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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR FIA
DEBBIE RUPPERT, EXECUTIVE DIRECTOR DHMH/OES

RE: COMPLIANCE ISSUES FROM MEDICAID AUDIT FINDINGS

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:
Each year, the Federal Center for Medicaid, CHIP and Survey & Certification (CMCS) conducts, through contractors, a “Single State Agency” Audit (“Medicaid Audit”). Because Maryland’s Medicaid agency was established as a partnership with DHR for purposes of eligibility determination, and because the Medicaid agency itself has taken on direct eligibility duties for certain programs, the Medicaid Audit reviews sample cases from LDSS and LHD offices.

During the most recent audit, there were no strong trends for particular types of errors. However, as we approach the end of our fiscal year, this Information Memo serves as a reminder regarding errors previously noted in the Medicaid auditors’ findings. We hope this document will provide useful “tips” to avoid common errors in these extraordinarily busy times.

TIPS TO AVOID COMMON ERRORS

A. Case Record Elements
   • Narration is crucial to documenting what has happened with your case. This is particularly important when heavy workloads make it impossible to remember all actions taken.
   • Review applications thoroughly to be sure that all applications are signed with appropriate signatures.
- Place all incoming documents in files so that files are readily accessible to your office and other outside entities.
- Follow appropriate procedures for transferring cases to a different jurisdiction to avoid misplacing case files; see AT 00-34.
- Use Alerts to follow-up on outstanding case issues; a valuable tool, especially when having heavy caseloads.
- Ask your supervisor for clarification when unsure of policy or procedures.

B. Timely Processing

1. When an application for a pregnant woman is filed, decisions shall be made at the LDSS and LHD as quickly as possible but no later than within 10 days. See Action Transmittal 10-31 for expedited LDSS and LHD ACE procedures.

2. When an application for an undocumented pregnant woman is filed, see procedures described in Action Transmittal 09-41.

3. When all other applications are filed, decisions shall be made as follows:
   - LHD: 10 days from date of application;
   - LDSS: 30 days from date of application;
   - LHD and LDSS: 60 days from date of application when determination of disability is needed.

   For delayed determinations, be sure to code the MISC screen with the appropriate delay code and narrate the reason for the delay.

**INQUIRIES:**

Please direct MA policy questions to the DHMH Division of Eligibility Policy at (410) 767-1463 or 1-800-492-5231 (select option 2 and request extension 1463) and CARES questions to Debbie Simon at (410) 238-1363.

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