



Department of Human Resources  
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FAMILY INVESTMENT ADMINISTRATION  
INFORMATION MEMO

Control Number: #12- 05

Issuance Date:  
August 30, 2011

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

**FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR, FIA**  
**DEBBIE RUPPERT, EXECUTIVE DIRECTOR DHMH/OES**

**RE: COMPLIANCE ISSUES FROM MEDICAID AUDIT FINDINGS**

**PROGRAM AFFECTED: MEDICAL ASSISTANCE**

**ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES**

**SUMMARY:**

Local Departments of Social Services (LDSS), Local Health Departments (LHD) and the Department of Health and Mental Hygiene's (DHMH) determine eligibility for Medical Assistance. Each year a "Single State Agency" Audit (or "Medicaid Audit") is conducted through contractors to review sample cases of the eligibility determinations performed by the LDSS, LHD and DHMH offices.

During the most recent audit, there were no strong trends for particular types of new errors being committed. However, **there are significant financial implications for the repeat findings of prior years.** The three errors identified (and marked as potential repeat audit findings) in the recent audit were:

- Redeterminations were not completed timely.
- Documents were not enclosed in the case record to substantiate eligibility; specifically, verification of citizenship.
- Case records were not provided to substantiate eligibility.

Listed below are useful "tips" to avoid common errors (and repeat MA audit findings) in these extraordinarily busy times. Although the "tips" specifically address how to avoid the errors identified in prior Medicaid auditors' findings, almost all of them apply to proper case record elements and timely case processing.

## TIPS TO AVOID COMMON ERRORS

### A. Case Record Elements

- **Narrate to document the action(s) taken on the case.**
- Review applications thoroughly to be sure that all applications are signed with appropriate signatures.
- Perform the required clearances to determine/redetermine eligibility appropriately; especially MMIS and SVES clearances.
- Place and maintain all clearances obtained to establish eligibility in the case record to substantiate your decisions.
- Place and maintain all incoming documents to establish eligibility in the case record to substantiate your decisions.
- Follow standard operating procedures for properly maintaining case records so that the case records (inclusive of all materials to substantiate eligibility) are **readily accessible** to your office and other outside entities, including auditors.
- Use Alerts to follow-up on outstanding case issues.
- Ask your supervisor for clarification when unsure of policies or procedures.
- Follow appropriate procedures for transferring cases to a different jurisdiction to avoid misplacing case records; see Action Transmittal 00-34.

### B. Timely Processing

1. When an MA application for a **pregnant woman** is filed, a decision shall be made at the LDSS and LHD as quickly as possible. If processing is not possible within two days, see Action Transmittal 11-12 for expedited LDSS and LHD Accelerated Certification of Eligibility (ACE) procedures.

2. When an MA application for an **undocumented pregnant woman** is filed, follow the procedures described in Action Transmittal 09-41.

3. When **all other** MA applications are filed, decisions shall be made as follows:

- LHD: 10 days from date of application;
- LDSS: 30 days from date of application, except in situations noted in COMAR 10.09.24.04(J)(4);
- DHMH: 30 - 45 days from date of application (depending upon the program);
- LHD and LDSS: 60 days from date of an MA application when determination of disability is needed, except in situations noted in Action Transmittal 11-13 relating to the 90-day waiting period for pending Social Security Administration disability applicants.

For all delayed eligibility determinations, be sure to code the MISC screen with the appropriate delay code and narrate the reason for the delay.



4. When redeterminations are due, the decisions shall be made no later than the end of the current certification period. For all LHD and LDSS delayed redeterminations, be sure to code the MISC screen with the appropriate delay code and narrate the reason for the delay.
5. When tardy redeterminations are received within four months of an MA closing, and it is determined that the individual's eligibility would have continued uninterrupted if the redetermination was received timely, **narrate the findings and certify the case with no lapse in coverage, beginning the first day of the month following the month in which eligibility was terminated.**

**INQUIRIES:**

Please direct MA policy questions to the DHMH Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463) and CARES questions to Debbie Simon at 410- 238-1363.

cc: DHR Executive Staff  
DHMH Executive Staff  
FIA Management Staff  
Constituent Services  
DHR Help Desk