



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: 06-15
Obsoletes 06-11, 06-12 and 06-13

Effective Date: September 15, 2005
Issuance Date: September 15, 2005

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS
LOCAL HEALTH DEPARTMENTS, ELIGIBILITY STAFF**

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

RE: HURRICANE KATRINA EVACUEE COMPREHENSIVE GUIDANCE

**PROGRAMS AFFECTED: CASH ASSISTANCE, FOOD STAMP, PURCHASE OF
CARE, MEDICAL ASSISTANCE AND MCHP PROGRAMS**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

The U.S. Department of Health and Human Services Administration for Children and Families has issued guidance on TANF requirements for Hurricane Katrina evacuees. The U.S. Department of Health and Human Services Administration Center for Medicare and Medicaid Services has also issued guidance. The Food and Nutrition Service issued updated Food Stamp Program guidance on September 9. In addition, several local departments have requested a way to identify on CARES the state from which the evacuee came.

This transmittal issues comprehensive procedures for Hurricane Katrina evacuees based on the new federal guidelines and contact numbers, and makes obsolete Action Transmittals 06-11 and 06-12 and Information Memo 06-13.

For applications processed on or after the date of receipt of this emailed action transmittal, the maximum certification period for evacuees determined eligible under these special circumstances is changed from **6 to 4 months**. Applications for consideration under these special circumstances may not be accepted after October 31, 2005.

We have also attached information that may help recipients access benefits from the Social Security Administration and information on accessing bank accounts.

Food Stamps : New FNS instructions implement a new, one-month policy for certifying evacuees who have left Alabama, Louisiana, and Mississippi because of Hurricane Katrina for a full monthly allotment.

TCA: TANF policy allows states to suspend work and child support requirements for evacuees for four months.

TDAP: For disabled adults without children and who are not receiving SSI/SSDI, certify for Type 1 TDAP for four months

POC: Available to working evacuees through income level J.

MA and MCHP: Certify non-TCA MA and MCHP applicants for a maximum certification period of four months in coverage category X01. Non-TCA MA and MCHP applications for coverage under this policy must be filed by October 31, 2005.

The Hurricane Katrina Comprehensive Guide is attached to this action transmittal.

ACTION DUE

This policy is effective upon receipt.

INQUIRIES

Please direct food stamp policy questions to Kay Finegan at (410) 767-7939 or Rick McClendon at 410-767-7307. Call Marilyn Lorenzo at 410-767-7333 with TCA questions and call Betsy Blair at 410-767-7845 with Purchase of Care questions. Call Cathy Sturgill via e-mail at csturgil@dhr.state.md.us or at 410-238-1247 for MA/MCHP or CARES processing questions regarding the X01 coverage group questions. Contact Joyce Westbrook at 410-238-1299 for CARES questions.

cc: FIA Management Staff
Constituent Services
DHR Help Desk
DHMH Executive Staff
DHMH Management Staff

HURRICANE KATRINA COMPREHENSIVE GUIDE

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Section 1. Evacuees Who Are Currently Certified:

When a person who has a currently active case in an area affected by Hurricane Katrina visits a local department in Maryland to ask about disaster benefits:

- Assure the person that he or she can use his or her out-of-state EBT card in local stores, and that he or she may continue to use food stamp benefits during his or her certification period.
- Assist the evacuee in getting a new EBT card, if his or her current card has been lost or left behind in the area affected by Hurricane Katrina. See the contact numbers in Section 13.
- If the evacuee is applying for MA or MCHP services, DO NOT take the application if the applicant has a Medicaid eligibility card in their possession from one of the affected areas. DHMH has notified providers to accept MA cards from the affected states.

Section 2. Enhanced Food Stamp Policy for Evacuees:

The Food Stamp Program is implementing a new, one-month policy for certifying evacuees who have left Alabama, Louisiana, and Mississippi because of Hurricane Katrina. The policy provides for a **one-month maximum food stamp benefit for any evacuee household**. Eligibility is based simply on evacuee status.

- Applicability - This policy applies to an applying household that meets **all** of the following requirements:
 - The household lived in an affected county or parish in Alabama, Louisiana, or Mississippi on August 29, 2005, and
 - The President declared the applicant's county or parish to be a disaster area, and
 - The household has moved to Maryland; and
 - The household applies by October 31, 2005.

Note: Additional counties have been added as affected areas (disaster areas). The list is in section 12. We have also attached a list of Louisiana parish codes for parish of residence. These codes are included on Louisiana driver's licenses.

- Allotment
 - Issue the household the maximum allotment for its household size
 - Do not prorate the allotment.
 - Issue one monthly allotment (for either September or October) based on these rules.

Note: If a household was already certified in Maryland for a prorated allotment for September under the prior guidance, DHR central staff will issue a supplement for the difference between the allotment issued and the maximum amount. For

households who have not yet been issued the September allotment, the case manager must pend the case from September 1, and include no income, in order to issue a maximum allotment. If the household applies in October, issue a maximum allotment for October unless the household received a maximum allotment for September Or October in a state other than Alabama (AL), Mississippi (MS) or Louisiana (LA). **Note: An evacuee from an affected area is eligible for one month of enhanced benefits regardless of whether they have a LA, MS or AL EBT card. It is possible for a household to receive an enhanced benefit in both Maryland and one of the affected states in September or October.**

- Household size
 - Ask about household size and use that information to calculate the allotment.
 - Treat as a separate household even if the household purchases and prepares meals with others.
Note: The household could include only children who were evacuated and are living apart from their parents.

- Eligibility
 - There are no income or resource eligibility tests.
 - There are no other non-financial tests.

Note: Individuals who are ineligible under normal food stamp rules can get this one-month maximum benefit. This includes undocumented immigrants or ineligible immigrants and others who do not meet the food stamp eligibility rules such as fleeing felons and ineligible students.

- Deductions
 - Do not ask about deductible expenses, because an entitled household will receive the maximum allotment for its household size.
- Verification
 - Verify every applicant's identity to the extent possible. The \$2,000 debit card issued by the Federal Emergency Management Agency is sufficient. For other criteria, the other documentation, collateral contacts, or the applicant's self-declaration will be sufficient.
- Quality Control – These cases are not subject to quality control reviews.
- Future assistance: Apply the Disaster Relief Evacuee Policy in Section 4 to continue food stamp benefits beyond this initial month.

Section 3. All Programs – General Policy:

When a person from one of the areas affected by Hurricane Katrina is evacuated or self-evacuates to Maryland the case manager **must**:

- **Treat the application as a priority.**
 - Same day processing of applications

- Evacuees from Hurricane Katrina may have evacuated their homes leaving behind the types of verification we normally see and request. Use readily available verification of identity. Use a collateral contact if necessary. If no collateral contact is available, accept the applicant's self-declaration.
- Verify that the evacuee was living in an area affected by Hurricane Katrina on August 29, 2005. This also applies to evacuees who were living in an affected area but evacuated before August 29.
 - Use **any** readily available information to verify this. A collateral contact may be necessary. If no collateral contact is available, accept the applicant's self-declaration.
- Check with the evacuee to make sure he or she does not have active benefits in one of the listed areas, or any other area. If so, see Section 1 and the contact numbers in Section 13.

Section 4. Food Stamps after the Initial month of Enhanced Policy for Evacuees – Disaster Evacuee Policy:

- Certify evacuees from areas affected by Hurricane Katrina for up to three additional months under the disaster evacuee policy. Households can get benefits for the 3 full months of October, November, and December. Except for verification of identity, verification is not necessary until January 1, 2006.

Note: Someone applying in October would get only 2 months of benefits before verification is required.

- The applicant and his/her family may be certified as a household separate from anyone they are living and purchasing and preparing food with. If the household has split up, the separate parts of the original household may be certified as separate households. It may be necessary to certify unusual household composition situations.
- Applicants are temporarily exempt from the work requirements and the ABAWD requirements.

Warning: Evacuees who are ineligible for food stamps by law, such as fleeing felons, ineligible students, are not eligible for disaster food stamp benefits beyond the one month of enhanced benefits.

Note: Quality Control will not cite errors for these food stamp certifications.

Section 5. TCA:

HHS has advised states that we have the flexibility to establish new policies to address the needs of families displaced by the hurricane. Maryland has decided to provide

“non-recurrent, short term” benefits that do not meet the definition of “assistance” and are not subject to the TANF requirements of work participation, time limits, child support assignment and detailed data reporting. These benefits cannot extend beyond four months. If, after four months, the family still needs assistance, redetermine the family’s eligibility for regular TCA.

Certify the evacuee family for TCA for four months, September through December 2005. Allow the tag-along MA certification. Do not require up-front child support or job search. Make sure to put HK in the special circumstances field on the ADDR screen. If the family needs help with child support or looking for work, give them the help they need or refer the family to your Child Support or Work Opportunities program.

Since many of the evacuees have been separated from their families, Maryland has chosen to provide interim assistance to children who are in separate homes from the parents, based on the presumption that the family will be reunited in the very near future. Call Marilyn Lorenzo for policy clarification if you have an unusual assistance unit situation.

Note: Run your usual clearances. If the TCA applicant is already active in X01, close the X01 assistance unit with a closure code of “507” and allow the F01 assistance unit become active.

Section 6: Child Support

If the family received child support in one of the affected states, contact the child support office in that state at the telephone number or email address in the Contact section of this transmittal to give them a new address where they can mail the child support check.

Attached is an information form that may be used to report Child Support changes in all 3 states.

Section 7. TDAP:

If an evacuee without dependents states that he or she is **disabled**, cannot work, and does not receive SSI or SSDI, certify for four months of type 1 TDAP. Give the evacuee a 402B medical form and help them find a doctor who will accept payment through the 312 form. If the evacuee cannot access their SSI or SSDI benefit, refer him or her to the local Social Security Office or help them call the office with a change of address. Recipients of Social Security, SSI or SSDI are not eligible for TDAP.

Note: Refer to Section 17 for the MA eligibility requirements. A disability determination **is not** required for the 4 months of MA eligibility in coverage group X01.

Section 8. Verification of Income and Assets for TCA, TDAP, MA, MCHP and FS

Ongoing Benefits:

Use readily available (or any available) verification for income and assets. If the applicant states he or she has assets but they are not accessible due to hurricane damage, set a "745" alert to check in three months, to determine if the assets have become available. Do not deny if income or assets are truly inaccessible. See the attachment entitled **Accessing SSI, SSDI and Social Security Benefits** for information on how to help evacuees access their benefits and bank accounts.

Reminder: For the enhanced and disaster food stamp benefits, proof of identity is the only required verification until the January 2005 issuance. See sections 2 and 4.

Section 9. Instructions for Purchase of Care (POC)

Evacuees arriving from Louisiana, Mississippi and Alabama should be served immediately. If they are at subsidy levels A thru D process normally. Any evacuee who has a job here and needs POC to accept or continue the job (see note below) should be advised they can be provided 3 months of POC instead or, or in lieu of receiving TCA. Subsidy levels E through J should be coded with an L in the TCA Status field on CCAMIS, actual income entered and a reconsideration completed within 3 months. Child support must be pursued at reconsideration.

NOTE: Some department store chains and other employers located in Maryland have promised their Louisiana, Mississippi and Alabama employees that they will be provided a job where ever they relocate to.

Note: Medical Assistance and MCHP policies are addressed in more detail in Section 17 of this transmittal.

Section 10. Evacuees on Parole and Probation:

While we are doing everything to facilitate the relocation of evacuees (including those on parole and probation) it is the responsibility of the person on parole and probation to report to the appropriate parole and probation office. To locate the nearest parole and probation office, please call 410-585-3500 or 1-877-227-8031. The offices are also listed at http://www.dpscs.state.md.us/locations/dpp_offices.shtml.

Section 11. General Policy Reminders:

Most, if not all, of these households meet the food stamp definition of homeless. If they pay any amount for shelter costs, they are entitled to the homeless shelter deduction. See Information Memo 05-39, issued May 2, 2005 for how to code CARES so that the households are given the deduction.

A social security card is not required verification for any program at any time. The household must provide social security numbers for all members. We verify the numbers with a match with the Social Security Administration.

A picture ID is not a requirement for receiving an EBT card.

Evacuees who already receive benefits in Alabama, Louisiana or Mississippi and have lost their EBT card can get their EBT card number to manually access food stamp benefits in their accounts. With the EBT number and their PIN, a manually-keyed EBT transaction is possible. FNS is notifying retailers of this procedure. The process allows evacuees to purchase food during the 4 to 5 days it will take to receive a replacement card in the mail. This process is in effect until midnight on September 30, 2005.

Section 12. Areas Affected by Hurricane Katrina:

Alabama

Baldwin, Clarke, Choctaw, Mobile, Sumter, Washington, Greene, Hale, Pickens and Tuscaloosa Counties

Louisiana

The parishes of Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana

Mississippi

Adams, Amite, Attala, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lee, Lincoln, Lowndes, Madison, Marion, Monroe, Neshoba, Newton, Noxubee, Oktibbeha, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Webster, Wilkinson, and Winston Counties

Section 13. Contact Numbers and E-mail Addresses

Alabama:

Food stamp or EBT information and close cases- 1-866-465-2285 or fs@dhr.state.al.us. The customer service representative at that telephone number will also transfer you to the correct person to get TANF, Child Support, Child Care, or Medicaid status.

Child Support information or to report a change of address - 1-800-951-1274 or childsupportstorm@dhr.state.al.us.

Alabama Medicaid Department, Recipient Inquiry Unit - 1-800-362-1504 or 1-334-215-0111.

There is a recording with options. You may press "0" to speak to a customer service representative.

Louisiana:

EBT cards - 1-866-334-8304.

J. P. Morgan customer service EBT help-line at 1-888-997-1117.

To check case status, request case closure or to request a replacement EBT card, you can also e-mail:

kmathern@dss.state.la.us with cc's to:

jdroddy@dss.state.la.us

stucker@dss.state.la.us

sguillor@dss.state.la.us

twillia6@dss.state.la.us

Medicaid or WIC - 1-888-342-6207 or 1-225-342-3866.

Child Support –1-800-256-4650, 1-225-922-8100 or LACSC@dss.state.la.us.

Unemployment Insurance (report address changes or obtain information about UI) - 225-219-0753.

For information on the following programs call 1 (888) 524-3578 from 7 a.m. to 7 p.m:

Food Stamp Benefits, including Disaster Food Stamp Benefits

Medicaid or WIC

Mental Health Counseling

Addictive Disorders

Developmental Disorders

Social Security Benefits or Social Security Disability Benefits

Child Support

Foster Care Program

DHH Optional State Supplement Checks

Louisiana Rehabilitation Services

Unemployment Benefits and Disaster Unemployment Benefits

Displaced DSS employees may also call the number to report their whereabouts or inquire about their jobs.

PARISH CODES FOR LOUISIANA

NAME	PARISH	NAME	PARISH
Acadia	001	Rapides	079
Allen	003	Red River	081
Ascension	005	Richland	083
Assumption	007		
Avoyelles	009	Sabine	085
St. Bernard	087		
Beauregard	011	St. Charles	089
Bienville	013	St. Helena	091
Bossier	015	St. James	093
		St. John the Baptist	095

Caddo	017	St. Landry	097
Calcasieu	019	St. Martin	099
Caldwell	021	St. Mary	101
Cameron	023	St. Tammany	103
Catahoula	025	Tangipahoa	105
Clairborne	027	Tensas	107
Concordia	029	Terrebonne	109
DeSoto	031	Union	111
East Baton Rouge	033	Vermillion	113
East Carroll	035	Vernon	115
East Feliciana	037	Washington	117
Evangeline	039	Webster	119
Franklin	041	West Baton Rouge	121
Grant	043	West Carroll	123
Iberia	045	West Feliciana	125
Iberville	047	Winn	127
Jackson	049		
Jefferson	051		
Jefferson Davis	053		
Lafayette	055		
Lafourche	057		
La Salle	059		
Lincoln	061		
Livingston	063		
Madison	065		
Morehouse	067		
Natchitoches	069		
Orleans	071		
Ouachita	073		
Plaquemines	075		
Pointe Coupee	077		

Mississippi:

Main Mississippi information - mdhsdisaster@mdhs.state.ms.us

Another link that may be helpful is <http://www.mdhs.state.ms.us/>. Click on the “E-mail contact during disaster” link and information can be mailed to the state office. They have staff manning the mailbox.

Food stamp information - 1-800-948-4060

EBT information - 1-866-449-9488

Mississippi Medicaid (Medical Assistance) information: 1-800-421-2408 or Mississippi Department of Health, Affiliated Computer Services (ACS) - 1-800-884-3222

Child Support information or report change of address - 1-866-388-2836

Section 14. Reminders for Action Required

- When the evacuee family has no documents, you may consider the family needy for TCA and food stamp purposes based on their statement, circumstances or inability to access resources and assets. Narrate clearly that the family has lost their documentation in the storm and self-declaration is the best you can get.
- Set the TCA and food stamp certification period for four months (September through December).
- Do not count payments from a charitable organization (such as the Red Cross) or payments from FEMA as income or resources. These charitable donations and disaster payments are disregarded.
- It is essential that you continue to enter HK in the Special Circumstances field on the ADDR screen to identify Hurricane Katrina evacuees.
- Please enter AL – Alabama, LA – Louisiana or MS – Mississippi in the State of Birth field on the DEM1 screen to identify which of these state the evacuee came from.

Section 15. CARES Coding to Identify Hurricane Evacuees:

- Identify customers applying for FS, TCA, TDAP, MA or MCHP and who are processed as Hurricane Katrina evacuees by entering “HK” in the Special Circumstances field on the ADDR screen. Assure that a current Maryland address is entered in the fields for mailing address.
- It is **essential** that you add this code so that we can track the evacuees for federal reporting and so that DHMH can identify Hurricane Katrina MA/MCHP recipients.
- Several local departments have asked for a place on CARES to note from which state the evacuee came. Please enter AL for Alabama, LA for Louisiana or MS for Mississippi in the State of Birth field on the CARES DEM1 screen. This will give case managers the information they need if they must call the state to get information, as well as allow us to report the state if it is needed on the federal reports.

Section 16. CARES Coding to Issue Benefits to Evacuees

From the **AMEN** screen:

- **Option “J” (Screening)**
- Screen all applicants as you would if processing a regular TCA or Food Stamp case. If proper verification is available enter the appropriate code. If not, use “**OT**” as the

verification code.

- Do not enter any income or assets on the **CIRC** screen.
- Make sure there is a “Y” in the Expedite Field on the **INCH** screen and use the first day of the application month as the application date.
- **Option “O” (Interview)**
- On the **ADDR** screen enter **HK** in the Special Circumstances field
- Complete the **STAT** screen as usual. If proper verification is available enter the appropriate code. If not, use “OT” as the verification code.
- On the **DEM1** screen in the state (**ST**) field enter the state that the evacuee is from. In the Living Arrangement field enter “AH” with the verification code of “CC” or “LE”. In the Parental field for a child enter “N” with a verification of “CS”.
- On the **DEM2** enter the information using the appropriate verification code if information is available. If not use “OT” as the verification. On the child’s **DEM2** screen enter the appropriate information under the HLTH insurance field.
- On the **ALAS** screen enter “Y” in the Good Standing field and use “SC” as the verification for any child that should be in school.
- On the **SHEL** screen, if the applicant states that they have to pay shelter cost enter the amount that is paid with the appropriate verification code. Because these evacuees are homeless, they will be entitled to the Homeless Shelter deduction if they have to pay shelter expenses. If this is the case see Information Memo 05-39.
- On the **MISC** screen, enter a “Y” in the FS Interview field.
- **Option P (Processing)**
- In Option P for the application month:
 - For enhanced food stamps
Delete any income that may have been entered during the interview. This income should not be counted **for Enhanced Food Stamps** for the application month.
 - For other programs
Cash: Code all income as **CA** (Cash Countable Only)
MA: Code all income as **MA** (MA countable Only)
 - For ongoing months
Change income types so that all income and deductions count for all programs. If proper verification is available enter the appropriate code. If not, use “OT” as the verification code.
- **Option Q (Finalize)**
- Finalize the AU’s according to normal processing procedures and narrate all actions.

Section 17. MEDICAL ASSISTANCE (MA) AND MARYLAND CHILDREN’S HEALTH PROGRAM (MCHP)

If the local department of social services or a local health department receives an MA or MCHP application from an individual or family evacuated from Hurricane Katrina, use the following policies and procedures as of the “effective date” of this Action Transmittal. These policies are just for applicants who do not want to apply for TCA

cash benefits or who are ineligible for TCA. If an applicant at a local health department requests cash assistance, refer them to apply for TCA at the local department of social services.

If the evacuee is applying for MA or MCHP services, DO NOT take the application if the applicant has a Medicaid eligibility card in their possession from one of the affected areas. DHMH is notifying providers to accept MA cards from the affected states. For evacuees who received Medicaid in one of the affected states but lost their cards or for evacuees who did not receive Medicaid in an affected state, follow the instructions below.

It is imperative that at most 4 months of coverage for Medicaid State Plan services be given in the X01 category to anyone applying for Maryland Medicaid under these special circumstances. Applications must be filed by October 31, 2005.

After this 4-month period, if the recipient intends to remain in Maryland, there will be a **full redetermination** for a federal MA or MCHP coverage category, including all technical and financial eligibility requirements (e.g., income, resources, disability, look-back period for asset transfers, etc.).

- Verify that the evacuee was living in an affected area before the hurricane struck (see Section I on page 2). Obtain the **former home address** and enter it in the CARES narrative, including county/parish, state, and zip code. Use any readily available information to verify this. A collateral contact may be necessary. If no collateral contact is available, accept the applicant's declaration.
- Write "**HK**" on the application form to identify this application as from a Hurricane Katrina evacuee. If the application is mailed to the household to complete or is given to the applicant to submit, make sure that "**HK**" is written at the top of the application form before issuance, to assure that it will be identified and processed correctly.
- As noted above for Food Stamps and TCA, it is important to put "**HK**" in the **Special Circumstances field on the ADDR screen**.
- **Expedite enrollment of these customers.** Determine eligibility on the date of application, if possible, to assure immediate access to prescriptions and medical care.
- Use medical coverage group "**X01**". Applications for individuals applying for Medicaid, other than through TCA, **MUST** be placed in the **X01** category. This includes children and pregnant women who normally would be placed in an MCHP category. It also includes long-term care applicants.
- Run your usual clearances. Assure that all members of this X01 assistance unit are not active in another MA or MCHP coverage category.
- **Put all family members in the same assistance unit**—father and/or mother (or other caregiver relative with whom the children live), and their children. Also use **X01** if the application is for a single adult, regardless of whether the applicant is a man or woman.
- Follow the normal household composition requirements regarding the valid values

for relationship and financial responsibility for the X01 AU members. . Noting that the parents of children who are applying via the local health department would be considered as applicants “PN” and should be processed as recipients. **Do not** use the financial responsibility code of “NM” for any evacuee applicant.

- Ask the evacuee if they have Medicaid in another State, and enter that information on the **DEM1** screen. If the evacuee shows their MA card from another State, an application **MAY NOT** be taken for Maryland Medicaid under these special circumstances.
- If an application is taken and it is subsequently discovered during the interview that the applicant has a Medicaid card from his or her state of origin, the pending Maryland application should be shut down using CARES code "555" (application opened in error).
- **On the DEM1 screen DO NOT ENTER AN EDC DATE or any other pregnancy-related information, even if an assistance unit member is pregnant.** If necessary, complete the “SSN APPL Date” field. Complete the “Mar Stat” field, the “Living Arrgmt” field, and the “V” verification fields. **PF4 (DO NOT PRESS ENTER)** to the next screen, which allows CARES to bypass any information regarding pregnancy.
- Follow the regular MA policies for citizenship and alien eligibility for those applicants who state they are not U.S. citizens. Accept applicants’ declaration that they are citizens and do not request verification.
- For the **DEM2** and **TPL** screens, enter information provided by the evacuee about Medicare coverage and any current coverage by private health insurance or other third party liability.
- **On the “Eligibility for Special Program” - SPEC - screen, shorten the “Redet End Date” to the last day of the 4th month from the month of application.**
- **Do not require verifications.** These applications by their nature will be declaratory. Normal verifications, such as documentation, disability determination (SRT), etc. will not be required. Enter “other” or “worker verified” for the verification code for all fields requiring verification.
- **Disability is not required for an adult aged 21-64 who is not pregnant or a caretaker relative.**
- Although the applicant may state that they receive a source of income (such as SSI, SSA, RR, VA, pension, salary, etc.) or that they have resources (such as a bank account, savings account, stocks, etc.), **these must be accessible** in order to be countable. Accept the applicant’s statement of accessibility. Remember, this coverage is ONLY for 4 months.
- Use the income and resource policies for whatever coverage group would otherwise be used for the assistance unit—F-track, P-track, etc. Local health departments will continue to use P-track rules, including the applicable income standard, but will include the child/ren’s mother and/or father as eligible members of the X01 assistance unit.
- **Financial eligibility for coverage group X01 is conducted using the CARES Trial Budget.** Print a copy of the “TBUD” (Trial Budget) and the “TBMA” (MA Financial Eligibility – Trial Budget) screens and place them in the case record. Determine income eligibility based on whatever income is reported to be currently received and

accessible for the assistance unit members. Few of these individuals will now have earned income.

- Disaster relief assistance from federal, State, or local governments or any charitable or religious organizations (e.g., Red Cross, Salvation Army) is not countable. (See the Medical Assistance Manual, Policy Alert 07-01 MR-113, page 7.)
- Determine resource eligibility based on whatever resources are **accessible** to the assistance unit members. Do not count any resources that they cannot access (e.g., if they cannot access their bank account because they do not have their ATM card or their bank is closed).
- **The attached manual approval and denial notices must** be used for X01 because CARES system-generated notices are automatically suppressed for this coverage group.
- For the approval notice, complete as follows:
 - List all persons who are approved as members of the assistance unit.
 - Enter and highlight the MA number for each assistance unit member approved for X01 coverage. The 11-digit MA number consists of the CARES ID number followed by 2 zeros.
 - Write the beginning and ending dates for the approved certification period.
- For the denial notice, enter the reason(s) for denial. Assure that the Summary of Procedures for Fair Hearings is attached.
- Copy the manual notice and place it in the case file.
- Update the narrative to reflect the eligibility decision.
- When the case comes up for **redetermination**, the usual policies and procedures will be used. Then, the household will be reviewed for whether they meet residency requirements because they plan to remain in Maryland for an indefinite period.

Applicants for Temporary Cash Assistance (TCA)

Section IX pertains to anyone applying for MA/MCHP benefits ONLY (including long-term care), not to evacuees applying for TCA cash benefits. TCA eligible individuals receive MA as an additional benefit that does not require a separate application. If applicants are applying for TCA, place them in the appropriate F track coverage group. DHMH will update MMIS to reflect the X01 coverage group but CARES will still reflect the F01. This change places the applicant in fee-for-service, not in an MCO.

If an F01 household reports a change in income, either earnings or child support, within the TCA eligibility period, enter the information into CARES and allow the case to trickle to the appropriate F-track coverage group. The CARES end date needs to be shortened so that it does not extend beyond the total of 4 months from the original month of application.

Evacuee TCA Denials/Closings:

As CARES is programmed to automatically test for Medical Assistance eligibility in the appropriate coverage group, if an F01 AU is denied/closed for any reason other than income and/or child support, the following procedures must be followed so that the AU

does not trickle or sprout to another Federal Medicaid/MCHP coverage group. The case manager must "507" the F01 AU and process the case according to the instructions under Section IX of this AT, entitled MEDICAL ASSISTANCE (MA) AND MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP). The Notice Override indicator will default to a "Y" on the Financial Eligibility screen "CAFI" for the TCA F01 AU, suppressing the system generated notice. Therefore, the case manager must send a manual notice to the customer advising them of the discontinuance of their TCA benefit and MA coverage under TCA F01. The case manager must then process the evacuee for MA/MCHP under the X01 coverage group as outlined in this AT and send the appropriate manual notice regarding MA/MCHP eligibility.

If at redetermination the TCA/F01 assistance unit is approved for continuing eligibility, a C-TAD must be sent to DHMH to change the coverage group from X01 to F01 on MMIS. Otherwise, eligibility will close on MMIS at the end of the X01 "HK" 4-month certification period.

Long-Term Care (LTC) Case Procedures

- If the evacuee is applying for LTC services, **DO NOT** take the application if the applicant has a Medicaid eligibility card in their possession from one of the affected areas.
- Determine LTC eligibility using the **X01** coverage group, not an L or T track coverage group. So that DHMH will know to load the LTC span on MMIS recipient screen 4, enter "" **"HKL"** on the CARES **ADDR** screen under "Residential Address" in the "Address Line 1" field. Also, note in the CARES **narrative** that this is a LTC recipient.
- Consider the LTC applicant as a household of one person, even if the applicant is married. Do not consider the spouse's income or resources. Do not perform a spousal resource assessment. Do not calculate a spousal maintenance allowance.
- If an applicant's **spouse** is applying for Medicaid in the community, a **separate** application must be taken.
- Follow the rules stated above for community MA X01 eligibility determinations regarding documentation, income, resources and disaster relief. This should result in few cases with a cost of care due to the nursing facility for this 4 month time period.
- A 257 level of care determination **IS NOT** required to open a LTC case in X01. However, the 257 is required as soon as possible for the provider to be paid.
- Do not request or enter any information about real property, liens, transfers, or disability determinations.

CHILD SUPPORT INFORMATION FORM

Please provide information about yourself:

State you are receiving Child Support from: _____

Name: _____
Last First

Date of Birth: _____

Social Security Number: _____

Child Support Case number (if known): _____

Please provide information about the non-custodial parent:

Name: _____
Last First

Date of Birth (if known): _____

Please provide information about your child(ren):

Name: _____ Date of Birth: _____
Last First

Name: _____ Date of Birth: _____
Last First

Name: _____ Date of Birth: _____
Last First

Name: _____ Date of Birth: _____
Last First

Please complete the following section if you wish for your child support payments to be mailed to a new address:

Address line 1

Address line 2

City State Zip Code

Printed Name

Signature Date

If you reside in a shelter, please provide shelter identification and address information.

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF ELIGIBILITY
Hurricane Katrina Evacuees

Applicant's Name: _____

Date of Notice: _____

Applicant's Address: _____

Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, eligibility is **approved** for coverage of full Medical Assistance benefits for _____ through _____. The following person or persons are covered:

Name

Medical Assistance Number

You will receive a Medical Care Program card for each approved person. When it is time for eligibility to be redetermined, the Program will send you a packet to complete and return by a specified due date. Please be sure to notify this office within 10 days of any changes in your address or circumstances.

If you have any questions about this notice, call your Eligibility Case Worker at the number below. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Eligibility Case Worker

Telephone Number

Summary of Procedures for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice. If you think the decision is wrong, you may:

- Call your Eligibility Case Worker at the telephone number on the other side of this notice to ask about the decision.
- Request a hearing or ask for help to make this request by:
 - Calling your Eligibility Case Worker;
 - Calling the State's help line at 1-800-332-6347;
 - Visiting your local department office; or
 - Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or Eligibility Case Worker.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. § 431.200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1-800-999-8904 or the Maryland Disability Law Center at 1-800-233-7201.

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF INELIGIBILITY
Hurricane Katrina Evacuees

Applicant's Name: _____
Applicant's Address: _____

Date of Notice: _____
Local Department: _____
Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, you have been determined **ineligible** for Medical Assistance benefits for the reason(s) specified checked below:

Specify: _____

This decision is based on COMAR 10.09._____.

You may reapply at any time. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Eligibility Case Worker

Telephone Number

Summary of Procedures for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice. If you think the decision is wrong, you may:

- Call your Eligibility Case Worker at the telephone number on the other side of this notice to ask about the decision.
- Request a hearing or ask for help to make this request by:
 - Calling your Eligibility Case Worker;
 - Calling the State's help line at 1-800-332-6347;
 - Visiting your local department office; or
 - Mailing or giving a written request for a hearing to your local department office.

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Accessing SSI, SSDI and Social Security Benefits

The Social Security Administration (SSA) has implemented immediate payment procedures that permit on-the-spot payments to be made to anyone who can no longer access their benefit check. As of September 9, Social Security had issued more than 30,000 immediate payments. Since September 1, Social Security has provided immediate payments to evacuees who are not able to receive their monthly benefits, whether by mail or direct deposit.

Beneficiaries can visit any open Social Security office and receive an immediate payment by check that replaces the full amount of their Social Security or Supplemental Security Income (SSI) payment. SSA is providing immediate payments and other services to evacuees in other locations through temporary offices, evacuation centers, FEMA Family Assistance Centers, and extended hours of service at many Social Security offices. Social Security and the United States Postal Service also established temporary mail delivery stations in areas where mail service was suspended because of Hurricane Katrina. Beneficiaries still remaining in those areas may pick up their checks at those temporary locations. According to SSA, emergency procedures have been implemented that will allow expedited processing of applications for survivors benefits or other Social Security benefits.

Almost 91,000 SSI recipients live in Louisiana counties affected by Hurricane Katrina and receive over \$39 million in monthly benefits. Over 22,000 Mississippi SSI recipients live in affected counties and receive almost \$9 million in monthly benefits. Over 21,000 Alabama SSI recipients live in affected counties and receive almost \$9 million in monthly benefits.

Information for the public is available at www.socialsecurity.gov/emergency or by calling 1-800-772-1213 (TTY 1-800-325-0778).

Accessing Bank Accounts

For information about accessing your bank accounts, lost records, ATM cards, direct deposits or how to reach your bank, contact the FDIC toll-free at 1-877-ASK-FDIC, that's 1-877-275-3342. This hotline is open 24 hours a day, 7 days a week. Also visit the FDIC's Website at www.fdic.gov.