



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

FIA INFORMATION MEMO

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**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: E&E SYSTEM CHANGES FOR MEDICAID CASES POST
PHE**

**PROGRAM AFFECTED: MEDICAL ASSISTANCE (MA)
LONG-TERM CARE MEDICAID (LTC)
WAIVER (WV)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

As a result of the end of the continuous coverage requirement on April 30, 2023, and the end of the Public Health Emergency (PHE) on May 11, 2023, changes have been made to the Eligibility and Enrollment (E&E) system to allow correct case processing for Medical Assistance (MA), Long-Term Care Medicaid (LTC), and Waiver (WV) cases.

This Information Memo outlines the system updates that have been made and provides guidance on specific policies related to MA, LTC and WV cases.

SYSTEM UPDATES:

Resuming normal Case/Redetermination Processing

- Effective May 1, 2023, normal MA case processing will resume in the E&E system, which includes closing cases for failure to complete a redetermination, terminating cases when a customer is no longer eligible, and allowing cases to trickle to lower coverage groups as appropriate.
- There are some exceptions for cases that are active as of May 1, 2023. Some of these exceptions are noted below and some are noted in IM 23-20 IM Special Rules for Certain MA Coverage Groups Post PHE. Additionally, some PHE flexibilities will remain for LTC cases for an extended period of time.

NOTE: Any redeterminations due on or before April 30, 2023, will be extended by one year if the redetermination is not submitted or not completed by the due date.

Interim Changes

- From May 1, 2023, through May 31, 2024, Non-Modified Adjusted Gross Income (Non-MAGI) cases will not close or trickle to a coverage group that would provide less coverage, unless the customer has completed a redetermination within the last 12 months.
- E&E has been updated to ensure if interim changes are processed, the customer does not lose coverage or move to a coverage group that would provide less coverage unless a redetermination was completed within the last 12 months. Specifically, this includes the following:
 - L98 will not trickle to L99;
 - S98 will not trickle to S99; and
 - S03 will not trickle to S07 or S14.
- This policy does not apply to cases with an application date on or after May 1, 2023. For applications with an application date on or after May 1, 2023, interim changes will be processed based on normal MA processing rules.

Auto-Denials

- Effective May 1, 2023, E&E will auto-deny pending community MA, LTC, and WV applications once they reach the 45th day if an eligibility decision has not been made.
- Effective May 1, 2023, E&E will auto-deny pending MA and WV applications once they reach the 60th day, if a disability determination by a third party was needed and an eligibility decision has not been made.
- The ability for the E&E system to identify these cases will be based upon a disability determination flag added by the case manager to indicate a third-party disability determination is needed.
 - More information regarding the disability flag and associated screenshots will be forthcoming.

- Examples of such third parties include the Social Security Administration, the State Review Team, and the third-party vendors that work on waiver cases.
- The flag must be added by the case manager no later than the 44th day to prevent auto-denial on the 45th day.
- When a case auto-denies, the appropriate notice will be sent to the customer.

NOTE: Although E&E will auto-deny the case on the 45th or 60th day as appropriate, if the LDSS/OLTC has all information needed to make an eligibility determination by the 30th day, the case should be processed by the 30th day.

Tardy Redeterminations

- Maryland follows the tardy redetermination policy for non-MAGI cases. If an MA, LTC, or WV case closes for failure to complete a redetermination, the customer has 120 days to be reconsidered for eligibility without submitting a new application.
- Effective May 1, E&E will allow an MA, LTC, or WV case to be reinstated up to 120 days after the case closes for failure to complete a redetermination. The customer must provide the redetermination and any requested verifications within 120 days of closure.
- Once the redetermination is processed, within the 120 days, the begin date of the MA, LTC, or WV span will be the day after the case closure.

Asset Disregard

- The Maryland Department of Health (MDH) applied and was granted a *Temporary Extension to the Disaster Relief Policies in effect following the COVID-19 National Emergency*. The disregard provides the applicant with a "less restrictive treatment of resources," (See [Maryland State Plan Amendment \(SPA\) 22-0019 Disaster SPA](#)).
- Because customers' **Post-Eligibility Treatment-of-Income** (PETI) contributions were not adjusted during PHE, they may have accumulated resources greater than the applicable \$2,500 (LTC) and \$2,000 (HCBS waiver) asset standards. This impacts an individual's liability for his or her institutional or home- and community-based waiver services based on the application of the rules which became countable resources on or after March 18, 2020, for the following non-MAGI groups:
 - Qualified Medicare Beneficiaries (**S03**), 1902(a)(10)(E)(i)
 - Special Low-income Medicare Beneficiaries (**S07**), 1902(a)(10)(E)(iii)
 - Qualifying Individuals (**S14**) 1902(a)(10)(E)(iv)
 - Individuals eligible for cash assistance but for institutionalization (**S02**)42 CFR 435.211

- Home and Community Based (HCBS) waiver participants under a Special Income Level Individuals eligible for but not receiving cash assistance (**H01, H02, H98**)1902(a)(10)(A)(ii)(I)
- (**H01, H02, H98**) 42 CFR 435.217
- Nursing Facility (NF) residents under a Special Income Level (**F02**),1902(a)(10)(A)(ii)(V)
- Medically needy individuals eligible based on age, blindness, or disability (**S98, S99**)
- The above referenced resources will be **disregarded from April 1, 2023, through May 31, 2024, for cases with an application date on or before April 1, 2023.**
- The disregard for each customer will be equal to the amount that exceeds the asset limit.
 - For example, if a LTC customer’s assets are \$3,500, the disregard is \$1,000 because the current asset limit is \$2,500.
- This disregard will only be removed at redetermination, if the redetermination occurs on or after June 1, 2024. The disregard will remain during interim changes that take place before June 1, 2024.
- As this disregard applies to redeterminations, only those cases with an application date on or before April 1, 2023, will be eligible for the disregard.
- E&E has been updated to reflect this disregard, for the appropriate cases and at the appropriate time.
 - On the Financial Eligibility screen, the actual asset amount will display and the E&E system will know to disregard the excess assets and allow eligibility to continue.

Redetermination: Case Home HOH Case ID: Programs: LTC Status: Open

Eligibility Determination

Additional Info

Eligibility Review

Individual Assistance

Eligibility History

Determine Eligibility

Redetermination History

Eligibility Details

Benefit Detail History

Client Correspondence

Transfer Detail

Programs: Long Term Care Name: Eligibility Date: 11/2024

BENEFIT MONTH: 11/2024 Fall

| Program Eligibility | Financial Eligibility | Individual Financial | COC Details | |
|---------------------|----------------------------|---------------------------|---------------------|--|
| Assets | Net Assets | Protected Amount | Asset Limit | |
| | \$6,000.00 | \$0.00 | \$2,500.00 | |
| | Excess Asset Amount | | | |
| | \$3,500.00 | | | |
| Income | Adjusted Net Income | Income Limit | Gross Earned Income | |
| | \$3,736.00 | \$3,030.00 | \$0.00 | |
| | Net Earned Income | Gross Unearned Income | Net Unearned Income | |
| | \$0.00 | \$3,736.00 | \$3,736.00 | |
| | Excess Amount | | | |
| | \$411.50 | | | |
| Disregard | Earned Income Disregard | Unearned Income Disregard | Total Deduction | |
| | --- | --- | ----- | |

- Additionally, a new reason code of 907 (resource disregard due to PHE) has been added to the Financial Eligibility screen to assist case managers in identifying these cases.
- If a customer switches from LTC to a waiver, or from a waiver to LTC, the disregard will be carried forward to the new program.

REQUIRED ACTION:

- No action is required. LDSS/OLTC should submit JIRA tickets as appropriate.

INQUIRIES:

If you have any questions regarding this Information Memo 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