Department of Human Resources 311 West Saratoga Street Baltimore MD 21201	**Family Investment Administration** **ACTION TRANSMITTAL**
Control Number: #11-12	**Effective Date: Immediately**
	Issuance Date: December 1, 2010

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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA
DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHMH/OES Debbie Ruppert

RE: ACCELERATED CERTIFICATION OF ELIGIBILITY (ACE) - LDSS AND LHD PROCEDURES FOR PRIORITIZING AND ACCELERATING THE MEDICAID ELIGIBILITY PROCESS FOR PREGNANT WOMEN APPLYING TO MEDICAID

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBLITY SERVICES

BACKGROUND

This Action Transmittal clarifies AT 10-31 issued May 21, 2010 effective immediately. The Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) have revised the October 30, 2009 instruction to "ACE all pregnant applicants" to recommend a processing alternative that results in quick final determinations of eligibility for pregnant women, and to clarify that ACE must be used only to give accelerated eligibility to pregnant women whose applications have insufficient information to allow an immediate final determination of eligibility. Adding the alternative of immediate MA enrollment further advances the Governor's initiative to decrease infant mortality, and supports former Secretary Brenda Donald's statement of core business processes for local departments of social services to process Medical Assistance applications for pregnant women the same day. The procedures set forth in the ACE Manual have been clarified to reflect this transmittal.

ACTIONS REQUIRED

The requirement is to determine Medicaid eligibility for pregnant women as quickly as possible. First, if the case worker has all the information and documentation required to make a final determination on the day the pregnant woman applies, the eligibility determination must be made that day or within 10 days. Now that citizenship can be verified on SVES, meeting that requirement should no longer delay determinations (see AT 10-27 Confirming Citizenship using SVES).

It is also important to be aware that Action Transmittal 01-52 eliminated the requirement for medical verification of pregnancy and due date. Applicants are not required to provide proof of pregnancy or verify due date (EDC). If an application does not include a due date, contact the client to obtain her best estimation. Inquire as to other pertinent information to determine if EDC can be calculated. If the pregnant applicant cannot provide an estimated date, use the month of application to project an estimated due date.

If there is insufficient information to make a final determination, the case manager must ACE the application for 90-day certification. Pend the case in CARES, complete the ACE worksheet and forward the certification to Division Recipient Eligibility Programs (DREP) so that eligibility is temporarily established in MMIS. Then, collect the information needed and make a final determination for MA eligibility within 30 days.

INQUIRIES:

Please direct Medical Assistance policy questions to the DHMH Division of Eligibility Policy, MCHP Division 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:	DHMH Executive Staff	DHR Executive Staff
	FIA Management Staff	DHMH Management Staff
	Constituent Services	DHR Help Desk

Maryland Children's Health Program Manual

TRANSMITTAL LETTER FOR MANUAL RELEASES

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

MANUAL: Maryland Children's Health Program-MCHP

EFFECTIVE: ON RECEIPT

RELEASE NO: MR-27

APPLICABILITY: MCHP

Issued: December 2010

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

COMMENTS

Section 1000 of the MCHP Manual has been revised to clarify the ACE process for pregnant women with respect to the due date. Remove Section 1000 issued as MR-12 in December 2009 and replace it with the attached revised Section 1000.

Need More Information?

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

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.

Accelerated Certification of Eligibility (ACE)

BACKGROUND

The Accelerated Certification of Eligibility (ACE) process was first implemented statewide in local health departments in October 2000. The process enabled LHDs to process MCHP applications for pregnant women and child applicants who had an open or associated case in CARES at the LDSS. Since the July 2008 expansion of Families and Children (FAC), or MA for Families as it is known externally, many pregnant women are now applying for Medical Assistance through the LDSS because they are concurrently applying for other social service benefits. By expanding the ACE process, pregnant women will be able to enroll in Medical Assistance in a timely manner.

SCOPE

The scope of the ACE process has been expanded so that, effective December 1, 2009, the LHD and LDSS can expedite and prioritize all pregnant women applicants. All LHDs will now screen and pend FAC and MCHP applications through the ACE process for the following individuals:

- Pregnant woman – begin completing ACE for all pregnant women regardless of whether they have an associated case at the LDSS.
- Children – continue completing **ACE** for those **children with an associated case at the LDSS only**.

In addition, effective December 1, 2009, all LDSS offices will begin implementation of the Accelerated Certification of Eligibility process for **pregnant women** only. This will assure that, regardless of whether a pregnant woman applies through the LHD or LDSS, she will be enrolled in MMIS within two (2) days of the receipt of the ACE certification. At that time, the MCO enrollment process will begin and pregnant women can call the enrollment broker at 1-800-977-7388 to choose an MCO.

Certification under the ACE process will continue to be limited to three months of coverage in any twelve-month period. Children with associated cases will continue to receive accelerated eligibility at the LHD and standard processing at the LDSS. Undocumented and ineligible immigrants remain ineligible for ACE. Undocumented women who are pregnant should apply during pregnancy for labor and delivery coverage only. The LHDs and LDSS should process those cases using the X02 process outlined in the June 1, 2009 AT 09-41, Procedural Changes for Pregnant Women in the X02 Coverage Group.

POLICY

Application

The application must be completed and signed. Applications are typically received at the LHD via mail, in person or electronic format using the Service Access Information Link (SAIL). Signed applications may also be faxed to the LHD. This enables applicants to file more quickly, and enables 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. Complete one ACE worksheet per individual. The ACE worksheet does not address every aspect of eligibility, however, it does address the fundamental non-financial factors of eligibility and contains a basic income calculation. The information required for a P-Track application is declaratory in nature, the applicant's attestations of the requested information is accepted in lieu of copied verification based upon the directive of FIA Action Transmittal 01-52. If an applicant declares pregnancy, the due date (EDC) does not require written verification from a doctor or medical facility. If an individual declared on the signed application, that she is a U.S. citizen, legal permanent resident (regardless of length of residency) or alien lawfully residing in the U.S., provided her social security number, and passed these basic eligibility tests, then the individual is likely to be eligible when the full determination is completed. Note: For child applicants, citizenship and identity must still be verified in order to ACE.

HealthChoice

Pregnant women who are found eligible through the ACE process are enrolled in HealthChoice. The HealthChoice enrollment process begins when DHMH on-line staff receives the ACE certification form. A transaction is sent to the enrollment broker and the pregnant woman may enroll in the MCO of her choice. For pregnant women certified through the ACE process, no further HealthChoice transactions are required when the standard certification is received.

Children who are initially 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 at the time the standard certification is completed by the LDSS and sent to DHMH through the CARES interface.

PROCEDURES

LHD/LDSS Actions

Applications, regardless of whether received via e-mail, fax, mail or in person, must be cleared and pended in CARES. For each applicant eligible for ACE, the LHD/LDSS completes the ACE worksheet. If the applicant passes that eligibility test, the LHD/LDSS faxes an ACE Certification form for each individual to DHMH, Division of Recipient Eligibility Programs (DREP) at 410-333-7012. The LHD/LDSS completes an Eligibility Notice and sends this to the applicant. Whether or not the applicant passes the accelerated eligibility test, the LHD/LDSS continues with the standard processing procedures, including the transfer from the LHD to the

LDSS when there is an associated case. The LHD/LDSS 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. The LHD must maintain non-associated ACE cases and will receive non-associated ACE cases transferred from the LDSS. The LHD has 30 days to finalize the case for a pregnant woman certified for accelerated eligibility. No other timeframes are affected.

LDSS Actions/Associated Cases

For cases transferred from the LHD to the LDSS, accelerated Medicaid eligibility does not effect any actions taken by the LDSS for associated cases. All standards of timeliness remain in place for the LDSS. The LDSS has 30 days to finalize the case for a pregnant woman certified for accelerated eligibility.

Certification Period

For persons certified under the ACE process, the certification remains active on MMIS for a three-month certification period even if the person is subsequently found ineligible. The LHD sends the recipient a notice of the three-month certification period. If the case is denied, CARES generates a denial letter to the recipient, but sends no transaction to MMIS.

CARES

When the LHD or 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.

Instructions for Accelerated Eligibility

I. Receipt of Application Form

A. **LHD Actions** - Review the application form and clear through CARES as per standard procedures. All transfers between district offices must occur within 5 days.

1. For pregnant women and children who have an associated case at the LDSS but no active MA:
   - pend the pregnant women in the appropriate coverage group (F05 or P02); apply the steps for two (2) day accelerated eligibility for pregnant women; narrate due date;
   - pend the children in the appropriate coverage group (F05 or P-track); apply the steps for accelerated eligibility, and
   - transfer the application to the LDSS.
2. For pregnant women who have an MA case pending (F01, F05 or S98) or in a *preserved* spend down status (F99M) in a LDSS: pend the case in the P02 coverage group; apply all other steps for two (2) day accelerated eligibility; and transfer the application to the LDSS.
3. For pregnant women who have **no associated** case at the LDSS and no active MA: pend the case in the appropriate coverage group (F05 or P02); enter the due date on the DEM1 screen; and apply the steps for two (2) day accelerated eligibility for the pregnant woman. The LHD must finalize the case within 30 days.
4. For pregnant women who have an *active* F99: Do not ACE; pend the case in the P02 coverage group (to allow HealthChoice MCO coverage, and Alert notification to the eligibility worker); and transfer the application to the LDSS.
5. For applicants who are not pregnant and have **no associated** case at the LDSS, the LHD processes the application through the standard procedures. **The accelerated process may not be applied.** The LHD must process the application within the 10-day timeliness standard.

B. **LDSS Actions**- Review the application form and clear through CARES as per standard procedures. All transfers between district offices must occur within 5 days.

1. For pregnant women who are applying for MA/MCHP only who have no associated case: pend the case in the appropriate coverage group (F05 or P02); enter the due date on the DEM1 screen; apply the steps for 2 day accelerated eligibility; send the application to the LHD; and transfer the application to the appropriate LHD District Office. The LHD must finalize the case within 30 days.
2. For pregnant women who are applying for other benefits or who already have an associated case: pend the case in the appropriate coverage group (F05 or P02); enter the due date on the DEM1 screen; and apply the steps for 2 day accelerated eligibility for the pregnant woman. The LDSS will retain and finalize the case within 30 days.

3. For pregnant women who have an active F99: Do not ACE; pend the case in the P02 coverage group (to allow HealthChoice MCO coverage); remove the pregnant woman from F99 to avoid dual participation (507).
4. For applicants who are not pregnant the application must be processed within the 30 day timeliness standard.

C. Accelerated processing **may not** be applied in certain conditions. If any of the following conditions exist, **stop accelerated processing and use** standard procedures.

1. Individuals do not have or do not provide a valid social security number;
2. Undocumented or ineligible immigrants applying for coverage of emergency services - follow process for X02 outlined in June 1, 2009 AT:09-41.
3. Individuals who have not completed the MA application process within the last 6 months;
4. Individuals whose applications have been denied or whose MA benefits have been terminated for the current benefit month.

D. Review the application

1. The following information must be present:
   a. Signature (FAX and SAIL electronic signatures 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. If there is an associated case, the LHD should **not** delay the transfer of the case to the LDSS while attempting to obtain missing data.

II. Accelerated Processing Steps

A. **For pregnant women, the LHD or the LDSS shall** complete the ACE Worksheet. If the pregnant woman does not know her actual due date (EDC), request and use her attestation of the estimated date. If any of the required items (MD resident, citizen or legal permanent resident, and SSN) is missing, **stop accelerated processing** and continue standard processing. The LHD will immediately transfer associated cases to the LDSS. The LDSS will immediately transfer MA/MCHP only cases to the LHD.

B. For **each child applicant with an associated case, the LHD shall** complete the appropriate ACE Worksheet. Child applicants must be citizens, legal permanent residents or lawfully residing aliens to qualify. **However unlike pregnant women, the LHD must verify C & I in order to ACE a child applicant.** Check CARES, MMIS, and information received from the applicant to make this determination, and circle the appropriate box. If any of the required items are missing (MD resident, C&I), **stop ACE** and continue standard processing. If there is an associated case the LHD will immediately transfer the case to the LDSS.

C. For **all applicants**, 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 the last day of the third month of the certification period (see step5).
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 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: All pregnant women pended during ACE will 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(s) to the Division of Recipient Eligibility Programs at (410) 333-7012.

D. Complete an eligibility notice that is printed on agency letterhead.

1. Applicants who are not eligible for accelerated certification are not sent a notice of the negative decision. This is because this processing decision is not a denial of eligibility. Eligibility may not be denied without a full (standard) eligibility determination.

2. Recipients certified through the accelerated process will not receive a notice of denial and appeal rights until a final decision of eligibility is rendered.

III. When transferring cases between agencies (associated to LDSS or MA/MCHP only to LHD), include the following items in both the file maintained at the intake agency and the case record forwarded to the other agency:

A. The application (send original and retain copy);

B. All ACE Worksheets (send copy and retain original);

C. The Accelerated Certification of Eligibility form which is faxed to DREP (send copy and retain original); and,

D. The Eligibility letter (send copy and retain copy).

ACE Worksheet for Pregnant Applicant

(For LHD and LDSS use)

Name of Applicant:_____**CARES IRN:**_____

	(Circle One)	
Is the applicant a Maryland resident?	Yes	No
Has the applicant declared that she is a U.S. citizen, legal permanent resident, or alien lawfully residing in the U.S.?	Yes	No
Has the applicant provided a valid SSN?	Yes	No
Has the pregnant woman applicant provided a due date?	Yes	No

If no, contact the client to obtain an estimation.

List the gross income (earned and unearned) for the following individuals living together:
For self-employed income, list ½ 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 per month per child)

Total Deductions: - _____

Total Countable Income: _____

Circle applicant's HH Size and income level below:

Effective June 1, 2010:

HH Size	F05	P02	P11
2	0-1,408	1,409-2,246	2,247-3,035
3	0-1,769	1,770-2,822	2,823-3,814
4	0-2,131	2,132-3,399	3,400-4,593
5	0-2,493	2,494-3,975	3,976-5,372
6	0-2,854	2,855-4,552	4,553-6,152
7	0-3,216	3,217-5,129	5,130-6,931
8	0-3,577	3,578-5,705	5,706-7,710

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. If no due date is given, request the information from the applicant.
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**_____

9/30/10 revised

Accelerated Processing Steps for pregnant women, the LHD or the LDSS shall 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/immigration status and identity ("C&I). Check CARES, MMIS, and information received from the applicant to make this determination, and circle the appropriate box. If a **pregnant woman's** C&I can not be immediately verified, but the applicant has declared that she is a citizen, legal permanent resident, or lawfully residing alien **and** she has provided a valid social security number, proceed with ACE. Otherwise follow standards procedures.
   c. Review for due date and if due date is given, circle "yes." If due date is not given, contact the applicant to obtain her best estimation of due date
2. If any of the required items (MD resident, citizen or legal permanent resident, and SSN) is missing, **stop accelerated processing** and continue standard processing. The LHD will immediately transfer associated cases to the LDSS. The LDSS will immediately transfer MA/MCHP only cases to the LHD.
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 costs, up to a maximum of $200 per child 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 ACE and follow standard procedures.
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.

ACE Worksheet for Child Applicant

(For LHD use only)

Name of Applicant:_____**CARES IRN:**_____

(Circle One)

Is the applicant a Maryland Resident? Yes No

Is the applicant a U.S. citizen ,legal permanent resident, or alien lawfully residing in the U.S.? Yes No

Has the applicant provided a valid SSN? Yes No

List the gross income (earned and unearned) 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 per child per month)

Total Deductions: - _____

Total Countable Income: _____

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

Effective June 1, 2010:

HH Size:	Maximum	HH Size:	Maximum
1	1,805	5	4,298
2	2,428	6	4,921
3	3,051	7	5,545
4	3,675	8	6,168

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**_____

Accelerated Processing Steps for each child applicant, the LHD will 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 the application for a 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. Child applicants must be citizens, legal permanent residents or lawfully residing aliens to qualify. **However unlike pregnant women, the LHD must verify C & I in order to ACE a child applicant.** Check CARES, MMIS, and information received from the applicant to make this determination, and circle the appropriate box.
2. If any of the required items are missing (MD resident, C&I), **stop ACE** and continue standard processing. If there is an associated case the LHD will immediately transfer the case to the LDSS.
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 costs, up to maximum of $200 per month per child.
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 ACE and continue standard processing. If there is an associated case the LHD will 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: A child 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 birth date to see whether 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 birth date. Make a note on the ACE worksheet.

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

Coverage Group Income Chart
Effective March 1, 2009

Less than 12 months old

HH Size	F05	P06	P14
1	0 – 1,046	0 – 1,669	1,670 – 1,805
2	0 – 1,408	0 – 2,246	2,247 – 2,428
3	0 – 1,769	0 – 2,822	2,823 – 3,051
4	0 – 2,131	0 – 3,399	3,400 – 3,675
5	0 – 2,493	0 – 3,975	3,976 – 4,298
6	0 – 2,854	0 – 4,552	4,553 – 4,921
7	0 – 3,216	0 – 5,129	5,130 – 5,545
8	0 – 3,577	0 – 5,708	5,709 – 6,168

1 year through age 5

HH Size	F05	P07	P13	P14
1	0 – 1,046	0 – 1,200	1,201 – 1,669	1,670 – 1,805
2	0 – 1,408	0 – 1,614	1,615 – 2,246	2,247 – 2,428
3	0 – 1,769	0 – 2,029	2,030 – 2,822	2,823 – 3,051
4	0 – 2,131	0 – 2,443	2,444 – 3,399	3,400 – 3,675
5	0 – 2,493	0 – 2,858	2,859 – 3,975	3,976 – 4,298
6	0 – 2,854	0 – 3,272	3,273 – 4,552	4,553 – 4,921
7	0 – 3,216	0 – 3,687	3,688 – 5,129	5,130 – 5,545
8	0 – 3,577	0 – 4,101	4,102 – 5,705	5,706 – 6,168

6 years through age 18

HH Size	F05	P08	P13	P14
1	0 – 1,046	0 – 902	903 – 1,669	1,670 – 1,805
2	0 – 1,408	0 – 1,214	1,215 – 2,246	2,247 – 2,428
3	0 – 1,769	0 – 1,525	1,526 – 2,822	2,823 – 3,051
4	0 – 2,131	0 – 1,837	1,838 – 3,399	3,400 – 3,675
5	0 – 2,493	0 – 2,149	2,150 – 3,975	3,976 – 4,298
6	0 – 2,854	0 – 2,460	2,461 – 4,552	4,553 – 4,921
7	0 – 3,216	0 – 2,772	2,773 – 5,129	5,130 – 5,545
8	0 – 3,577	0 – 3,084	3,085 – 5,705	5,706 – 6,168

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Accelerated Certification of Eligibility Form
for Pregnant Women or Child

To: DHMH - Division of Recipient Eligibility ProgramsFAX: (410) 333-7012

From: _____Health Department

Current MA Number:_____ 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

Begin Date	End Date

Coverage Group Guide According to FPL (*Please check one of the following*)	
Pregnant Applicants – P02	**Child Applicants – S13**
___ equal to or less than 116% (with children) = F05 ___ equal to or less than 116% (no other children) = P02 ___ between 117% to 185% = P02 ___ between 186% - 250% = P11	___ under 19 equal to or less than 116% = F05 ___ over 19 equal to or less than 116% = F05 ___ under 19 between 117% - 200% = P Track

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:_____

10/28/09 revised

MR-12 Issued March 2004
Re-Issued October 2010

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Accelerated Certification of Eligibility Form
for Pregnant Women

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

From: _____Department of Social Services

Current MA Number:_____ 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

Begin Date	End Date	Coverage Group Guide According to FPL (*Please check one of the following*)
		___ equal to or less than 116% (with children) = F05 ___ equal to or less than 116% (no other children) = P02 ___ between 117% to 185% = P02 ___ between 186% - 250% = P11

Note: All pregnant applicants **who qualify for ACE** will be placed on MMIS as P02s until the case is finalized.

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:**_____

10/28/09

MR-12 Issued March 2004
Re-Issued October 2010

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LHD ACE Letter (For Use with Associated Case)

Date: _____

_____
_____
_____

Dear_____:

You recently filed an application for the Maryland Children's Health Program/Medical Assistance 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 Medical Assistance has been certified for the following person(s):

_____ _____

_____ _____

_____ _____

The person(s) named above are eligible for Medical Assistance 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 and get prenatal care as soon as possible. For help in selecting a managed care organization (MCO), call 1- 800- 977-7388. If you need help getting prenatal care, call 1-800-456-8900.**

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

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

Sincerely,

_____

Telephone Number

_____

10/28/09 revised

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LHD ACE Letter (Applying for MA/MCHP Only)

Date: _____

_____
_____
_____

Dear_____:

You recently filed an application for the Maryland Children's Health Program/Medical Assistance with this agency. Based on a brief review, it appears that the application will be approved; therefore coverage for Medical Assistance has been certified for the following person(s):

_____ _____

_____ _____

_____ _____

The person(s) named above are eligible for Medical Assistance 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 and get prenatal care as soon as possible. For help in selecting a managed care organization (MCO), call 1-800- 977-7388. If you need help getting prenatal care, call 1-800-456-8900.**

You will be receiving a follow-up letter from the local health department about your application. You **must** provide the local health department with any information that is requested. After all the information is reviewed and a **final eligibility determination** is made, you will receive a notice of approval or denial for Medical Assistance. If you are denied, your notice will include the reasons for the denial and your appeal rights. Even if your application is denied, you will still be eligible for Medical Assistance for the dates shown above.

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

Sincerely,

_____

Telephone Number

_____

10/28/09

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LDSS ACE Letter

(Pregnant Woman – Applying for MA/MCHP Only)

Date: _____

_____
_____
_____

Dear_____:

You recently filed an application for the Maryland Children's Health Program/Medical Assistance with this agency. Our records show that you are not receiving and have not requested any other benefits from this agency other than Medical Assistance. Therefore your application has been forwarded to: _____Health Department.

Before sending your application to your local health department it was briefly reviewed and it appears, based on this review, that your application will be approved. Therefore coverage for Medical Assistance has been certified for _____.

The person named above is eligible for Medical Assistance 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 should enroll in HealthChoice and get prenatal care as soon as possible. For help in selecting a managed care organization (MCO), call 1- 800- 977-7388. If you need help getting prenatal care, call 1-800-456-8900.**

You will be receiving a letter from the local health department about your application. You **must** provide the local health department with any information that is requested. After all the information is reviewed and a **final eligibility determination** is made, you will receive a notice of approval or denial for Medical Assistance. If you are denied, your notice will include the reasons for the denial and your appeal rights. Even if your application is denied, you will still be eligible for Medical Assistance for the dates shown above.

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

Sincerely,

_____

Telephone Number

_____

10/28/09

LDSS ACE Letter

(Pregnant Woman – Applying for MA/MCHP and Other Benefits)

Date: _____

_____
_____
_____

Dear_____:

You recently filed an application for the Maryland Children's Health Program/Medical Assistance with this agency. Based on a brief review, it appears as though the application for Medical Assistance will be approved. Therefore coverage for Medical Assistance has been certified for the following individual:

_____

The person named above is eligible for Medical Assistance 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 should enroll in HealthChoice and get prenatal care as soon as possible. For help in selecting a managed care organization (MCO), call 1-800- 977-7388. If you need help getting prenatal care, call 1-800-456-8900.**

You will be receiving a follow-up letter about your application. You **must** provide any information that is requested to the local department of social services. After all the information is reviewed and a **final eligibility determination** is made, you will receive a notice of approval or denial for Medical Assistance. If you are denied, your notice will include the reasons for the denial and your appeal rights. Even if your application is denied, you will still be eligible for Medical Assistance for the dates shown above.

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

Sincerely,

_____

Telephone Number

_____

10/28/09

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APPLICATION PROCESSING INSTRUCTIONS FOR

PREGNANT WOMEN

Application Type	ACE	Pend Action	Transfer Action
Local Health Department			
Associated Case & No Active MA	Yes	F05 or P02	DSS
Pending MA (with or without an associated case)	Yes	P02	DSS
Preserved Spenddown (with or without an associated case)	Yes	P02	DSS
No Associated Case & No Active MA	Yes	F05 or P02	Retain
Active F99 (with our without associated case)	No	P02	DSS

Local Department of Social Services			
Applying for MA/MCHP only & No Active AU in CARES	Yes	F05 or P02	LHD
Applying for MA/MCHP & other benefits	Yes	F05 or P02	Retain
Applying for MA/MCHP & have an active AU in CARES	Yes	F05 or P02	Retain
Active F99 MA (With or without an active AU in CARES)	No	P02, 507	Retain
Pending MA (With or without an active AU in CARES)	Yes	F05 or P02	Retain
Preserved Spendown (with or without an Active AU in CARES)	Yes	F05 or P02	Retain

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