surplus resources, a single grant by voucher or special cheque may be issued.