



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

Family Investment Administration  
**ACTION TRANSMITTAL**

Control Number: 06-02

Effective Date: July 1, 2005

Issuance Date: July 1, 2005

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS  
LOCAL HEALTH DEPARTMENT MARYLAND CHILDREN'S HEALTH  
PROGRAM SUPERVISORS AND CASE MANAGERS**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA  
JOSEPH E. DAVIS, EXECUTIVE DIRECTOR, DHMH/OOEP**

**RE: X01 CHANGES EFFECTIVE JULY 1, 2005**

**PROGRAM AFFECTED: MEDICAL ASSISTANCE PROGRAM – X01 COVERAGE  
GROUP FOR STATE-ONLY ALIENS – CHILDREN AND PREGNANT  
WOMEN**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

**SUMMARY:**

Effective July 1, 2005, funding is removed from the State's budget for the State-only Medical Assistance (MA) coverage group X01. This coverage group was only for aliens who qualify technically and financially for MA or the Maryland Children's Health Program (MCHP), except that they are qualified aliens subject to the 5-year bar who have not lived in the United States for at least 5 years as a qualified alien. This coverage group provided State-only MA benefits to children and pregnant women. For applications received on or after July 1, 2005, eligibility may not be determined in the Medical Assistance coverage group of X01. For applications received before July 1, 2005, children's X01 eligibility ends on June 30, 2005, but pregnant women may remain eligible until the end of their postpartum period.

**ACTION REQUIRED:**

**X01 CHILDREN ACTIVE IN JUNE 2005**

Children's certification for State-only Medical Assistance X01 coverage will end as of June 30, 2005 in CARES and MMIS. Case workers do not need to process these case closures. In June, the Department of Health and Mental Hygiene mailed an adverse action notice to these recipients. Enclosed with the adverse action notice was an

MCHP application, with instructions for the customer to complete the application and return it to their local health department if they think that they qualify for a federal coverage category and want to reapply. Recipients are advised to call their eligibility case worker or the MCHP hotline at 1-800-456-8900 if they have any questions.

Some of these children may be federally eligible because they are naturalized citizens, asylees, refugees, qualified aliens who entered the U. S. before 8/22/96, or qualified aliens who entered the U.S. on or after 8/22/96 and have lived in the U.S. for at least 5 years as a qualified alien.

If the LDSS/LHD receives an application on or after July 1, 2005 for a pregnant woman or a child alien, the applicant must be evaluated under a federal category of MA/MCHP or processed as an X02 for illegal and ineligible aliens (if coverage is needed for emergency medical services received). If the LHD receives an MCHP application for a pregnant woman or child who is part of an associated case, the LHD should contact the LDSS district office for the case, to coordinate determination of the child's MCHP eligibility.

#### **PREGNANT X01 CHILDREN ACTIVE IN JUNE 2005**

The DHMH adverse action notice advises the recipient to notify their eligibility case worker immediately if the child X01 recipient is pregnant as of June 30, 2005. Their case is being closed effective June 30<sup>th</sup> because their X01 eligibility was established as a child rather than as a pregnant woman. If the LDSS/LHD staff is notified that a child who was certified through June 30, 2005 as an X01 child is pregnant, the following procedures must be followed to reactivate eligibility without a break, but in the pregnant X01 category until the end of the postpartum period. The case worker should "J" screen the previous X01 AU and update the information regarding the pregnancy on the DEM1 screen. Upon finalization, send the X01 manual approval notice. Enter the following message on the notice: *"You are eligible until 2 months after your delivery."* Update the CARES narrative to reflect the eligibility decision.

#### **CHILD X01 APPLICATIONS RECEIVED ON OR AFTER JULY 1, 2005**

Eligibility may not be determined on CARES for X01 coverage for any MA/MCHP applications received on or after July 1, 2005. Therefore, any application for X01 coverage that is received on or after July 1, 2005 must be evaluated in either a federal category of MA/MCHP assistance or under X02 for emergency services to illegal and ineligible aliens. There is no retroactive X01 coverage for applications date-stamped on or after July 1, 2005.

#### **PREGNANT WOMEN X01 ACTIVE JUNE 2005**

Pregnant women who were actively enrolled under MA coverage group X01 as of June 30, 2005 will remain covered until their current certification period ends or until their pregnancy ends due to abortion or miscarriage. X01 applications for pregnant women that were date-stamped before July 1, 2005 may be processed as usual. They may not be recertified in X01 MA coverage after June 30, 2005, even if they become pregnant again.

## **PREGNANT WOMEN X01 APPLICATIONS RECEIVED ON OR AFTER JULY 1, 2005**

For pregnant women applications received on or after July 1, 2005, eligibility **may not** be determined in medical coverage X01, including retroactive coverage that would have begun before July 1, 2005. A pregnant woman must have her eligibility determined in a federal category of MA or MCHP. If she is an ineligible legal alien or an illegal alien, she may only qualify for coverage of emergency medical services in coverage group X02, including labor and delivery services but not including routine prenatal or postpartum services.

## **CARES PROCESSING:**

### **APPLICATIONS RECEIVED BEFORE JULY 1, 2005**

Make the processing of X01 applications a priority, to assure maximum benefits for this population.

Applications for pregnant women (including pregnant children) that are received before July 1, 2005 should be processed as usual, with eligibility granted through the end of the 2-month postpartum period. However, eligibility should end after an abortion or miscarriage.

For non-pregnant children's X01 applications **received before July 1, 2005**, eligibility may only be approved in X01 through June 30, 2005.

- End-date the X01 eligibility as of June 30, 2005.
- Deny the ongoing months beginning with July.
- In processing the case worker must enter the worker generated closing code of "527" (did not meet citizenship requirements) in the month of July and any ongoing months.
- During finalization, the case worker should review each month's eligibility to ensure that the X01 child's eligibility was only approved for June 2005 and that all ongoing months are denied.
- Suppress all CARES generated notices and send a manual X01 approval notice. The notice must indicate that the child was approved for June and denied for July and any on-going months. Enter the following message on the line after you check-off that the customer is approved for "Coverage of full Maryland Children's Health Program benefits": *"You will not receive a redetermination packet because State funding is no longer available for this program. Your eligibility ends on June 30, 2005."*
- The CARES narrative should reflect all eligibility decisions.

### **APPLICATIONS RECEIVED ON OR AFTER JULY 1, 2005**

For an application of a pregnant woman or child aliens **received on or after July 1, 2005**, the LDSS/LHD must pend the applicant under a federal category of MA/MCHP. If the pregnant woman or child is an ineligible legal alien, the application must be denied with the worker-generated code of "527" (Did not meet citizenship requirements). Add the following text message to the CARES denial notice: *"Beginning July 1, 2005, State*

*funding is no longer available for the State-funded aliens program.”* The CARES narrative should reflect all eligibility decisions.

Before denying eligibility based on failing the citizenship/alien eligibility requirements, the eligibility case worker must assure that the applicant is not a naturalized citizen and that the federal alien eligibility requirements are not met. The federal requirement to have lived in the U.S. for at least 5 years as a qualified alien only applies to certain categories of qualified aliens whose most recent U.S. entry date was on or after August 22, 1996. The 5-year bar **does not apply** to refugees or asylees, or to qualified aliens whose most recent U.S. entry date was before August 22, 1996. (See CARES Bulletin 04-07, DHR/FIA Action Transmittals 03-34 and 99-03, and FIA Information Memo 99-51.)

If the applicant is an ineligible or illegal alien, eligibility may be evaluated for coverage group X02 for emergency medical services only. Eligibility should be evaluated for coverage group X02 only if the applicant is requesting coverage for emergency medical services that the applicant received or is receiving (such as labor and delivery but not including routine prenatal or postpartum care).

Update the CARES narrative to reflect the eligibility decision.

#### **REDETERMINATIONS:**

For a redetermination in process of a non-pregnant child X01 recipient, the child's ongoing X01 eligibility may only be certified through June 30, 2005. The case worker must end-date the child's eligibility as of June 30, 2005. Deny the ongoing months beginning with July using the worker-generated code of "527" (Did not meet citizenship requirements). On the manual X01 closing notice, add the following text message: *"Beginning July 1, 2005, State funding is no longer available for the State-funded aliens program."* The CARES narrative should reflect all eligibility decisions.

#### **APPEAL RIGHTS**

Although these X01 case closures and denials may be appealed, the Office of Administrative Hearings is bound by the legislation terminating eligibility. Notify the DHMH Office of the Attorney General about any appeals of X01 case closures. **FAX** the customer's hearing request to the DHMH Office of the Attorney General, Attention: Mr. Joel Tornari at 410-333-5409. DHMH will file a request for a dismissal.

Since X01 is a State-only category, the child or pregnant woman is not entitled to continued MA coverage during the appeal process.

#### **NOTE:**

This change in MA/MCHP X01 coverage has no impact on associated active Food Stamp AUs.

**INQUIRES:**

Questions about these MA policy changes may be addressed to the DHMH Division of Eligibility Services at 410-767-1463. Questions related to CARES processing may be addressed to Cathy Sturgill via email at [CSturgil@thr.state.md.us](mailto:CSturgil@thr.state.md.us) or at 410-238-1247. Call Herb Washington of the DHMH MCHP Division at 410-767-6899 if you need additional Spanish-version MCHP applications.

cc: DHR Executive Staff  
FIA Management Staff  
DHMH Executive Staff  
DHMH Management Staff  
DHR System Support Staff

Attachment

June 15, 2005

Si usted necesita leer esta carta en español, revise la versión en español adjunta. Si usted necesita una versión en español de la aplicación, llame a su trabajadora social o al 1-800-456-8900.

Dear Medical Assistance Recipient:

You are currently receiving Medical Assistance benefits from the State of Maryland. Your category of assistance is for aliens under 19 years old with a permanent legal resident status who have not been in the United States for at least 5 years as a permanent legal resident. This category of Medical Assistance is funded with all State dollars. The State's budget, which takes effect on July 1, 2005, has no funding for this category of Medical Assistance. Therefore, your Medical Assistance eligibility will end as of June 30, 2005.

If you are currently pregnant, inform your eligibility case worker IMMEDIATELY so your Medical Assistance benefits will not end on June 30, 2005. Then, you can keep Medical Assistance until 60 days after your delivery.

If you wish to appeal, pursuant to COMAR 10.09.24.13, you must request a hearing within 90 days of the date on this letter. You may ask your eligibility case worker for help to request a hearing.

To qualify for Medical Assistance or the Maryland Children's Health Program, you must be a citizen, an alien who has been in the United States for at least 5 years as a permanent legal resident, an asylee, or a refugee. If you think that you qualify and want to re-apply, complete the enclosed application form. Mail the completed and signed application form to your local health department, which is on the list with the application.

If you have questions, please call your eligibility case worker or 1-800-456-8900.