



**MARYLAND DEPARTMENT OF
HUMAN SERVICES**
Department of Human Services
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: 23-10

Effective Date: Upon Receipt

Issuance Date: March 30, 2023

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

FROM: LA SHERRA AYALA, FIA EXECUTIVE DIRECTOR 
DEBBIE RUPPERT, MDH EXECUTIVE DIRECTOR 

**RE: MANUAL E&E MA DENIALS FOR HUMANITARIAN
IMMIGRANTS**

**PROGRAM AFFECTED: MEDICAL ASSISTANCE (MA)
REFUGEE MEDICAL ASSISTANCE (RMA)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

Humanitarian Immigrants who are potentially eligible for Modified Adjusted Gross Income (MAGI) Medicaid/Medical Assistance (MA) should be first tested for Title XIX MA eligibility through the Maryland Health Connection (MHC) or the Eligibility and Enrollment (E&E) system. If these individuals are found to be overscale income for MAGI Medicaid or non-MAGI Medicaid, DHS should process them for Refugee Medical Assistance (RMA) through the Refugee Act of 1980, Pub.L. 96-212, sec. 412(e) (as amended).

Currently, E&E system determines RMA eligibility for customers with certain immigrant statuses but does not determine Medical Assistance (MA) Eligibility for those same customers. Additionally, applications for these customers are not currently transferred to MHC as a part of the Medicaid No Wrong Door (MNWD). A system fix is in process.

Until the system fix is complete, for customers who are potentially Modified Adjusted Gross Income (MAGI) eligible, case managers must manually deny the MA application in E&E and

submit the application to the Maryland Health Connection (MHC). This action transmittal outlines the steps case managers must take to properly determine MA eligibility for customers erroneously entered into the E&E system at the onset of the application process.

REQUIRED ACTION:

MAGI Customers

In order to ensure customers receive the correct MA coverage, case managers will need to manually deny the E&E application if the customer or household is potentially **MAGI** eligible **and** holds one of the following immigration statuses:

- Refugees or individuals paroled as refugees
- Asylees or individuals paroled as asylees
- Cuban or Haitian Entrants (CHE)
- Certain Amerasians
- Unaccompanied Refugee Minors
- Certified Victims of a Severe Form of Trafficking (VOT)
- Afghan or Iraqi Special Immigrant Visa (SIV) Holders
- Afghan Special Immigrant (SI or SQ) or Humanitarian Parolees (AHP)
- Ukrainian Humanitarian Parolees (UHP)
- Lawful Permanent Residents previously with any of the statuses above

The following steps should be taken in E&E:

1. Case managers must deny the MA application with code 507 to avoid dual participation.

Intake: Household Information HOH: James Wilson Case ID: 318004455 Programs: MA Status: Pending

Eligibility Determination

- Case Home
- Member Details
- Contact Information
- Citizenship Details
- Member Verification
- Authorized Representative
- Program Request**
- Individual Details
- Health & Disability
- Medicare
- Waiver & Facility Details
- Assets
- Income

Additional Info

- Eligibility Review**
- Client Correspondence
- Transfer Detail

Program Request

Add Program

Selected Programs: Medicaid 12/5/2022

Medicaid

| Member Name | Requesting Assistance | Special Request | Request Date |
|--------------|-------------------------------------|-----------------|--------------|
| James Wilson | <input checked="" type="checkbox"/> | | 12/5/2022 |

Retro Months

Member: James Wilson

Select

- 500-Became Employed And Did Not Pur...
- 504-Trans Assistance Period Expired
- 507-Closed To Avoid Dual Participation I...**
- 527-Did Not Meet Citizenship Requirem
- 550-Voluntary Withdrawal Of Application
- 551-Whereabouts Unknown

Eligibility Determination

- Additional Info**
- Eligibility Review**
- Individual Assistance
- Eligibility History
- Determine Eligibility
- Redetermination History
- Eligibility Details
- Benefit Detail History
- Client Correspondence
- Transfer Detail

Eligibility Review

- Individual Assistance
- Eligibility History
- Determine Eligibility
- Redetermination History
- Eligibility Details
- Benefit Detail History
- Client Correspondence
- Transfer Detail

Eligibility Details

ELIGIBILITY CALCULATION MONTHS

Start: 12/1/2022 To: 3/31/2023 Waive Adverse Action **Run Eligibility**

ELIGIBILITY SUMMARY

| Program Name | AG Head | Benefits Coverage | Pay Month | Eligibility Status | Actions |
|--------------------|--------------|-------------------|-----------|--------------------|---------|
| Medical Assistance | James Wilson | S98 | 12/2022 | Denied | |
| Medical Assistance | James Wilson | S98 | 01/2023 | Denied | |
| Medical Assistance | James Wilson | S98 | 02/2023 | Denied | |
| Medical Assistance | James Wilson | S98 | 03/2023 | Denied | |

BENEFIT MONTH: 12/2022 Denied

Program Eligibility Financial Eligibility Individual Financial

| Program Details | Program Type | Benefit Group | Secondary Aid Code |
|-----------------|----------------------|----------------------|------------------------|
| Status | Disabled | ABD Medically Needed | |
| | Eligibility Status | Status Date | Application Date |
| | Denied | 01/03/2023 | 12/05/2022 |
| | Non Financial Status | Financial Status | Resource Status |
| | Fail | Not Applicable | Not Applicable |
| | Program Begin Date | Household Size | Categorically Eligible |
| | | 1 | |

Eligibility Reasons

Reason 1
507_Closed To Avoid Dual Participation In Medical Assistance

James Wilson

Applicant - A Person Applying For Assistance

| Individual Eligibility Status | Program Begin Date | Eligibility Status | Non Financial Status |
|-------------------------------|--------------------|--|------------------------|
| | | Denied | Fail |
| | Resource Status | Participation Status | Categorically Eligible |
| | Not Applicable | Applicant - A Person Applying For Assistance | |

Eligibility Reason

Reasons

740_Target_Non_ABD

2. Case managers must **manually** enter the application in MHC.
3. If the customer or household is determined eligible in MHC no further action is required.
4. If the customer or household is denied in MHC for **income**, the case manager should allow the MHC application to deny.
5. The case manager should reinstate the MA application in E&E.

Intake: Correspondence Search HOH: James Wilson Case ID: 318004455 Programs: MA Status: Closed

Eligibility Determination

Additional Info

- Case Documents
- Citizenship Sponsorship
- Education Details
- Household Declaration Inquiry
- Individual Programs
- Non-Custodial Parent
- Pregnancy Information
- Relationship
- Roomer & Boarder
- Spousal Resource
- Tax Information
- Works Exemption
- Reinstate/Reopen

Reinstate/Reopen

Case ID *
318004455

Reinstate Reopen

Eligibility Determination

Additional Info

- Case Documents
- Citizenship Sponsorship
- Education Details
- Household Declaration Inquiry
- Individual Programs
- Non-Custodial Parent
- Pregnancy Information
- Relationship
- Roomer & Boarder
- Spousal Resource

Reinstate/Reopen

Case ID *
318004455

Reinstate Reopen

| Program Name | Program Status Code | Program Status Date | Benefits Received Until | Actions |
|--------------|---------------------|---------------------|-------------------------|-----------------------------------|
| Medicaid | Denied | 01/03/2023 | N/A | <input type="button" value="Go"/> |

ADD CITIZENSHIP

James Wilson (45)

Citizenship Status Information

Begin Date *
11/17/2022

End Date

Citizenship Status *
Immigrant

Immigration Details

USCIS Document
Unexpired Foreign Passport

Card # (if applicable)

Doc Expiration Date

USCIS Status Date *
11/17/2022

Alien # *
A222222299

I 94 #

Passport #

Country Of Origin

SEVIS ID

USCIS Status *
Asylee/Parolee

VISA Number

Date of Entry *
11/9/2022

Resident Information

Has this person lived in the U.S. since August 22, 1996?

Intake: Correspondence Search HOH: James Wilson Case ID: 318004455 Programs: MA Status: Closed

REINSTATEMENT VALIDATION

| | | | |
|------------------------------------|--------------------------|-----------------------------|--|
| Case ID 318004455 | Program Name Medicaid | | |
| First name * James | Last name * Wilson | Date of Birth * 1/3/1978 | Validate |
| Reason * Verifications Returned | Date * 1/3/2023 | | |

* MA Programs can be reinstated only before 60 days of program status date for 'Tardy re-det returned', 30 days for 'Closed/denied in error', and 180 days for 'Verifications returned'. CA and SNAP programs can only be reinstated before 30 days for 'Closed/denied in error' reason.

[Save](#)

6. The case manager should then allow the RMA to approve.

- [Eligibility Determination](#)
- [Additional Info](#)
- [Eligibility Review](#)
- [Individual Assistance](#)
- [Eligibility History](#)
- [Determine Eligibility](#)
- [Redetermination History](#)
- [Eligibility Details](#)
- [Benefit Detail History](#)

- [Client Correspondence](#)
- [Eligibility History](#)
- [Determine Eligibility](#)
- [Redetermination History](#)
- [Eligibility Details](#)
- [Benefit Detail History](#)

- [Client Correspondence](#)
- [Transfer Detail](#)

Eligibility Details

ELIGIBILITY CALCULATION MONTHS

Start: 12/1/2022 To: 3/31/2023 Waive Adverse Action [Run Eligibility](#)

ELIGIBILITY SUMMARY

| Program Name | AG Head | Benefits Coverage | Pay Month | Eligibility Status | Actions |
|--------------------|--------------|-------------------|-----------|--------------------|-------------------|
| Medical Assistance | James Wilson | G98 | 12/2022 | Pass | 👁 |
| Medical Assistance | James Wilson | G98 | 01/2023 | Pass | 👁 |

BENEFIT MONTH: 02/2023 Pass [Interim Eligibility](#)

| Program Eligibility | Financial Eligibility | Individual Financial |
|---|--|--|
| <p>Program Details</p> <p>Program Type: Refugee (MA)</p> <p>Status: Pass</p> <p>Program Begin Date: 12/01/2022</p> <p>Categorically Eligible</p> | <p>Program Type: Refugee (MA)</p> <p>Benefit Group: Refugee Medical Assistance</p> <p>Benefit Status: Pass</p> <p>Program End Date: 10/31/2023</p> | <p>Secondary Aid Code</p> <p>Status Date: 01/03/2023</p> <p>Financial Status: Pass</p> <p>Program End Date: 10/31/2023</p> <p>Reason 1: 450_Approved For Medicaid Program</p> |

James Wilson

Applicant - A Person Applying For Assistance

| | | |
|-------------------------------|--------------------------------|--|
| Individual Eligibility Status | Program Begin Date: 12/01/2022 | Eligibility Status: Pass |
| | Resource Status: Pass | Participation Status: Applicant - A Person Applying For Assistance |
| | | Non Financial Status: Pass |
| | | Categorically Eligible |

Non-MAGI Customers

Local staff cannot make the needed system change for non-MAGI customers at this time. When staff identify a non-MAGI customer who is incorrectly enrolled in RMA, they should leave the customer in the RMA subgroup. Additionally, they should submit a JIRA ticket requesting the customer to be manually moved into the correct non-MAGI medical coverage group.

INQUIRIES:

If you have any questions regarding this Action Transmittal or any other program policies, please submit it using the [FIA Policy Information Request Form](#). If you work in Montgomery County, you may submit your policy questions via email at fia.policy@maryland.gov. For systems questions, please email fia.bsdm@maryland.gov.

For MA policy questions: Direct Non-MAGI and MAGI policy questions to the Maryland Department of Health, Office of Eligibility Services at mdh.oesinquiries@maryland.gov.

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