



311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: # 20-06

Effective Date: October 1, 2019

Issuance Date: October 29, 2019

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

FROM: NETSANET KIBRET, EXECUTIVE DIRECTOR *JK*

RE: TEMPORARY CASH ASSISTANCE BENEFIT INCREASE

PROGRAMS AFFECTED: TEMPORARY CASH ASSISTANCE (TCA)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary

Pursuant to state law, DHS annually calculates whether the TCA and Supplemental Nutrition Assistance Program (SNAP) benefits when added together meet or exceed 61% of the Minimum Living Level (MLL). *Maryland Human Services Code. Ann. §5-316(a) (1) (i)*. Based on FFY 2020 calculations, the TCA grant increased by 2.5% effective October 1, 2019 in compliance with state law.

In effect, a TCA household of three will now receive an \$18 increase in benefits. A breakdown of the updated benefits amount is provided in the FIP Schedule attached.

Note: The U.S. Department of Agriculture sets the SNAP benefits based on income and household size and the Thrifty Food Plan, which is updated each year on October 1st.

Action Required

The new TCA payment amounts were effective October 1, 2019 and must be used to determine financial eligibility. This includes interim changes, recertification and recoupment cases. TCA benefits for October and beyond are correct in CARES.

The attached FIP Schedule and Schedule R show the increase in the TCA grant amounts and in the TCA recoupment amounts. The FIP schedule has a column for 50% of the monthly federal poverty level needed to determine stepparent eligibility.

This Action Transmittal (AT) replaces AT 19-04.

Inquiries

For policy-related questions, please complete the [FIA Policy Information Request Form](#) found on Knowledge Base as shown in the screenshot below.

The screenshot displays the DHS Knowledge Base website. The navigation bar includes 'Administrations', 'Tools', 'Resources', 'Links', and 'Local Offices'. A search bar is present. The left sidebar lists various categories, with 'Family Investment Administration' and 'Contact us with your FIA Program Eligibility Policy Question' circled in red. The main content area features a 'Contact us with your FIA Program Eligibility Policy Question' heading and a 'FIA Policy Information Request' form. The form includes instructions, contact information for Carrie A. Durham, J.D. (Director, Office of Policy and Training) and Candice A. Roberts (FIA Executive Assistant), and a required 'Email address' field.

cc: DHS Executive Staff
Constituent Services
DHS Help Desk
FIA Management Staff
Office of Administrative Hearings

FIP SCHEDULE
Effective October 1, 2019

Household Size	Allowable Payment	Used for Stepparent Deemed Income 50% of Monthly Poverty Level	Total Children With One Needy Caretaker
1	\$328	\$520	
2	\$575	\$705	1
3	\$727	\$889	2
4	\$870	\$1,073	3
5	\$1,010	\$1,257	4
6	\$1,110	\$1,441	5
7	\$1,247	\$1,625	6
8	\$1,372	\$1,810	7
9	\$1,480	\$1,994	8
10	\$1,599	\$2,178	9
11	\$1,744	\$2,362	10
12	\$1,823	\$2,546	11
13	\$1,935	\$2,730	12
14	\$2,048	\$2,914	13
15	\$2,165	\$3,098	14
16	\$2,303	\$3,282	15
17	\$2,440	\$3,466	16
18	\$2,576	\$3,650	17
19	\$2,711	\$3,834	18
20	\$2,846	\$4,018	19
21	\$2,983	\$4,202	20

Poverty level changes were effective January 1, 2019. Add \$136 for each person in household sizes larger than 21. Add \$184 per household member for 50% of poverty over household size of 21.

FIP SCHEDULE R
Effective October 1, 2019


A	B	C	D
Family Size	Allowable Payment	Available Recoupment 10% of Col. – B	Available Recoupment 20% of Col- B
1	\$328	\$32	\$65
2	\$575	\$57	\$115
3	\$727	\$72	\$145
4	\$870	\$87	\$174
5	\$1,010	\$101	\$202
6	\$1,110	\$111	\$222
7	\$1,247	\$124	\$249
8	\$1,372	\$137	\$274
9	\$1,480	\$148	\$296
10	\$1,599	\$159	\$319
11	\$1,744	\$174	\$348
12	\$1,823	\$180	\$364
13	\$1,935	\$193	\$387
14	\$2,048	\$204	\$409
15	\$2,165	\$216	\$433
16	\$2,303	\$230	\$460
		The recoupment is the higher of \$10 or 10% if the recipient has no other income and it is an Agency or client caused overpayment (non-fraud or IPV)	The recoupment is the higher of \$20 or 20% if the recipient has another source of income and it is an Agency or Client caused overpayment (non-fraud or IPV)




Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospital Transmittal No. 270
Managed Care Organization Transmittal No. 135
Pharmacy Transmittal No. 208
Physician Transmittal No. 146
Nurse Practitioner Transmittal No. 24
Physician Assistant Transmittal No. 4
Federally Qualified Health Centers Transmittal No. 15
Local Health Departments Transmittal No. 10
October 9, 2019

To: Hospitals
 Managed Care Organizations
 Pharmacies
 Physicians
 Nurse Practitioners
 Physician Assistants
 Federally Qualified Health Centers
 Local Health Departments

From: Athos Alexandrou, Director
 Office of Pharmacy Services 

Jill Spector, Director
 Medical Benefits Management 

Re: Carve-In of the HIV/AIDS Medications Effective January 1, 2020

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Effective January 1, 2020, MCOs will be responsible for processing and paying all claims for HIV/AIDS medications for their members. This change will affect all of the medications that are under American Hospital Formulary Service (AHFS) Classification 8:18.08 (Antiretrovirals).

Please note that from January 1, 2020 through June 30, 2020 there will be a “soothing period” during which the MCOs will continue their members’ existing antiretroviral therapy under Medicaid Fee-for-service (FFS) without changes. New patients placed on antiretroviral therapy

during the soothing period will be subject to the MCOs' HIV/AIDS medication prescribing requirements.

For Pharmacies:

When processing pharmacy claims, please utilize the appropriate BIN, PCN, Group ID, and Cardholder identification numbers based on the patient's individual MCO plan as is currently done for other covered medications. For a full listing of all the BIN/PCN/Group ID information, please go to the online provider manual, page 9: <http://www.mdrxprograms.com/ooep.html#CI>

For Prescribers:

MCOs will work collaboratively with you and your patients during the soothing period to ensure that HIV medication regimens are appropriate and in line with drug coverage options on their respective formularies. When the soothing period ends, prior authorization may be required for certain medications.

If prescribers or pharmacies have any questions about this transmittal, please call the Pharmacy Access Hotline at 1-800-492-5231, option 3. If MCOs have questions, please contact Pam Williams at pam.williams@maryland.gov.