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**FAMILY INVESTMENT
ADMINISTRATION
INFORMATION MEMO**

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**TO: DIRECTORS, LOCAL DEPARTMENT OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF**

**FROM: CHARLES E. HENRY, ACTING EXECUTIVE DIRECTOR, FIA
VASHTI SAVAGE, DIRECTOR, OIM
JOSEPH DAVIS, DIRECTOR, OOE, DHMH**

RE: QUESTIONS AND ANSWERS, SDX ON-LINE

**PROGRAMS AFFECTED: MEDICAL ASSISTANCE (MA)
STATE DATA EXCHANGE SYSTEM (SDX)**

**ORIGINATING OFFICE: FIA BUREAU OF ADMINISTRATIVE SERVICES,
MEDICAL ASSISTANCE OPERATIONS (MAO)**

SUMMARY: The attached pages contain responses to questions raised by staff regarding the implementation of the SDX On-Line system and the associated Action Transmittal #00-35. The questions were voiced during the March 2000 Quarterly Policy Briefings, and at the FIA Medical Assistance Eligibility Conference held on Wednesday, May 5, 2000.

Medical Assistance Operations extends its sincere thanks to staff at DHMH, FIA-Central and Local Departments, and the Office of Information Management (OIM), for their efforts in preparing responses to these questions.

INQUIRIES: Please direct questions concerning SDX operations to Ralph Gaston at 410-767-7207 or Richard Crowe-Cheppell at 410-767-8903. Direct policy questions to Deborah Weathers at 410-767-7974. Direct questions concerning systems to Patricia Bailey at 410-238-1292.

c: DHR Executive Staff
DHMH Executive Staff
DHMH Management Staff
Constituent Services

FIA Management Staff
FIA Trainers
DHMH Trainers
Help Desk

1. **Please explain the color scheme in SDX.**
 - A. The SDX color scheme was configured to enhance readability of the screens. Field titles and identifiers are in **Green** on all screens. On the Accretion, Close and Change screens, all MMIS data is in **Purple**; Names, Social Security Numbers and District Office numbers from SSA are in **White**, and Pay Status and MEDICAID Eligibility data is in **Yellow**. Essential data (such as Out-Of-State indicators on the Closing List and critical customer data on Data Screens 1 and 2) are in **Red** to attract the user's attention. In the Change file, **Aqua** is used when the individual has more than one change, and **White** is used where the individual has only one change. Information concerning screen colors will be incorporated into the next update of the SVES/SDX manual.

2. **Where a local department consists of several District Offices, how does a Case Manager display cases for the entire local department?**
 - A. In order to view the entire local department on the SDX file, the Case Manager should use the local department number with an asterisk (e.g.: enter "07*" and all of the Cecil County SDX list will appear).

3. **Local departments received original SVES/SDX manuals for supervisors and lead workers. How can caseworkers receive manuals?**
 - A. Because of the size of the original SVES/SDX manual (approximately 112 pages), FIA limited distribution to supervisors and lead workers. With the implementation of SDX On-line, FIA will provide additional copies of the original manual to local departments upon request.

4. **Will the present "950" forms be eliminated by the new access to SSA information in SVES?**
 - A. Yes, when the FIA Affiliate agrees that the "950" forms are no longer needed.

5. **With the new on-line SDX system, there is no need for a physical case record for a SSI/MA customer. Therefore, there will be no physical record to transfer from district. The 950 form is obsolete with implementation of the on-line SDX. Will this non-physical record system be put in writing by DHR?**
 - A. Until officially notified, Case Managers should continue to print out copies of the SDX screens and add them to the physical record. Also, Case Managers should ensure that appropriate narratives are placed into CARES.

6. If the SSI monthly and SSI Gross amounts differ on the inquiry screen which amount should be used to calculate Food Stamp eligibility?

A. Please refer to Action Transmittal 00-42 for instructions. The Case Manager must determine the cause for the difference in the two amounts. If the reason for the recoupment is due to customer error, the **Gross** amount must be used for Food Stamp calculation. If the recoupment is due to an administrative error, then the **Monthly** amount (net amount) must be used for Food Stamp calculation.

7. Please explain how to process a customer where the MA ST (Medicaid Status) code on the SDX file is “G”.

A. The **“G”** code (Goldberg/Kelly payment continuations) is present when an SSI termination decision is under appeal. The **“G”** code indicates that the individual remains categorically eligible for SSI Medical Assistance until an appeal decision has been rendered. SSI MA should be opened in CARES.

- If this case appears on MMIS as an **“F01”** medical coverage group, the Case Manager must review the case on CARES to determine if TCA is active.
 - If the customer is active in TCA, the **“F01”** coverage group is correct. The Case Manager should take no action in CARES.
 - If the individual is not active in a TCA case the Case Manager must take appropriate action to close the **“F01”** on MMIS and open a Category **“S02”** on CARES and MMIS.
- If SSI is terminated, the customer loses eligibility for Food Stamps. The case must be reevaluated for resources, income and eligibility.

8. Please define a Disabled Widowed Beneficiary.

A. Disabled Widowed Beneficiaries (DWB or “Kennelly Widows”) are Category “**S02**” customers who meet the following criteria:

- A former SSI recipient;
- Not yet 65 years old;
- Ineligible for MEDICARE;
- The person’s SSA claim number is the Social Security Number of the deceased spouse.

DWBs can be identified on the SDX file by a code “**W**” in the MEDICAID Status code field. There is no CARES action required. Where necessary, the Case Manager should review SVES or the customer’s Award Letter for information regarding Food Stamps and/or Retirement Survivors’ Disability Insurance (RSDI).

Medical Assistance Policy dictates that DWB customers are categorically eligible for continued Medical Assistance coverage under SSI MA (**S02**) until they no longer meet at least one of the eligibility criteria shown above. At that time, they must have a redetermination and be reevaluated for benefits in another Medical Assistance coverage group.

9. Disabled Widowed Beneficiaries (DWB) cases need to be closed when the widow turns 65. Who will notify the Case Manager?

A. The CARES system sends Alert **Code 216** (Client Turning 65) to notify Case Managers that customers will turn age 65. Upon receiving these Alerts, Case Managers should reevaluate their customers’ eligibility for Aged, Blind or Disabled (ABD) benefits.

10. Please define a Disabled Adult Child.

A. Disabled Adult Children (DAC) are category “**S02**” cases who met the following criteria:

- A former SSI recipient;
- At least 18 years old;
- The claim number ends with a “**C**” suffix followed by a number, e.g. “**212-22-1212 C1**”;
- The Pay Status code is “**N01**”.

DACs can be identified on the SDX file by a code “**D**” in the MEDICAID Status code field. DACs begin to receive **SSA** benefits based on the parent’s account. DACs no longer receive **SSI** payments but are categorically eligible for Medical Assistance as SSI recipients.

The Case Manager should continue S02 eligibility by:

- Removing SSI income from the UINC screen;
- On the UINC screen, enter the date when the SSI benefit was terminated;
- On the bottom of the UINC screen, enter “**SI**” in the “**APPL TYPE**” field and “**S**” in the “**STAT**” field.

Where necessary, the Case Manager should review SVES or the customer’s Award Letter for information regarding Food Stamps and/or Retirement Survivors’ Disability Insurance (RSDI).

11. What is a “Pickle” case?

- A. Please refer to Action Transmittal #00-12 for a full explanation and instructions for processing “Pickle” cases. Federal Law known as the **Pickle Amendment** establishes Medical Assistance Eligibility for former SSI recipients who received both SSI and Social Security Benefits, and would have remained eligible for SSI payments if their income was reduced by the total amount of the Social Security Cost of Living Adjustments (COLAs). Individuals must meet the following criteria for eligibility under the Pickle Amendment:
- Currently receiving Social Security Benefits (SSB) as an Aged, Blind or Disabled person;
 - Terminated from SSI at any time since April 1977 (regardless of reason for termination);
 - Concurrently received SSI and SSB at time of termination (the SDX document, SSI termination and SSB award letters or a combination of these may verify the concurrent receipt of SSB and SSI);
 - Currently meets the SSI resource standard;
 - Currently meets all non-financial requirements for SSI, and
 - Would currently be eligible for SSI payments if the amount of the COLAs received since SSI termination was deducted from the gross income.

Pickle Eligible (PE) cases are category “**S04**” and may appear on the Accretion List because SDX files show these customers as receiving SSI (e.g. SSI income has been reinstated). The Case Manager should verify that the customer is, in fact, currently receiving SSI then close down the “**S04**” category and reopen the case as an “**S02**.”

12. What is a “Potential Pickle Eligible?”

- A. Potential Pickle Eligibles (PPE) are category “**S02**” cases that may appear on the SDX closing list. Per COMAR, Potential Pickle customers include:
- Customers applying for redetermination of SSI terminations, or customers whose SSI payments were terminated any time after April 1977.
 - Customers receiving both Social Security Benefits (SSB) and SSI at the time of SSI termination.

All persons whose SSI payments are terminated must be tested for Pickle eligibility.

13. Who is responsible for taking an action on H01 (Waiver) cases? They are showing under the LDSS District Office listings.

- A. The FIA Medical Assistance Waiver Unit is responsible for all **H01** cases:
- If a H01 case appears on the listings and there is no associated Assistance Unit (e.g. Food Stamps), the Case Manager should change the District Office number to “**000**” using the SDX “**CHANGE DONUM**” option.
 - If the case does have an associated Assistance Unit, the Case Manager should send an alert to or call the Waiver Unit so that the Unit can do case processing through the resident District Office.

14. There are customers appearing on the Accretion list because the MA category in CARES is not “S02.” In some cases, the coverage group showing is appropriate, such as “S01” (PAA), “S04” (Pickle), “L98” (Nursing Home) or “E01” (Foster Care). How can these cases be removed from the Accretion list without opening them up in CARES as S02 – perhaps incorrectly – just to remove them from the list?

- A. Cases on the Accretion list in any of the above-listed categories need to be reviewed for MMIS end-date problems. According to MMIS, SSI MA coverage has been or will shortly be terminated. The Case Manager must review the case on CARES and MMIS for appropriate processing.

Where these cases are correct on CARES, the Case Manager should issue a **C-TAD** to DHMH to correct MMIS. Where CARES and MMIS are correct, the Case Manager should take no further action and let the case remain as is, pending resolution of MMIS extract file problems.

15. How soon will names drop off lists once MMIS is updated?

- A. Names should drop from the **Accretion** and **Closing** lists on the Tuesday following the change to MMIS. The SDX/MMIS match is captured weekly over the weekend. Changes made to the system on Monday through Saturday should be available on the following Tuesday. The **Change** list is not affected by this schedule.

If the names remain on the lists because of a CARES/MMIS interface problem, the Case Manager should do further research on MMIS and CARES to ensure that the information on both systems is correct. After 48 hours from the CARES update, if MMIS is still incorrect, then the Case Manager should inform his/her supervisor, and make corrections on MMIS via **C-TAD**.

16. When will SDX/MMIS daily updates be available on line?

- A. Currently, updates are done on a weekly basis. DHR is working with DHMH to develop daily updates. At this time we cannot give a definite date for the availability of daily updates on line.

17. What action should be taken on a case that shows on the Closing list with a C01 “Y” code and has an asterisk (*) marked next to the date. The asterisk indicates that the customer is “out of State”. Should the SSI Assistance Unit be closed in CARES? If yes, for what reason?

- A. SSI and other SSA benefits are administered through the SSA field office of the State in which a customer resides. Additionally, the customer may be eligible for other benefits associated with the State of residence. Accordingly, if a customer is no longer resident in Maryland, then the Maryland SSI Assistance Unit must be closed. The Case Manager should:

- Use the last known address on CARES.
- Do an unscheduled redetermination session to generate an Adverse Action notice.
 - If the customer responds and can prove Maryland residence then update the address information on CARES. Do not close the Maryland SSI Assistance Unit.

The Case Manager has proof of adverse action and must close the SSI Assistance Unit on CARES if:

- The customer does not respond to the request for a redetermination;
- The customer cannot prove Maryland residence;
- The Adverse Action notice is returned with no forwarding address;
- The forwarding address on the Adverse Action notice is not a Maryland address.

18. There are customers on the Accretion list who have moved out of Maryland either (1) so recently that Social Security is unaware of the move or (2) some time ago, and SSA hasn’t updated their screens between SDX and SVES. Is it the local department’s responsibility to communicate this information to SSA? If yes, what is the vehicle for communication?

- A. Case Managers should continue to communicate these types of address changes directly to the local Social Security Administration field office according to individual local department procedures or guidelines. If Case Managers need assistance with address change problems, they should contact Patricia Bailey at DHR Information Services, 410-238-1292.

19. The "MA" date on SDX reflects the date that Medical Assistance should start for a SSI recipient. This date appears invalid for customers who were not Maryland residents when first approved for SSI. Is there a way to indicate on the SDX if a customer just moved to Maryland and that the Medical Assistance Date should coincide with the move date? Is there a problem if the date used by the case manager to open S02 coverage overlaps coverage from the former state? What is the effective date if a former Maryland resident returns to Maryland, the LTRANS date or the PAYST date?

A. Currently, the "DATE" field alongside the "LTRANS" Code field should reflect the date that the customer moved to Maryland. The "LTRANS" code should be "AD" (Address Change or Correction). FIA and the Office of Information Management (OIM) will update SDX to provide a "JURISDICTION DATE" field adjacent to the "JURISDICTION ZIP CODE" field. Once this change is effective, use the "JURISDICTION DATE" as the SSI-begin date.

20. A local department has several cases on the Accretion lists that have different addresses between the SDX and SVES files. Is this due to mis-information at SSA or due to the methodology for extracting information for the SDX?

A. The Case Manager must investigate variances on a case by case basis. There may be a need to discuss this issue directly with the customer or the customer's representative, as it is the customer's responsibility to maintain accurate information with the local department and the SSA field office.

Mismatching of addresses may also occur where the information between SVES and SDX shows different dates. The **SSA RUN DATE**, which is the first line of information in the upper left-hand corner of **SDX SCREEN 1** shows the date of the most recent SDX information. Individuals on the SDX Closing file who terminated one or more years ago will not have current address, benefit or status information. **SSA will provide an SDX record, but is not required to provide updated SDX information for terminated or Out-Of-State individuals.** The most up-to-date information will appear on SVES.

21. How will Out-of-State address updates be handled?

A. Customers or their representatives are responsible for reporting change of address information to Social Security Administration field offices and Maryland local Departments of Social Services. Customers who move out of Maryland will receive an adverse action notice. The notice will be sent to the last known address as shown on **CARES**. A returned notice will be proof of Adverse Action, and the Case Manager must close the SSI Assistance Unit on CARES.

22. A customer has a SSI Pay Status of “N01” and an MA Status of “C.” The customer has a full time job with health coverage, and does NOT want a medical card. Is the State obligated to give the customer medical coverage? If yes, is the local department required to allow the customer to be selected into an MCO that he will not use? Must the State pay a capitation fee to the MCO for this customer?

A. SSI is a federally mandated program. Medical Assistance policy mandates that, that individual as “S02.” The agency cannot cancel Medical Assistance just because the individual does not want a medical card. The individual will have MCO coverage and the State must pay a capitation fee for the MCO. The individual is NOT obligated to use the medical card.

23. Is there a written procedure that indicates how far back a Case Manager must pend a SSI Assistance Unit (AU) in CARES when there is no current eligibility on MMIS?

A. Medical Assistance policy requires that the SSI AU (“S02”) be pended from the effective date that the individual became eligible for SSI. The Case Manager must pend an “S02” Medical Coverage Group on CARES using the effective date as the application date. After completion of the application date, the information will interface with MMIS.

There will be customers who have received medical assistance under different medical coverage groups (“S98”, “F98”, “P07”, etc.) who were active on CARES and MMIS. When this occurs, the Case Manager will use a “507-denial” code on the STAT screen for the “S02” for the months involved to avoid dual participation.

If the effective date is prior to the 36-month period on CARES (this includes the ongoing month), the Case Manager must complete and forward a C-TAD to DHMH, following current C-TAD procedures. The Case Manager will update the CARES narrative to reflect all actions completed on the case, including the effective “BEGIN” date of the SSI.

TO AVOID SYSTEM PROBLEMS, THE CASE MANAGER MUST COMPLETE ALL SSI APPLICATIONS ON THE SAME DAY THAT THEY ARE PENDED.

24. An example relating to question 23: a customer has no MMIS history or a closed MMIS history. The Accretion list has a begin date of 12/01/97. Does the Case Manager screen a CARES AU with a 12/01/97 date or screen for the current month (04/00) and complete a C-TAD for the historical period (12/97 to 03/31/00)?

A. The Case Manager screens an S-02 medical coverage group on CARES using 12/01/97 (the effective date of SSI) as the application date. The case manager completes the application process, which includes updating the narrative, to reflect the effective date of the SSI. There is no need to complete a **C-TAD**, as this period is only 31 months.

25. Another example to question 23: A customer had an MMIS history of S02 until 03/01/94. The begin date on the Accretion list is 04/01/92. Both dates are prior to CARES implementation. What, therefore, is the PEND date for CARES certification?

A. The Case Manager pends the “**S02**” AU using **7/01/97** as the application month (this is 35 months prior to CARES implementation). Then the Case Manager completes the application process, including a narrative update, to reflect the effective date of the SSI. Finally, the Case Manager completes a **C-TAD** using the period 3/01/94 through 6/30/97, and forwards the **C-TAD** to MMIS.

26. There are some instances where names remain on the Accretion list when a current coverage group is closed and the SSI coverage is certified in MMIS.

A. If the case manager reviews CARES and MMIS and finds correct information on both files, then there is no further action to take. There are some problems with the MMIS matching file giving DHR the second most recent action. This is a MMIS system cross-referencing problem involving the extract file used to update the Maryland SDX. DHR is working with the DHMH systems group to resolve this issue on an immediate basis.

Where the CARES/MMIS interface fails to work, the names will remain on the lists. The Case Manager should research MMIS and CARES to ensure that the information on both systems is correct. After 48 hours from the CARES update, if MMIS is still incorrect, then the Case Manager should inform his/her supervisor, and make corrections on MMIS via **C-TAD**.