



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

FIA ACTION TRANSMITTAL

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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: USING TELEPHONE CONTACT FOR MEDICAID
 APPLICATIONS, REDETERMINATIONS, INTERIM
 CHANGES, AND OTHER CASE ACTIONS**

**PROGRAM AFFECTED: MEDICAID (MA), LONG-TERM CARE MEDICAID (LTC),
 AND WAIVER PROGRAMS (WV)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

During the Public Health Emergency (PHE), Maryland implemented several emergency procedures under an 1135 waiver from the Centers for Medicare and Medicaid Services (CMS). One of the procedures was to accept Medical Assistance (MA) applications, redeterminations, and interim changes via the telephone. The Maryland Department of Health (MDH) has confirmed this policy will continue through April 30, 2024.

At the request of an applicant or customer, case managers can initiate applications, redeterminations, and interim changes over the telephone, and accept verbal consent to submit applications in the Eligibility and Enrollment (E&E) system and the Maryland Health Connection (MHC).

This action transmittal provides an update to the instructions issued by MDH on November 16,

2020, via SOP 20-02.

REQUIRED ACTION:

Maryland Health Connection

Local Departments of Social Services (LDSS) Supervisors will assign case managers as needed for customers requiring assistance through the Verification Checklist (VCL) pool, PARIS alerts, or through a work order received from the DHS Call Center.

MHC Verification Caseworkers need to be aware that customers are allowed to submit fillable PDF forms for affidavits that are electronically signed to attest to:

Affidavits:

- No Current Income
- Fluctuating Income
- Self-employment Income
- Social Security Income
- Other Income
- Exemption from Obtaining a SSN
- Residency
- Non-incarceration

As a reminder, LDSS must accept the PDF affidavits as valid verifications to satisfy VCLs. See the example of a fillable PDF Affidavit Form in the MHC attachment as an example.

Eligibility and Enrollment System

The LDSS or Office of Long-Term Care (OLTC) supervisors will assign case managers as needed to assist customers with an application, redetermination, or interim change via the telephone and request verifications per MA requirements.

The case manager will complete the following steps:

- Enter the case information in E&E via the worker portal as attested by the customer.
- Enter extensive case narration regarding the telephone contact and request for assistance as described below.
- For MA cases, the case manager will request the necessary verifications and process the case as appropriate.
- For LTC and Waiver Programs (WV) cases, the LDSS/OLTC must follow the policy related to attested information.
 - If the application date is on or before May 31, 2023, process the application based upon the attested information policy. [Brief Instructional Memo for LTC/Waiver 23-01](#)
 - If the application date is on or after June 1, 2023, process the application based on the required verifications.
 - If the phone conversation is related to a redetermination or interim change on or before April 30, 2023, process the redetermination or interim change based on the

attested information policy.

- If the phone conversation is related to a redetermination or interim change on or after May 1, 2023, process the redetermination or interim change based on the required verifications. Only allowable attested information should be used.

How to obtain verbal consent and cover the penalty of perjury statement

Once the case manager has reached the customer, the case manager must read the following statement to the customer in order to provide important information about obtaining their consent to assist by telephone for applications, redeterminations, interim changes, and other case actions:

1. *I understand that the enrollment process involves filing an application, redetermination or other change for me and my family members in the Maryland Medicaid program.*
2. *I hereby consent to have the case manager:*
 - *Provide assistance to me in applying for Medical Assistance through the **[name of system or program]**;*
 - *help me complete my application for health coverage or make a change to an existing application in **[name of system or program]**;*
 - *assist me with documentation upload for my applications; and*
 - *contact me if additional information is needed for my application.*
3. *I understand that the case manager will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my Personally Identifiable Information (PII) and/or the PII of my authorized representative.*

The case manager must also read the Penalty of Perjury statement as follows:

“Before I complete [your application, redetermination, or change] today, I need to review three things with you. Please indicate your understanding by saying “Yes” after each statement is read:

1. *I am signing this application under penalty of perjury. This means I have provided true answers to all the questions, including incarceration status on this form, to the best of my knowledge.*
2. *I understand that the agency will use data from other State and Federal sources to determine eligibility. I know that if I am not truthful, there may be a penalty.*
3. ***For Maryland Health Connection applications only:*** *I understand the Maryland Health Connection will use my tax return during the auto-renewal process to redetermine yearly eligibility for help paying for health insurance for up to 5 years.*
4. *I understand I must report changes in address, income, household or immigration status, or health insurance status right away to determine if the changes affect my eligibility for coverage or financial help.”*

After reading the Penalty of Perjury statement, the case manager must ask, **“Do you understand?”** and wait for the customer’s response.

Documenting the Telephone Contact Via Case Notes in MHC and Narration in E&E

Case managers are required to enter extensive narration about the telephone interview and specifically include the following text concerning the consent for telephone contact:

“[Case Manager name] read the Consent Form and Penalty of Perjury statement in full to [customer’s name] on [date] in order to allow the case manager to assist with the customer’s [application, redetermination, interim change, or other case action (specify)]. The customer provided consent verbally. A telephone-based contact was conducted pursuant to the MDH 1135 Waiver for Interim Emergency Procedures for COVID-19.”

If all necessary verification is attested by the customer during the interaction, the case manager must indicate so in the narration as well as the specific electronic source of verification used. Remember to take a screenshot of the verification from the source system (BEACON, SOLQi, or ECMS document) and upload it.

Tracking the actions taken

Due to a reporting requirement, all case managers, lead workers, supervisors, and managers must fill in the Google Form for any telephone contact that resulted in the filing of an application, redetermination, or interim change.

The form can be found here: [Telephone-based Medical Assistance Case Actions](#)

Fill out the Google Form to indicate the type of case action you completed, the Case ID and other relevant information, and then submit it. This will be used to track and review case actions completed via telephone contact.

ATTACHMENTS:

[Maryland Medicaid Consent Form and Penalty of Perjury Text to be Read Before Telephone Case Action is Taken in MHC or E&E](#)

[Example of Fillable PDF Affidavit Form in MHC](#)

[Instructions for How to Conduct Telephone Contact](#)

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 MHC systems questions and issues, contact the Maryland Health Benefit Exchange’s Office of Consumer Assistance, Eligibility Policy & Business Integration at 410-547-6327.

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