



Department of Human Resources  
311 W. Saratoga St.  
Baltimore, MD. 21201-3521

## FIA INFORMATION MEMO

**Issuance Date:**

July 2, 2007

**Control Number:**

#08-02

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

**FROM:** KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR *K. M. McGuire*  
CHARLES E. LEHMAN, EXECUTIVE DIRECTOR, DHMH/OOEP *Charles Lehman*

**RE:** REFERRAL TO SPECIFIC MEDICAL PROVIDER – A PROHIBITED  
PRACTICE

**PROGRAMS AFFECTED:** TEMPORARY CASH ASSISTANCE  
TEMPORARY DISABILITY ASSISTANCE PROGRAM  
MEDICAL ASSISTANCE

**ORIGINATING OFFICE:** OFFICE OF PROGRAMS

FIA has received reports that some Local Department of Social Services offices have inappropriately referred applicants to one specific provider for the completion of the Medical Report (DHR/FIA 402B) form. A customer's continuity of care may be seriously disrupted when the customer is directed to a provider different from the customer's established medical provider.

Local departments should not direct applicants to one particular provider over others. That practice may result in a Medical Report DHR/FIA 402B form completed by a provider unfamiliar with the individual's medical history, or not completed as fully as possible, resulting in an incorrect eligibility determination. Some medical providers may enroll a patient in their practice as a condition of getting the DHR/FIA 402B completed, but when the individual becomes eligible for PAC or Medicaid this provider may be different than the PAC or Medicaid approved provider

A customer who must have a DHR/FIA 402B completed, will also be given a cover sheet (See Attachment A) by the local office. The cover sheet will refer the customer to his/her regular health care provider. The local department must not give the customer advertisements for any provider nor staple such advertisements to the DHR/FIA 402B form. The local department may refer the customer to the DHMH hotline at 1-800-492-5231 for assistance in locating a provider in their area, or may refer the customer to the HealthChoice broker if one is stationed in the office.

**INQUIRIES:**

Please direct questions to Cynthia Carpenter at 410-767-7495 or [ccarpent@dhr.state.md.us](mailto:ccarpent@dhr.state.md.us). For Medicaid policy questions, contact the DHMH Division of Eligibility Policy and MCHP at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

cc: FIA Management Staff  
DHMH Management Staff  
Constituent Services  
OTHS System Support Center

# GETTING YOUR MEDICAL REPORT FORM COMPLETED

You have applied for or are receiving assistance. Because you stated that you are disabled, you must have the attached Medical Report form completed. Give this paper and the Medical Report form to your regular doctor.

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***To the Provider completing the attached Medical Report form:***

1. All questions must be answered. If not applicable, it must state "not applicable" or N/A.
  
2. Only the following are acceptable signatures for the Medical Report form:
  - Licensed Physicians
  - Licensed or Certified Psychologists
  - Licensed Optometrists
  - Licensed Podiatrists
  - Qualified Speech-Language Pathologists

Licensed Psychologists, Optometrists, Podiatrists and Speech-Language Pathologists may complete and sign the Medical Report form only on medical conditions in their specialty.