Department of Human Resources **311 West Saratoga Street** **Baltimore MD 21201**	**FIA ACTION TRANSMITTAL**
Control Number: #01-17	**Effective Date:** Upon Receipt
	Issuance Date: November 6, 2000

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS
LOCAL HEALTH DEPARTMENTS

FROM: CHARLES E. HENRY, ACTING EXECUTIVE DIRECTOR, FIA
JOSEPH E. DAVIS, EXECUTIVE DIRECTOR, DHMH/OOE

RE: MEDICAL ASSISTANCE De-Linking, Redetermination Processing,
FAC and MCHP Sprout, and Income Computation

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY

The Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) eliminated the requirement that states grant Medicaid eligibility to all welfare recipients. This is sometimes referred to as "de-linking" because it separated Medicaid eligibility from welfare eligibility. States were given an option to continue to provide automatic Medicaid eligibility to cash assistance recipients, and Maryland has taken this option. The de-linking also required that states make separate Medicaid eligibility determinations for those who are ineligible for cash assistance, and that applicants be tested for eligibility in all categories for which they may qualify. Action Transmittal 99-45 addressed the short term steps taken to ensure that applicants were appropriately tested for Medical Assistance when Temporary Cash Assistance is denied or closed, and whenever eligibility in any Medical Assistance category is denied or closed.

ACTION REQUIRED

CARES has been reprogrammed to meet Federal and State requirements and to streamline certain administrative activities. The following CARES changes and policy clarifications are included:

- For cases where adults are certified under spenddown and children are certified as MCHP, CARES will allow a financial responsibility code of "AC" to permit children to remain active in the MCHP coverage group.
- For newborn cases, P03 and P12, CARES will permit entry of a financial responsibility code of "SC" on the STAT screen, to facilitate processing for the child's continuing eligibility when the case trickles.
- For cases where eligibility in a specific coverage group is time limited, such as the TCA Earnings and Child Support extensions, CARES will automatically send notice for redetermination at the end of that time period.
- For cases where coverage ends on a specific date, such as spenddowns, a new application form will be automatically mailed to the recipient prior to closing.
- For most cases requiring redetermination, the scheduled redetermination period will be twelve months, and the system will automatically default to mail-in applications.
- CARES will apply the income frequency factors, which were effective April 1 1999, eliminating the need for off-line calculations for MA cases.
- For cases where an applicant receives a WAG, and requests MA, determine MA eligibility for NPA MA. When the WAG covers a period of at least 7 months or more and the customer is employed, at the end of the NPA MA certification the customer is entitled to the 12-month extension.
- For cases that do not receive the appropriate MA extension following a TCA closure, the case can be screened and processed in the F02 and F03 coverage groups by the case manager by following the process in CARES procedure #4, "Exception." The following is an example of when the on-line creation of an F02 is appropriate:
    - The case manager receives notification, such as New Hires Alert, or a telephone call from the customer requesting their case closed due to earnings, but never receives verification, and the customer has received TCA for 3 out of the last 6 months.

Case managers must understand the new CARES functionality. When a TCA AU sprouts to an FAC coverage group, the case manager **must not** take any action to close the sprouted case, but must allow CARES to determine eligibility in the FAC and MCHP tracks. **AU members with certain relationship codes will not be included in a sprout to the MCHP track. The case manager may need to re-screen those ineligible members who may qualify in another track, such as the aged or disabled.** Ex: a non-member (NM), SSI individual (S02) or a needy care taker relative.

The case manager must review the AU constructed by CARES to ensure the following:
1. **All** individuals who originally applied for TCA have been tested for MA eligibility.
2. Applicants have been tested in **all** appropriate categories before an MA denial or closure is finalized.
3. All recipients are given the opportunity to be redetermined or to reapply when eligibility **in a particular coverage group** ends.

NEW CARES PROCESSING:

1. Eligibility is now modified to sprout from the Family and Children (F) track to the Pregnant Women and Maryland Children's Health Program (P) track for children and pregnant women not eligible in the F track.
(See Attachment A)

When an assistance unit has been determined ineligible for TCA (F01) coverage, CARES will automatically test for Medical Assistance eligibility in the appropriate coverage group. The F01 case will trickle through the Family and Children track and when that track is exhausted, test in the PW/MCHP track. The sprout to the P track will occur regardless of whether the assistance unit began as a TCA or NPA/MA (F track) AU. Spenddowns in preserved status will also sprout to the MCHP (P track). Sprouting occurs at the AU level, therefore, when individuals are closed (removed) or denied from an active AU, the case manager must continue to manually test for MA in FAC and MCHP.

Note: If a customer is active on an existing MA case, the following informational message will display on the Non-Financial Eligibility (ELIG) screen:

Some clients did not sprout due to existing MA coverage.

2. PW/MCHP Declaratory Statement - TCA, MA AND MCHP AUs

The PW/MCHP Declaratory Statement will be required for TCA, MA (F track) and MCHP (P track) applications, reopens or redeterminations to ensure the ability to trickle/sprout from the F track to P track without requesting additional information from the customer. This statement is a <u>required</u> eligibility factor for the **P14** coverage group.

Processing a TCA, MA or MCHP AU will require the use of accurate valid values on the Client Demographic 1 **(DEM1)** screen. The **Medical Coverage Statement** field on the DEM1 screen requires one of two answers:

Y – The customer has answered **NO** to both of the following questions on the declaratory statement: "Does anyone applying for the Maryland Children's Health Program have health insurance?" **and** "Has anyone applying for the Maryland Children's Health Program dropped health insurance in the past 6 months?"

N – The customer did not answer the declaratory statement or answered the customer is insured and/or has dropped insurance.

- Depress the **PF4** key to bypass this field, however final edits will require completion of this field.

NOTE: The Eligibility Determination Document (EDD) has been modified to include a new detail line – Has the declaratory statement been **signed?** This line will be printed for all TCA and MA (F and P track) AUs. This statement will be printed on the EDD in the client level Medical Information section.

(See Attachment B)

3. Notice Override

The Notice Override indicator will default to "Y" on the Financial Eligibility **(CAFI, FSFI or MAFI)** screens suppressing the system generated notice for the following reason codes:

> **507 – closed to avoid dual participation**
> **555 – opened in error**
> **559 – client discrepancy – name error**
> **571 – client ID error**
> **572 – worker voided application**

Note: An MA AU that has been closed or denied with a valid 500 reason code (other than 507, 555, 559, 571 and 572) will not trickle and sprout.

Closure or denial reason code 551 (Whereabouts Unknown)
The TCA case will sprout a Medical Assistance AU and trickle to the appropriate Family and Children **(F track)** category. Case Managers must complete options **O** (Interview), **P** (Process Appl Months) and **Q** (Finalize Application).

4. On-line creation of F02 and F03 extensions

Case Managers can screen and approve F02 and F03 coverage groups when an assistance unit is closed but is later discovered to have been entitled to an extension. An application for continued Medical Assistance will be generated prior to the end of the certification period.

Use the following procedures to process a Medical Assistance extension:

- Select option **J** (Screening) **or L** (Add A Program) from the Assistance Unit/Client Submenu **(AMEN)** screen. For option **L**, enter the customer's active AU ID number. Press Enter.

- Enter **Y** in the Medical Assistance field on the Kinds of Assistance Desired **(KIND)** screen. Press Enter.

- Enter **Y** in the **IND** field and the valid values: program **MA**, type **F**, medical coverage group F02 or F03 and the application date in the **APPL Date** field on the Informed Choice **(INCH)** screen.

- The Screening Disposition (**SCDI**) screen will be displayed. Complete the applicable fields. Press Enter.

- In option **O**, complete all required information. On the **MISC** screen complete the **MA EXT field**.

The MA EXT field is <u>required</u> for F02 and F03 applications. It can not be entered or updated if an AU is not in a pending status. The MA Ext field is invalid for any other coverage group. Depress the **PF4** key to bypass this field, however final edits will require completion of this field.

- Enter the appropriate valid value (in each application month) in the **MA Ext** field:

  A – Customer received TCA for 3 of the last 6 months and was employed at the time of closure.

  B – Customer received IF (WAG) grant equivalent to 3 months or more TCA benefits and was employed at the time of closure.

  C – Child support received at time of TCA closure

  D – None of the above

  Note: Valid values A, B or D is applicable to the F02 case. Valid value C or D is applicable to the F03 case. If **"D"** is entered, the AU will be closed/denied with reason code **351- You did not meet the requirements for Medical Assistance Extension.** The case manager must then test for MA eligibility.

- Complete options **P** (Process Appl Months) and **Q** (Finalize Application).

Exception: When the closed TCA AU trickles to an inappropriate coverage group (other than F02 or F03), shut down the MA AU with reason code 507 (dual participation) prior to finalization.

5. Approved spenddown cases and MCHP coverage

The Assistance Status (STAT) screen has been modified to facilitate the dual participation between FAC and MCHP. The financial responsibility codes have been modified for processing active MCHP children in a spenddown AU.

An application for on-going eligibility of the certified adult(s) will be generated prior to the end of the certification period.

Use the following procedures to process an MA (F99) case with an associated PW/MCHP AU for spenddown:

- Select **R** (Interim/Hist Change) from the Assistance Unit/Client Submenu **(AMEN)** screen. Enter the MA AU ID number. Press Enter.

- Fast path to the Assistance Status **(STAT)** screen.

- Use the following financial responsibility code on the Assistance Status **(STAT)** screen:

    > **AC** – used only for active MCHP child (ren) when approving one or both parents in a F99 AU.

    > **Note:** It will not be necessary to shut down the child (ren) that is active on an existing PW/MCHP case. Modifying the STAT screen will avoid a dual participation error message when approving a spenddown AU. Do not use AC in screening. Individuals in a pending MA (F track) AU with the financial responsibility code of AC will not trickle and sprout.
    > **(See Attachment C)**

- Fast path to the **DONE** screen. Press Enter.

The following spenddown medical expense update procedures have not changed:

- Enter **V** (Spndwn Med Expnse Update) in the selection field using the MA AU ID number. Press Enter.

- The Spenddown Medical Expenses **(SDME)** screen will be displayed.

- Type the medical expense information in the appropriate fields. Repeat this process until all medical expenses have been entered. Press Enter to prompt CARES to calculate the spenddown deduction.

- The Spenddown Deductible **(SDDE)** screen will be displayed.

- Review the screen for accuracy of the spenddown deduction amount. Press Enter.

- Enter **X** (Spndwn Authorization) in the selection field using the MA AU ID number. Press Enter.

- The Spenddown Authorization **(SPAU)** screen will be displayed

- Review the screen for accuracy of the medical expense total. **"M"** is displayed in the AU Stat field. Press Enter.

- The Non-Financial Eligibility Results **(ELIG)** and MA Financial Eligibility **(MAFI)** screen will be displayed for each ongoing month(s).

- Review each screen for accuracy. The AU Stat field has changed from **"M"** to **"A"**. Press Enter.

- The Spenddown Authorization **(SPAU)** screen will be displayed. Enter **"Y"** in the Confirm field. Press Enter to commit the information to the database.

6. Redetermination period

MMIS end dates and redet processing is modified to ensure accurate certification periods, generation of redet applications when certification is close to expiration, and proper notice is given before assistance is ended.

The benefit end dates transmitted from CARES to MMIS II have been modified as follows:

Coverage Group	CARES Cert End Date	MMIS Benefit End Date
P02	EDC + 2 months	999999
P11	EDC + 2 months	999999
F02	12 months	999999
F03	4 months	999999

Note: When the end date on MMIS II appears as "999999" this means there is actually no end date, and that eligibility will continue until CARES transmits an actual end date through overnight batch.

Redetermination processing will continue in the CARES 90-day redet cycle. This cycle includes scheduling appointments for face-to-face redets, sending mail-in applications (45 days prior to redet date) for mail-in redeterminations, sending 15 day warning notice for all AUs that do not have a redet initiated and closure at the end of the redet period if a redet has not been initiated. The redetermination method on the **MISC** screen will default from **"F"** (face-to-face) to **"M"** (mail-in) when the TCA AU sprouts to an MA coverage group.

Some of the MA coverage groups are new to the redet process (ex: P03, P12, & spenddowns). P03 and P12 will have an initial certification period of 15 months to allow these coverage groups to continue in the 90-day redet cycle after eligibility ends. Most of the coverage groups will have the same redet cycle as before and others will require a new application.

- The redet period will be lengthened to twelve (12) months for all
  Medical Assistance coverage groups <u>except</u> spenddowns in approved

status (*99), Pregnant Women (P02 or P11), Post TCA (F03), Refugees (G01-G98) and QMB (S03).

- The redet period will be eight (8) months from the date of entry into U.S. for Refugee CA (G01) and Refugee MA (G98).

- The redet period will be six (6) months for Spenddown (*99).

- IV-E Adoptions and Foster Care (E01), Illegal and Ineligible Aliens (X02) and SSI (S02) coverage groups will not be scheduled for redet. However case managers should set a #745 alert at least once a year to review SSI and children in foster care or subsidized adoption cases for changes.

FAC cases will receive a 12-month certification period when the redet is completed in the last month of the certification period. If the redet is initiated on an MA AU at any time in the certification period, this is considered an unscheduled redet and the redet end date will be reset to twelve months beginning with the on-going month. Do not shorten the certification period on MA redeterminations.

Note: The relationship code of **SC-Newborn Siblings** may be entered for siblings when the case is opened. This coding facilitates the trickle to the P07 coverage group when the initial redetermination time has expired.

7. **Frequency factors used to compute monthly income and expenses will be adjusted to conform to new MA policy and to be consistent with FIA programs.**

Medical Assistance eligibility has been modified to compute monthly-earned income, unearned income and expenses using the four-week month conversion factor. The frequency factors for calculating monthly income and expenses are as follows:

MONTHLY EARNED INCOME

Weekly	earned income x 4
Biweekly	earned income x 2
Monthly	(earned income / 4.3) x 4
Semi-monthly (i.e. 15th and 30th)	[(earned income / 2) / 4.3] x 4
Quarterly	[(earned income / 3) / 4.3] x 4
Semi-annually	[(earned income / 6) / 4.3] x 4
Annually	[(earned income / 12) / 4.3] x 4

MONTHLY UNEARNED INCOME

Weekly	unearned income x 4
Biweekly	unearned income x 2
Monthly	actual unearned income

MONTHLY EXPENSES (child care)

Weekly   expenses x 4

Biweekly   expenses x 2

Note: Case managers will manually calculate the $50 child support disregard on MA (F track) AUs.

8. Notices - The following notices will be modified. All text with strikeouts will be removed, and all text in bold will be added.

INQUIRIES:

Please direct policy questions to Cynthia Davis at (410) 767-7495 and system questions to Emma Tisdale-Clary at (410) 238-1298.

cc: FIA Management Staff   Help Desk

         DHMH Management Staff   CTF

         Constituent Services

Track, Trickle, Sprout

FAMILY TRACK

1. Program Code	2. Coverage Group	3. Distribution Involved?	4. Does it Sprout?	5. Can it Trickle In? From Where?	6. Can it Trickle Down? To Where?
MA	F01: TCA Recipients	Yes	F02, F03	No	No
MA	F02 Post TCA Earnings Disregard	Yes	No	No	Yes, F03
MA	F03 Post TCA Support	Yes	No	Yes, F02	Yes, F04
MA	F04: Non-MA Requirements	Yes	No	Yes, F03	Yes, F05
MA	F05: FAC Categorically Needy	Yes	No	Yes, F04	Yes, F98
MA	F98: FAC Medically Needy Non-Spenddown	Yes	Yes, P02, P06	Yes, F05	Yes, F99
MA		No	Yes, P02, P06	Yes, F98	No

Track, Trickle, Sprout

MCHP TRACK

1. Program Code	2. Coverage Group	3. Is Application Allowed?	4. Does It Sprout?	5. Can It Trickle In? From Where?	6. Can It Trickle Down? To Where?
MA	P02 Pregnant Women 185% Poverty Level	**Yes**	**No**	**F98 F99**	Yes, P11
MA	P03 Newborns	Yes	No	No	Yes P06 if Mom is not actively receiving MA at time of application or P07 if age
MA	P06 Children < 1 185% of Poverty	Yes	**No**	Yes, P03 **F98 F99**	Yes **P07**
MA	P07 Children > 1 < 6 133 % of Poverty	Yes	No	Yes P03, P06	Yes P08
MA	P08 Children > 6 100 % of Poverty *	Yes	No	Yes P07	Yes P13

1. Program Code	2. Coverage Group	3. Auto assign enrolled?	4. Does ... group?	5. Roll up in? From ... Where?	6. Can ... Trickle Down? To Where?
MA	P11 Pregnant Women 200% Poverty Level	No	No	Yes, P02	No
MA	P12 Newborns born to P11 mothers	Yes	No	No	Yes, P06 if Mom is not actively receiving MA, P07 if age
MA	P13 Children 185% Poverty Level*	No	No	Yes, P08	Yes, P14
MA	P14 Children 200% Poverty Level	No	No	Yes, P13	No

* Child must be born after 9/30/83

ATTACHMENT B

(Sample EDD Document)

MEDICAL INFORMATION
****

DOES THIS PERSON HAVE ANY MEDICAL BILLS? xxx

IS THIS PERSON COVERED BY ANY MEDICAL INSURANCE? Xxx

HAS THE DECLARATORY STATEMENT BEEN SIGNED? XXX

ATTACHMENT C

Relationship Code Legend

SE	HOH/SELF
SP	SPOUSAL PARENT (STEPPARENT IN MA/FAC)
OP	OTHER PARENT
NS	NON-PARENT SPOUSE (NOT A PARENT/NO CHILDREN IN HOUSEHOLD – NOT STEPPARENT IN MA/FAC.
CH	CHILD (NATURAL OR ADOPTED CHILD OF HOH)
CC	CHILD OF HOH WHO IS A PARENT UNDER THE AGE OF 18 WITH A CHILD IN THE HOUSEHOLD
SC	STEPCHILD OF HOH
CP	CHILD OF HOH WHO IS A PARENT (USE FOR 3 GENERATION TCA CASES)
GC	GRAND/GREAT GRANDCHILD OF HOH
NN	NIECE OR NEPHEW OF HOH
OR	ADULT WHO IS RELATED TO HOH
OU	ADULT NOT RELATED TO HOH
AU	AUNT/UNCLE OF HOH
SI	SIBLING OF HOH
HS	HALF SIBLING OF HOH
SS	STEP SIBLING OF HOH
OC	CHILD WITH NO RELATIONSHIP TO HOH
FC	FIRST COUSIN OF HOH

FINANCIAL RESPONSIBILITY CODES

AC - USED FOR MCHP CHILDREN WHEN APPROVING ONE OR BOTH PARENTS
   IN THE FAC SPENDDOWN AU
   Do not use in screening.

SC - USED FOR A NEWBORN'S (P03 or P12) SIBLINGS

ATTACHMENT B

(Sample EDD Document)

MEDICAL INFORMATION
****

DOES THIS PERSON HAVE ANY MEDICAL BILLS? xxx

IS THIS PERSON COVERED BY ANY MEDICAL INSURANCE? Xxx

HAS THE DECLARATORY STATEMENT BEEN SIGNED? XXX

ATTACHMENT C

Relationship Code Legend

SE	HOH/SELF
SP	SPOUSAL PARENT (STEPPARENT IN MA/FAC)
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GC	GRAND/GREAT GRANDCHILD OF HOH
NN	NIECE OR NEPHEW OF HOH
OR	ADULT WHO IS RELATED TO HOH
OU	ADULT NOT RELATED TO HOH
AU	AUNT/UNCLE OF HOH
SI	SIBLING OF HOH
HS	HALF SIBLING OF HOH
SS	STEP SIBLING OF HOH
OC	CHILD WITH NO RELATIONSHIP TO HOH
FC	FIRST COUSIN OF HOH

FINANCIAL RESPONSIBILITY CODES

AC - USED FOR MCHP CHILDREN WHEN APPROVING ONE OR BOTH PARENTS
IN THE FAC SPENDDOWN AU
Do not use in screening.

SC - USED FOR A NEWBORN'S (P03 or P12) SIBLINGS

APPROVAL FOR MEDICAL ASSISTANCE - **Maryland Children's Health Program**

Based on your application dated 05/07/99, you are eligible for Medical Assistance effective 05/01/99. Your period of eligibility is from 05/99 through 04/00. This means you will receive benefits during this period unless there is a change in your situation. Before the end of this period, we will contact you to review your eligibility.

You will receive a Medical Assistance card for each person listed below:

TTTTTTT   MA #000000000

~~Please remember that not all medical care providers are required to accept Medical Assistance as payment for services. You will need to call each provider to find out if they will accept Medical Assistance. If you need help finding a Medical Assistance provider, please call (410) 225-5800.~~

Most people eligible for Medical Assistance must be enrolled in HealthChoice, a managed care program. If you must enroll, you will receive information by mail which will help you select the best Managed Care Organization (MCO) for you and your family. If you would like to receive information about HealthChoice right away, you may call 1 (800) 977-7388.

IMPORTANT

It is very important that you notify your case manager if you move. Mail about the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If your case manager does not have your current address at all times you will not receive important letters about HealthChoice and continuing eligibility. You must also report changes in income, insurance and household members within ten days of such changes. If you do not report these changes eligibility may be canceled.

SPENDDOWN

~~Based upon our recalculation, your income for the period 05/99 [A]
thru 40/00 [B] is too high to receive Medical Assistance now. However, you may still
receive Medical Assistance if before the end of 05/99 you show us medical bills that you owe
or have recently paid. We consider bills such as:~~

~~- Hospitals~~
~~- Doctors~~
~~- Clinics~~
~~- Prescriptions~~
~~- Health Insurance~~

~~- Medical supplies, such as wheelchairs and hearing aids~~
~~- Medical travel costs~~

~~You may be eligible for Medical Assistance when your bills total
$3,223.00 [C] You have already shown us $0.00 [D] worth of
medical bills, so you need $ 3,223.00 more. When you have that
amount, bring or send the bills to your case manager.~~

Your income for the six month period of time beginning xx/xx [A] is more than the
amount allowed to receive Medical Assistance. You will not get Medical
Assistance during this period because your income exceeds the allowable amount
by $xxxx.xx, [C+D] but if you have medical expenses that are more than this you
may be able to get Medical Assistance for part of the time. Medical expenses
include bills from hospitals, doctors and clinics, and the cost of prescriptions,
medical supplies like a wheelchair or hearing aid, transportation to medical care,
and health insurance premiums. They also include medical bills you received
before this period if you still owe them.

You have already shown us $xxxx.xx [D] worth of medical expenses, so you need
$xxxx.xx [C] more. If you have that amount before the end of xx/xx,[B] bring or send
the bills to your case manager to see if you can then get Medical Assistance. If there
are children in your household, they will have a separate determination of eligibility
and the results are either included in this letter, or will be sent to you in another letter.

COMAR Citation: 10.09.24.09C ~~and 10.09.25.09C~~

~~You may become eligible for Medical Assistance if you have prior
and/or accumulated medical bills for which you are responsible.~~

<div align="center">CLOSING</div>

Your Temporary Cash Assistance will end on 07/31/99. Your eligibility for Medical Assistance is ~~being reviewed and you will receive a separate notice for that program~~ **determined separately. The decision about your eligibility for Medical Assistance is either included in this notice or will be sent to you later.**

If you are participating in the Rent Vendor Payment Program, your rent will no longer be paid for you. You must now pay your own rent directly to your landlord.

REASON(S):

   THE TOTAL COUNTABLE INCOME OF YOUR ASSISTANCE
   UNIT IS MORE THAN THE PROGRAM ALLOWS.

AF	07.03.02.04	07.03.03.12	00.00.00.00
MA	10.09.24.09	~~10.09.28.12~~ **10.09.11.10**	00.00.00.00

This closure affects the following people:

   XXXXXXX   MA # 123456767888
   YYYYYYYY   MA # 334343434344
   ZZZZZZZZZ   MA # 39999999999

9. CARES - Questions and Answers

1. Is the reason code 566 (Non-cooperation with the eligibility process) one of the 500 series codes that will not automatically test for MA eligibility?

   Answer: A denied/closed TCA case with the reason code 566 will spout and trickle an MA (F track) AU. When a customer does not provide the required documents, the case manager must enter "NO" in the appropriate verification field. CARES will deny/close the AU with the reason code 230 – No required verifications/information. If the customer has not appeared for the required face-to-face interview, the case manager will deny the MA AU. CARES will then test for MCHP (P track) eligibility.

2. How is the MA AU that sprouts from a denied/closed TCA with 551 (Whereabouts Unknown) to be handled?

   Answer: A letter must be generated to the customer for MA coverage. If the letter is returned non-deliverable, adverse action is required.

3. When is the financial responsibility code AC to be used on an MA (F track) case?

   Answer: The financial responsibility code AC is to be used only when approving a spenddown case. Do not use AC when pending an MA (F track) AU.

4. How do you shut down a preserved case?
   a) Minor child moves out of the home.
   b) Customer moves out of state.

   Answer:
   Moved Out of the Home
   - Select option R from the AMEN screen using the AU ID number.
   - Fast Path to the child's DEM1 screen and enter the appropriate valid value in the Living Arrgmt field.
   - Press Enter.
   The system will deny/close the child on the case.
   - Fast Path to DONE.
   - If there are no other minor children remaining in the household, test the parent or CTROP in the medical assistance coverage group for which they may be qualify.

   Moved Out of State
   - Select option R from the AMEN screen using the AU ID number.
   - Enter the change of address on the ADDR screen and valid value "A" in the ADDR CHNG field.
   - Fast Path to the DEM1 screen and enter "N" in the MD RES field.
   - Press Enter.
   - Fast path to DONE.

The system will deny/close the AU with reason code 210 – Failed Residency Requirement.

* If there are no other minor children remaining in the household, test the parent or CTROP in the medical assistance coverage group for which they may qualify.

5. When a face to face interview is required for the MA reapplication process can the "M" (mail-in) be changed to a " F" (face-to-face) on the MISC screen?
    a) When should this change occur?
    b) Will CARES schedule the appointment and populate on the case manager's schedule?
    c) Does the change generate an application to the customer?

Answer: The redetermination method can be changed from "M" to "F" whenever a face-to face interview is required. This change must occur prior to CARES 90-day redet scheduling process. An application packet will be mailed to the customer. Note: An application is mailed to a customer when the spenddown case is approved 60 days prior to the certification end date. However, if the spenddown is certified after the 60th day, the case manager must manually send an application to the customer.

6. Pregnant Women (P02, P11) and Spenddowns – Reapplication
    a) How are these cases to be handled?
    b) What is the date of application when the application is received two months prior to the certification end date?
    c) The EDC needs to be extended on a pregnant woman. How is this handled?

Answer: A face-to-face interview is not required for a reapplication that has been received on an approved spenddown case. A pregnant woman that has been certified for MA coverage through a mail-in application without a face-to-face interview must have a face to-face interview once the reapplication has been received. However, a face-to-face interview is not required for the reapplication of a pregnant woman who has had an initial face-to-face interview.

The date of application will be the 1st day of the month after the certification end date not the date that the application was received. Do not change the existing certification period on CARES. Case managers will generate a #745 alert to pend the case once the certification period has expired.

System modifications have been made to allow the case manager to extend the EDC on the DEM1 screen to ensure an accurate redet end date on the MAFI screen.

7. With the sprouting of MA AUs, is there going to be a database problem with multiple AUs?

Answer: There are no database issues with multiple AUs or running out of AUs. Screeners will continue to select an existing closed or denied AU on CARES when a customer is reapplying for the same program. An approved spenddown AU cannot be reused.

8. If a TCA customer withdraw the application, does the case manager close the sprouted MA AU?

Answer: Case managers must test for MA eligibility. If the customer indicates in writing that Medical Assistance is not being requested, deny the MA AU.

9. If a redet is not initiated on a TCA case, does MA eligibility need to be established?

Answer: Yes. The face-to-face interview was held at the time of application therefore a face-to-face interview is not required to determine MA eligibility.

10. An MA extension (F02) has been established however the newborn child was not added to the case. How is the newborn added?

Answer: The case manager must determine what action is going to be advantageous to the customer. If the newborn was born after the F02 was established, the baby is entitled to 13 months of MA coverage, and should be pended in a P03 coverage group.

Note: Do not pend or complete a case using the medical coverage groups (P04, P05). These groups are no longer being used on CARES. Any P04 or P05 case must be shut down and pended in the appropriate coverage group.

11. How is an MA extension (F02) with increased earnings and an associated Food Stamp AU handled?

Answer: Increased earnings are coded as "FS"-food stamp countable only.

12. A New Hires alert is received in the local department. The case manager sends notification to the customer to verify employment. There is no response from the customer.
a) Are earnings required on the ERN1 screen? If so, how are the earnings entered?
b) Does MA coverage need to be established for the customer?

Answer: Earnings are required on the ERN1 screen. Written verification of earnings is not a requirement for MCHP.

When a customer does not submit verification of earnings and has received TCA for 3 months out of the last 6 months, he/she is entitled to the Medical Assistance extension. If the customer has not received TCA for 3 months out of the last 6 months, close the TCA AU and allow the case to trickle and sprout to the appropriate MA coverage group. Remember to narrate all actions taken on the case.

NPA-MA (F track) coverage must be established when the customer has signed the #9707. A case manager shall conduct a wage inquiry, contact the employer or telephone the customer. Use the employment information from the alert. However, if additional information is required contact the employer.