

*Maryland Children's Health Program Manual*

**TRANSMITTAL LETTER FOR MANUAL RELEASES**

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF ELIGIBILITY SERVICES  
DIVISION OF ELIGIBILITY POLICY  
MARYLAND CHILDREN'S HEALTH PROGRAM  
201 WEST PRESTON STREET  
BALTIMORE, MARYLAND 21201**

**MANUAL:** Maryland Children's  
Health Program-MCHP

**EFFECTIVE:** July 1, 2008

**RELEASE NO:** MR-24

**APPLICABILITY:** MCHP – Accelerated  
Certification of Eligibility (ACE)

**ISSUED:** January 2009

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<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
Determining Financial Eligibility	Program Policies and Procedures, section 1000, pages 1-18	Program Policies and Procedures, section 1000, pages 1-18

**COMMENTS**

Manual Release MR-24 contains revised instructions for completing the Accelerated Certification of Eligibility (ACE) process. Revised ACE worksheets and an updated ACE income chart, effective July 1, 2008, are also included. Apply the new standards to any new application or redetermination of eligibility effective July 1, 2008 or later.

**Need More Information?**

Questions about the Maryland Children's Health Program manual revisions included in MR-24 should be directed to the DHMH Eligibility Policy Division at 410-767-1463 or 1-800-492-5231 option 2 and request extension 1463.

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### **Section 1000: Determining Financial Eligibility**

An applicant is financially eligible for the MCHP if the applicant's countable net family income does not exceed:

- for child applicants, 200 percent FPL
- for pregnant women applicants, 250 percent FPL  
for the family size involved, which includes all unborn children

**Retroactive Coverage**

Retroactive eligibility may be determined for both children and pregnant women under MCHP for the period of one, two or three months immediately prior to the month of application. It may be considered only for those months in which there were incurred medical expenses.

LHD's will determine eligibility for retroactive MCHP coverage. Cases will not be transferred to the LDSS for a retroactive MCHP determination only.

For retroactive coverage, the following principles apply:

- The applicant may request determination of retroactive coverage at any time during the six-month period which begins with the month of application.
- The retroactive period under consideration can be no more than three months and may be one or two months based on the applicant's request and the months in which there were incurred medical expenses that remain the obligation of the applicant or other legally responsible relative.
- Eligibility is determined separately for each retroactive month for which the applicant applies. If eligible, certification is effective for the entire calendar month.
- Only income actually received in each retroactive month may be considered. For persons who do not receive the same income during each of the twelve months of a year, including self-employed persons, farmers and teachers whose salary is paid over less than a twelve-month period, the prorated annual amount for the retroactive month will be considered.
- Only persons who have coverable medical expenses during the period under consideration may be certified.
- All technical factors of eligibility, including age, residency, pregnancy, citizenship, identity and health insurance, must be met for each retroactive month.

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### **Accelerated Certification of Eligibility (ACE)**

#### BACKGROUND

The ACE process was implemented Statewide in October 2000. The purpose of ACE was to ensure that applicants who are eligible for benefits under the MCHP program were promptly certified on MMIS. A review of the eligibility process confirmed that it was taking longer than 10 days to obtain an eligibility decision when an application was filed at the LHD, but had an associated case which required that it be transferred to the LDSS for processing. DHMH recognized that timeliness was, and continues to be critical, in the provision of health care to both pregnant women and children. In order to alleviate the delays caused when cases are transferred from the LHD to the LDSS, DHMH developed the ACE process.

#### SCOPE

Effective July 1, 2008, the ACE process will be applicable to only pregnant women and child applicants in both the MCHP and Medicaid for Families and Children (FAC) programs. The ACE process will be applicable only to those applicants who have associated cases necessitating a transfer from the LHD to the LDSS. Certification under the ACE process will be limited to three months in any twelve-month period.

#### POLICY

##### Application

The standard Medicaid/MCHP application must be completed and signed. Applications are typically received at the LHD via mail, in person or electronic format (Service Access Information Link (SAIL)). Signed applications may also be faxed to the LHD. This will enable applicants to file more quickly, and will enable outreach sites and medical care providers to assist the applicant by both providing application forms and by faxing the documents to the LHD.

##### Eligibility

The ACE determination is made manually using a worksheet. The ACE worksheet does not address every aspect of eligibility, however, it does address the fundamental non-financial factors of eligibility and a basic income calculation. Applicants who pass these basic eligibility tests are likely to be eligible when the full determination is completed at the LDSS office.

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### HealthChoice

Pregnant women who are found eligible through the ACE process are enrolled in HealthChoice. The HealthChoice enrollment process begins when their ACE certification is received. For pregnant women certified through the ACE process, no further HealthChoice transactions are required when the standard certification is received.

Children who are found eligible through the ACE process will not be enrolled in HealthChoice but will receive fee-for-service Medicaid. For children who were certified via the ACE process, a transaction is sent to the enrollment broker once the standard certification is completed by the LDSS and sent to DHMH through the CARES interface.

### PROCEDURES

#### LHD Actions

Applications, regardless of whether received via e-mail, fax, mail or in person, must be cleared and pended in CARES. For applicants with associated cases **only**, the LHD completes the ACE worksheet. If the applicant passes that eligibility test, the LHD faxes notice to DHMH. The LHD completes an Eligibility Notice and sends this to the applicant. Regardless of whether or not the applicant passes the accelerated eligibility test, the LHD continues with the standard processing procedures, including the transfer to the LDSS. The LHD must take these actions within two working days of receipt of the application form.

#### DHMH Actions

Upon receipt of the notice of eligibility from the LHD, the DHMH on-line staff will update MMIS with the appropriate eligibility data. The certification must be on-line within one working day of receipt. If data is incomplete or conflicts with existing eligibility data, the LHD worker is contacted immediately by telephone to resolve the matter. The LHD notification is maintained for audit purposes.

#### LDSS Actions

Accelerated eligibility does not affect any actions taken by the LDSS. All standards of timeliness remain in place for the LDSS, regardless of an accelerated certification by the LHD. By the end of the three-month accelerated period, the LDSS must render a decision and the accelerated period may **not** be renewed.

When the LDSS determines the individual to be eligible through the standard CARES processing, the certification is sent, as usual, through the automated CARES/MMIS interface. This standard certification overrides an existing accelerated certification.

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For persons certified under the ACE process, the certification remains active on MMIS throughout the three-month certification period even if the person is found ineligible by the LDSS. The LHD sends the recipient a notice of the three month certification period, which includes the information that this period is unaffected by a denial by the LDSS. If the LDSS denies a case, CARES generates a denial letter to the recipient, but sends no transaction to MMIS.

### **Instructions for Accelerated Eligibility**

#### **I. Receipt of Application Form at the LHD**

- A. Review the application form and clear through CARES as per standard procedures.
  1. If there is **no** associated case, the LHD processes the application through standard procedures. **The Accelerated process may not be applied.** The application must be processed within the 10 day timeliness standard.
  2. If there is an associated case, and MA is active (i.e., certified in any MA coverage group including active spenddown status) do not pend the case and do not apply the accelerated process, but do send the application to the LDSS.
  3. If there is an associated case, and no active MA, pend the case and apply the steps for accelerated eligibility prior to transferring the case to the LDSS.
  4. If there is an MA case pending or in a preserved spenddown status (waiting for medical bills) in a LDSS, do not pend case, but do apply all other steps for accelerated eligibility and send the application to the LDSS.
- B. Accelerated processing **may not** be applied in certain conditions. If any of the following conditions exist, **stop accelerated processing** and immediately transfer the case to the LDSS for standard processing:
  1. **Individuals who have not provided proof of citizenship and identity (C&I).**
  2. Individuals who have had any accelerated certification within the last 12 months;
  3. Individuals who have been denied or canceled MA for the current benefit month;
  4. Non-pregnant adults; or

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5. Illegal or Ineligible Aliens applying for coverage of emergency Services.
- C. Review the application form:
1. The following information must be present:
    - a. Signature (FAX signature acceptable);
    - b. Income information; and
    - c. Sufficient demographic data to allow a certification (i.e., name, address, Social Security number, date of birth and sex).
  2. If any of the above information is missing, and cannot be found in CARES, MMIS, MABS, SVES, etc., accelerated processing may not be applied. **Do not** delay the transfer of the case to the LDSS while attempting to obtain missing data. If any of the information above is missing, immediately transfer the case to the LDSS.

## **II. Accelerated Processing Steps**

- A. **For pregnant women**, complete the ACE Worksheet as follows:
1. Complete applicant's name and CARES IRN and verify the following three issues:
    - a. Review the address on application for Maryland location. If in-state, circle "yes".
    - b. Review the applicant's citizenship/identity or alien status. Check CARES, MMIS, and information received from the applicant to make this determination, and circle the appropriate box.
    - c. Review for due date and if due date is given, circle "yes."
  2. If any of the above items are **not** circled "yes", **stop accelerated processing** and immediately transfer the case to the LDSS for standard processing.

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3. Fill in the non-excludable earned and unearned income for each individual in the assistance unit as well as any financially responsible person. Fill in "0" for any members who have no income.
  - a. Enter weekly and biweekly income in the appropriate column, and multiply by the factor listed.
  - b. Add the product(s) to any monthly income and list the total monthly income in the column labeled "Monthly."
  - c. If there is more than one source of income for an individual, use the reverse side of the ACE worksheet and show all calculations before entering in the total monthly amount.
  - d. Mark an "X" in the last column next to the income for each employed individual.
4. Total the monthly income for the entire assistance unit and list in "Total Monthly Income."
5. Count the number of employed persons, multiply by \$90 to obtain the earned income disregard.
6. Enter the amount of monthly child care, up to the maximum allowed per child based on hours employed per month.
7. Add earned income disregard and child care costs, and enter the sum in "Total Deductions."
8. Subtract "Total Deductions" from "Total Monthly Income" and enter the Result in "Total Countable Income."
9. In the next section, locate the household (HH) size for the number of AU members listed above. Note: For MCHP the pregnant woman is considered to be two AU members. Circle the HH Size.
10. If the applicant's "Total Countable Income" is greater than the allowed monthly income, stop accelerated eligibility and immediately transfer the case to the LDSS.
11. Next to the circled HH Size, locate the income range where the applicant's "Total Countable Income" falls and circle this range. If the total countable income is located within the ranges listed, look at the top of the column for the circled range to find the applicant's coverage group code. Proceed to the "Accelerated Certification of Eligibility" form.

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- B. For **each child applicant**, complete the appropriate ACE Worksheet as follows:
1. Complete the applicant's name and **CARES** IRN and verify the following three issues:
    - a. Review the address on application for Maryland location. If in state, circle "yes."
    - b. Calculate age. If the applicant is applying for MCHP and is under age 19 circle yes. If applicant is applying for FAC and is under age 21, circle "yes." If the MCHP applicant will become age 19 or if an FAC applicant applying with parent/caretaker will become age 21 within three months of the month of application, note month and year of birthday next to response.
    - c. Review the applicant's citizenship/identity or alien status. Check CARES, MMIS, and information received from the applicant to make this determination, and circle the appropriate box.
  2. If any of the above items are **not** circled "yes", **stop accelerated processing** and immediately transfer the case to the LDSS for standard processing.
  3. Fill in the non-excludable earned and unearned income for each individual in the assistance unit as well as any financially responsible person. Fill in "0" for any members who have no income.
    - a. Enter weekly and biweekly income in the appropriate column, and multiply by the factor listed.
    - b. Add the product(s) to any monthly income and list the total monthly income in the column labeled "Monthly."
    - c. If there is more than one source of income for an individual, use the reverse side of the ACE worksheet and show all calculations before entering in the total monthly amount.
    - d. Mark an "X" in the last column next to the income for each employed individual.
  4. Total the monthly income for the entire assistance unit and list "Total Monthly Income."
  5. Count the number of employed persons, multiply by \$90 to obtain earned income disregard.
  6. Enter the amount of monthly child care, up to maximum allowed per child, based on the hours employed per month.

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7. Add earned income disregard and child care costs, and enter the the sum in "Total Deductions."
8. Subtract "Total Deductions" from "Total Monthly Income" and enter result in "Total Countable Income."
9. In the next section, locate the Household (HH) size for the number of AU members listed above. Circle the HH size,
10. Compare the "Total Countable Income" to the "Maximum" listed next to the HH size.
11. If the "Total Countable Income" is **greater than** the maximum listed, stop the accelerated eligibility process and immediately transfer the case to the LDSS.
12. If all responses on the ACE worksheet are "Yes", proceed to the "Accelerated Eligibility Coverage Group Chart" to locate the correct coverage code:
  - a. First, locate the appropriate chart based on the applicant's age.
  - b. Next, locate the household size.
  - c. In the columns to the right of the HH size, locate the Income range where the applicant's "Total Countable Income" falls.
  - d. Look at the top of the column for that income range to find the coverage group code for that applicant. Fill this in at the bottom of the ACE worksheet.

Note: An applicant may require more than one coverage code during the three-month certification if a birthday occurs in the first or second month. Check the child's age and birthdate to be sure the coverage group will be valid for all three months of the accelerated certification period. If not, change to the appropriate coverage code for the month following the birthdate. Make a note on the ACE worksheet.

13. Proceed to the "Accelerated Certification of Eligibility" form.

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- C. Complete the "Accelerated Certification of Eligibility" form.
1. Complete a separate form for every individual being certified.
  2. Begin date is always the first day of the month of the application.
  3. End date is always the last day of the month of the certification period.
  4. The certification period may never include more than three months.
  5. For child applicants applying for MCHP who will turn 19 in the month of application, or if applying for FAC and turning age 21 in the month of application or in either of the following two months, the end date will be the last day of the month in which the child ages out of the program. Make a note that a shortened period is required due to child's age.
  6. For a child applicant enter the appropriate coverage group code on the "Accelerated Certification of Eligibility" form. Note: These children will be entered as code "S13" in MMIS.
  7. For a pregnant woman applicant, enter the appropriate coverage group on the "Accelerated Certification of Eligibility" form. Note: Pregnant women pended as an "F05" will also be entered as code "P02" in MMIS.
  8. A legible signature and telephone number must be supplied.
  9. Fax the completed "Accelerated Certification of Eligibility" form to the Division of Recipient Eligibility Programs at (410) 333-7012.
- D. Complete an eligibility notice that should be printed on LHD letterhead.
1. Applicants who are not eligible for an accelerated certification are not sent a notice of the negative decision. This is because eligibility may not be denied without a full eligibility determination.
  2. Recipients certified through the accelerated process will not receive appeal rights until a final decision of eligibility is rendered.

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**III. Include the following items in both the case record to be forwarded to the LDSS and in a file to be maintained at the LHD:**

- A. The application (original to LDSS, copy for LHD)
- B. ACE Worksheets (original for LHD, copy for LDSS)
- C. Accelerated Certification of Eligibility form (original for LHD, copy for LDSS)
- D. Copy of the eligibility letter

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**ACE Worksheet  
Use for Families and Children – Pregnant Applicant**

**Name of Applicant:** \_\_\_\_\_ **CARES IRN:** \_\_\_\_\_

(Circle One)

Is the applicant a Maryland Resident? Yes No

Is the applicant a parent/caretaker of a child younger than age 21 Yes No

Is the applicant a

(a) U.S. citizen? Yes No

(b) A refugee? Yes No

(c) An asylee? Yes No

(d) A qualified alien who most recently entered the U.S. on or after 8/22/96 and has resided in the U.S. at least 5 years as a legal permanent resident? Yes No

(e) A qualified alien who most recently entered the U.S. before 8/22/96? Yes No

(f) Other: \_\_\_\_\_

Has the pregnant woman applicant provided a due date? Yes No

List the gross income for the following individuals living together:

For self-employed income, list 1/2 of the gross total.

HH Size	AU Member	Weekly	Bi-weekly	Monthly	Mark "X" if this Person is employed
2	Applicant	\$ X4	\$ X2	\$	
3	Spouse	\$ X4	\$ X2	\$	
4	Child	\$ X4	\$ X2	\$	
5	Child	\$ X4	\$ X2	\$	

**Total Monthly Income:** \$ \_\_\_\_\_

Total Number of employed persons: \_\_\_\_\_ x \$90 = \$ \_\_\_\_\_

Total cost of childcare per child: \_\_\_\_\_ + \$ \_\_\_\_\_

(Up to \$200/child if employed 100 hrs/month)

(Up to \$100/child if employed less than 100 hrs/month)

**Total Deductions:** - \_\_\_\_\_

**Total Countable Income:** \_\_\_\_\_

**Circle applicant's HH Size and income level below:**

**Effective July 1, 2008:**

HH Size	F05	P02	P11
2	0-1,353	1,354-2,158	2,159-2,917
3	0-1,701	1,702-2,713	2,714-3,667
4	0-2,049	2,050-3,268	3,269-4,417
5	0-2,397	2,398-3,823	3,824-5,167
6	0-2,745	2,746-4,378	4,379-5,917
7	0-3,093	3,094-4,933	4,934-6,667
8	0-3,441	3,442-5,488	5,489-7,417

**Note:** If pregnant woman has dependent children, circle the appropriate F05 income level. If pregnant woman has no dependent children, or family income is too high for F05, then circle P02 or P11 income level. For pregnant women, the household size includes all unborn children.

If **all** answers above are circled "yes", and applicant's income falls within the amounts listed above for her household size, applicant is **eligible** for accelerated eligibility.

**Stop:** If applicant's income is greater than the maximum amount listed for her household size, the applicant is **ineligible** for accelerated eligibility.

**Coverage Group P** \_\_\_\_\_ **F** \_\_\_\_\_

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**ACE Worksheet  
Use for Families and Children – Child Applicant**

**Name of Applicant:** \_\_\_\_\_ **CARES IRN:** \_\_\_\_\_

(Circle One)

Is the applicant a Maryland Resident? Yes No

Is the applicant a parent/caretaker of a child younger than age 21 Yes No

Is the applicant a

(a) U.S. citizen? Yes No

(b) A refugee? Yes No

(c) An asylee? Yes No

(d) A qualified alien who most recently entered the U.S. on or after 8/22/96 and has resided in the U.S. at least 5 years as a legal permanent resident? Yes No

(e) A qualified alien who most recently entered the U.S. before 8/22/96? Yes No

(f) Other: \_\_\_\_\_

List the gross income for the following individuals:

HH Size	AU Member	Weekly	Bi-weekly	Monthly	Mark "X" if this Person is employed
1	Applicant	\$ X4	\$ X2	\$	
2	Mother	\$ X4	\$ X2	\$	
3	Father	\$ X4	\$ X2	\$	
4	Sibling	\$ X4	\$ X2	\$	
5	Sibling	\$ X4	\$ X2	\$	

**Total Monthly Income: \$** \_\_\_\_\_

Total Number of employed persons: \_\_\_\_\_ x \$90 = \$ \_\_\_\_\_

Total cost of childcare per child: \_\_\_\_\_ + \$ \_\_\_\_\_

(Up to \$200/child if employed 100 hrs/month)

(Up to \$100/child if employed less than 100 hrs/month)

**Total Deductions: -** \_\_\_\_\_

**Total Countable Income:** \_\_\_\_\_

Circle **HH Size** and **Income Level** below:

**Effective March 1, 2008:**

<u>HH Size:</u>	<u>Maximum</u>	<u>HH Size:</u>	<u>Maximum</u>
1	1,733	5	4,133
2	2,333	6	4,733
3	2,933	7	5,333
4	3,533	8	5,933

Is the **Total Countable Income** less than or equal to the **Income Level** for the HH? Yes No

If any answer above is circled "no" applicant is ineligible for accelerated eligibility.

If **all** answers above are circled "yes", applicant is eligible for accelerated eligibility. Refer to coverage group chart to determine appropriate coverage group code.

**Coverage Group P** \_\_\_\_\_ **F** \_\_\_\_\_

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**Coverage Group Income Chart**  
**Effective July 1, 2008**

**Less than 12 months old**

<b>HH Size</b>	<b>F05</b>	<b>P06</b>	<b>P14</b>
<b>1</b>	<b>0 – 1,005</b>	<b>0 – 1,603</b>	<b>1,604 – 1,733</b>
<b>2</b>	<b>0 – 1,353</b>	<b>0 – 2,158</b>	<b>2,159 – 2,333</b>
<b>3</b>	<b>0 – 1,701</b>	<b>0 – 2,713</b>	<b>2,714 – 2,933</b>
<b>4</b>	<b>0 – 2,049</b>	<b>0 – 3,268</b>	<b>3,269 – 3,533</b>
<b>5</b>	<b>0 – 2,397</b>	<b>0 – 3,823</b>	<b>3,824 – 4,133</b>
<b>6</b>	<b>0 – 2,745</b>	<b>0 – 4,378</b>	<b>4,379 – 4,733</b>
<b>7</b>	<b>0 – 3,093</b>	<b>0 – 4,933</b>	<b>4,934 – 5,333</b>
<b>8</b>	<b>0 – 3,441</b>	<b>0 – 5,488</b>	<b>5,489 – 5,933</b>

**1 year through age 5**

<b>HH Size</b>	<b>F05</b>	<b>P07</b>	<b>P13</b>	<b>P14</b>
<b>1</b>	<b>0 – 1,005</b>	<b>0 – 1,153</b>	<b>1,154 – 1,603</b>	<b>1,604 – 1,733</b>
<b>2</b>	<b>0 – 1,353</b>	<b>0 – 1,552</b>	<b>1,553 – 2,158</b>	<b>2,159 – 2,333</b>
<b>3</b>	<b>0 – 1,701</b>	<b>0 – 1,951</b>	<b>1,952 – 2,713</b>	<b>2,714 – 2,933</b>
<b>4</b>	<b>0 – 2,049</b>	<b>0 – 2,350</b>	<b>2,351 – 3,268</b>	<b>3,269 – 3,533</b>
<b>5</b>	<b>0 – 2,397</b>	<b>0 – 2,749</b>	<b>2,750 – 3,823</b>	<b>3,824 – 4,133</b>
<b>6</b>	<b>0 – 2,745</b>	<b>0 – 3,148</b>	<b>3,149 – 4,378</b>	<b>4,379 – 4,733</b>
<b>7</b>	<b>0 – 3,093</b>	<b>0 – 3,547</b>	<b>3,548 – 4,933</b>	<b>4,934 – 5,333</b>
<b>8</b>	<b>0 – 3,441</b>	<b>0 – 3,946</b>	<b>3,947 – 5,488</b>	<b>5,489 – 5,933</b>

**6 years through age 18**

<b>HH Size</b>	<b>F05</b>	<b>P08</b>	<b>P13</b>	<b>P14</b>
<b>1</b>	<b>0 – 1,005</b>	<b>0 – 867</b>	<b>868 – 1,603</b>	<b>1,604 – 1,733</b>
<b>2</b>	<b>0 – 1,353</b>	<b>0 – 1,167</b>	<b>1,168 – 2,158</b>	<b>2,159 – 2,333</b>
<b>3</b>	<b>0 – 1,701</b>	<b>0 – 1,467</b>	<b>1,468 – 2,713</b>	<b>2,714 – 2,933</b>
<b>4</b>	<b>0 – 2,049</b>	<b>0 – 1,767</b>	<b>1,768 – 3,268</b>	<b>3,269 – 3,533</b>
<b>5</b>	<b>0 – 2,397</b>	<b>0 – 2,067</b>	<b>2,068 – 3,823</b>	<b>3,824 – 4,133</b>
<b>6</b>	<b>0 – 2,745</b>	<b>0 – 2,367</b>	<b>2,368 – 4,378</b>	<b>4,379 – 4,733</b>
<b>7</b>	<b>0 – 3,093</b>	<b>0 – 2,667</b>	<b>2,668 – 4,933</b>	<b>4,934 – 5,333</b>
<b>8</b>	<b>0 – 3,441</b>	<b>0 – 2,967</b>	<b>2,968 – 5,488</b>	<b>5,489 – 5,933</b>

**Accelerated Certification of Eligibility**

**To: DHMH - Division of Recipient Eligibility Programs      FAX: (410) 333-7012**

Current ID: \_\_\_\_\_ HOH Case No. \_\_\_\_\_

Name: \_\_\_\_\_ CARES IRN: \_\_\_\_\_

HOH Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Application Date: \_\_\_\_\_

\_\_\_\_\_ Decision Date: \_\_\_\_\_

City: \_\_\_\_\_ DOB: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit: **ACE** \_\_\_\_\_

Resident County Code: \_\_\_\_\_ Name: \_\_\_\_\_ District Office Code: \_\_\_\_\_

**Eligibility Span**

**Requirement – This section must be completed**

Begin Date	End Date	Coverage Group

<b>Coverage Group Guide According to FPL (Please check one of the following)</b>	
<b>Pregnant Applicants – P02</b>	<b>Child Applicants – S13</b>
___ equal to or less than 116% (with children) = F05	___ under 19 equal to or less than 116% = F05
___ between 117% to 185% = P02	___ over 19 equal to or less than 116% = F05
___ greater than 186% = P11	___ under 19 between 117% - 200% = P Track
___ equal to or less than 116% (with no other children) = P02	

Comments: \_\_\_\_\_

I certify that an application has been filed on behalf of the individual identified above, that I have reviewed this application, and that based on this review, all factors of Accelerated Certification have been met.

**Case Manager Name :** \_\_\_\_\_  
(Print)

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

You recently filed an application for the Maryland Children's Health Program/Medicaid with this agency. Our files show that you already have a case file with your local department of social services, so your application has been forwarded to:

\_\_\_\_\_.

Before sending your application to your local department of social services it was briefly reviewed. Based on this review, it appears that the application will be approved; therefore coverage for Medicaid has been certified for the following person(s):

_____	_____
_____	_____
_____	_____

The person(s) named above are eligible for Medicaid benefits from \_\_\_\_\_ through \_\_\_\_\_. A red and white Maryland Medical Care Program identification card(s) will arrive shortly. As soon as you receive the card(s), show them to any physician or other medical care provider you have seen during the dates shown above. **Pregnant women who are listed above should enroll in HealthChoice as soon as possible. Call 1 (800) 977-7388 for help in selecting a managed care organization (MCO).**

You will be receiving a letter from your local department of social services about your application. You **must** provide social services with any information that is requested. After social services determines your eligibility, you will receive a notice of approval or denial for Medicaid. If you were denied, your notice will include the reasons for the denial and your appeal rights. Even if you are denied by social services, you are still eligible for the dates shown above.

If you have questions about this letter, please call me at the number below.

Sincerely,

\_\_\_\_\_

Telephone Number

\_\_\_\_\_