



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number: 06-11

Effective Date: September 1, 2005

Issuance Date: September 2, 2005

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

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA
JOSEPH E. DAVIS, DIRECTOR, DHMH, OOEP**

RE: NATIONAL REFUGEE POLICY – HURRICANE KATRINA

**PROGRAM AFFECTED: FOOD STAMPS, CASH ASSISTANCE AND MEDICAL
ASSISTANCE PROGRAMS**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

The United States Department of Agriculture Food and Nutrition Service (FNS) sent us guidance for providing food stamps to refugees (evacuees) from areas devastated by Hurricane Katrina. These areas include counties in the Gulf Coast region in Alabama, Louisiana, and Mississippi.

Normally, when we talk about refugees, we are referring to immigrants to the United States, who have fled problems in other parts of the world. However, the unprecedented damage from Hurricane Katrina has made it necessary for people to be evacuated from the three hardest hit states. These people are not just residents of emergency shelters; they are truly refugees.

Although this guidance was provided by FNS, we will apply the same verification guidelines to TCA.

ACTION REQUIRED:

When a person is evacuated or self-evacuates to Maryland we will certify the person for food stamps under expedited service rules. The case manager **must**:

- **Treat the application as a priority.**
 - Same day processing of applications

- Refugees from Hurricane Katrina may have evacuated their homes leaving behind the types of verification we normally see and request. Use readily available verification of identity. Use a collateral contact if necessary.
- Verify that the refugee was living in an area affected by Hurricane Katrina when the hurricane struck.
 - Use **any** readily available information to verify this. A collateral contact may be necessary.
- Check with the refugee (evacuee) to make sure he or she does not have active food stamp benefits in one of the listed areas, or any other area.
 - Take the household's statement for the expedited issuance.

Note: Quality Control will not cite errors for these certifications.

Verification of Income and Assets for TCA, TDAP, MA and FS Ongoing Benefits:

Use readily available (or any available) verification for income and assets. If the applicant states he or she has assets but they are not accessible due to hurricane damage, set an alert to check in three months, to determine if the assets have become available. Do not deny if income or assets are inaccessible. Remember, even people receiving SSI or Social Security may have a delay in receiving their check, if they were mailed to a damaged area or direct deposited into an inaccessible account.

Medical Assistance and MCHP policies are addressed in more detail in a separate section on page four of this transmittal.

Reminders:

Most, if not all, of these households meet the food stamp definition of homeless. If they pay any amount for shelter costs, they are entitled to the homeless shelter deduction. See Information Memo 05-39, issued May 2, 2005 for how to code CARES so that the households are given the deduction.

A social security card is not required verification for any program. The household must provide social security numbers for all members. We verify the numbers with a match with the Social Security Administration.

A picture ID is not a requirement for receiving an EBT card.

Refugees Who Are Currently Certified:

When a person who has a currently active case in an area affected by Hurricane Katrina visits a local department in Maryland to ask about disaster benefits, local department staff should take the following actions:

- Assure the person that he or she can use his or her out-of-state EBT card in local stores, and that he or she may continue to use food stamp benefits during his or her certification period.

- Assist the refugee in getting a new EBT card, if his or her current card has been lost or left behind in the area affected by Hurricane Katrina.
 - If the refugee received benefits in **Alabama**:
To get information on a household's food stamp participation and/or for help in obtaining a replacement EBT card call 1-866-465-2285.
 - If the refugee received assistance in **Mississippi**:
To get information about a household's food stamp participation status call 1-800-948-4060. For help in obtaining a replacement EBT card call 1-800-449-9488.

Note: Due to the anticipated large number of calls to these numbers, you may need to be patient in getting through.

FNS will provide us with additional contact numbers for the affected areas as soon as possible. We will provide additional information about this process as soon as we receive further guidance.

If the refugee believes he or she will be residing in the Maryland permanently, or for the foreseeable future, the case manager should offer to have the refugee's current case in the disaster area closed, and take an application for a new certification in Maryland.

Areas Affected by Hurricane Katrina:

Alabama

Baldwin, Clarke, Choctaw, Mobile, Sumter, and Washington Counties

Louisiana

The parishes of Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana

Mississippi

Amite, Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wilkinson Counties

CARES PROCEDURES:

For customers applying for food stamps and who are processed as a Hurricane Katrina refugee:

On the **ADDR** screen:

- Enter **HK** in the **Special Circumstances** field

- It is essential that you enter this code so that we can track the refugees for possible special federal reimbursement and so that DHMH can identify Hurricane Katrina MA applicants.

Ensure that the Hurricane Katrina information is documented on the narration screen. This is important to ensure that QC will review these cases appropriately.

See Information Memo 05-39 for how to code the homeless shelter deduction.

MEDICAL ASSISTANCE (MA) AND MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP)

If the local department of social services or a local health department receives an MA or MCHP application from an individual or family considered to be a "refugee" from Hurricane Katrina, use the following policies and procedures:

- Write "**HK**" on the application form to identify this application as from a Hurricane Katrina refugee. If the application is mailed to the household to complete or is given to the applicant to submit, make sure that "**HK**" is written at the top of the application form before issuance, to assure that it will be identified and processed correctly.
- As noted above for Food Stamps and TCA, put "**HK**" in the **Special Circumstances field on the ADDR screen**.
- To facilitate federal claiming for this population, ensure that the Hurricane Katrina information is documented on the CARES narration screen with the state, parish or county, and residential address from which they came.
- Expedite enrollment of these customers. Determine eligibility on the date of application, if possible, to assure immediate access to prescriptions and medical care.
- Use medical coverage group "**X01**".
- **Put all family members in the same assistance unit**—father and/or mother (or other caregiver relative with whom the children live), and their children. Also use X01 if the application is for a single adult, regardless of whether the applicant is a man or woman.
- Follow the normal household composition requirements regarding the valid values for relationship and financial responsibility for the X01 AU members.
- **On the DEM1 screen do not enter an EDC date or any other pregnancy-related information.** If necessary, complete the "SNN APPL Date" field. Complete the "Mar Stat" field, the "Living Arrgmt" field, and the "V" verification fields. **PF4 (DO NOT PRESS ENTER)** to the next screen, which allows CARES to bypass any information regarding pregnancy.
- **On the "Eligibility for Special Program" - SPEC - screen, shorten the "Redet End Date" to the last day of the 6th month from the month of application.**
- **Do not require verifications.** Enter "**other**" or "**worker verified**" for the verification code for all fields requiring verification.
- Financial eligibility for coverage group X01 is conducted off-line, using the trial budget screen. Use the income and resource policies for whatever coverage group would otherwise be used for the assistance unit—F-track, P-track, etc. Print a copy

of the “TBUD” (Trial Budget) and the “TBMA” (MA Financial Eligibility – Trial Budget) screens and place them in the case record.

- Determine income eligibility based on whatever income is reported to be received currently by the assistance unit members. Few of these individuals will now have earned income.
- Determine resource eligibility based on whatever resources are **accessible** to the assistance unit members. Do not count any resources that they cannot access (e.g., if they cannot access their bank account because they do not have their ATM card or their bank is closed).
- **Manual approval and denial notices** must be used for X01 because CARES system-generated notices are automatically suppressed for this coverage group. Use the attached manual notices for this population.
- (NOTE: If the local department chooses to use their existing manual approval or denial notice for X01 and X02, the notice must be revised as follows: Write “HK” at the top of the page, and white out or black out the reference that this coverage category is for ineligible or illegal aliens.
 - For the approval notice, the top portion of the notice should be completed, checking off the appropriate coverage - either full Medical Assistance or full Maryland Children’s Health Program benefits. All persons who are approved as members of the assistance unit should be listed. On the line before the part of the notice about emergency medical services, write the beginning and ending dates for the approved certification period.
- For the denial notice, enter the reason(s) for denial.)
- Copy the manual notice and place it in the case file.
- Update the narrative to reflect the eligibility decision.
- When the case comes up for **redetermination**, the usual policies and procedures will be used. Then, the household will be reviewed for whether they meet residency requirements because they plan to remain in Maryland for an indefinite period.

ACTION DUE:

This action transmittal is effective September 1, 2005.

INQUIRIES:

Please direct inquiries to Kay Finegan at 410-767-7939 or Rick McClendon at 410-767-7307. You may also contact Marilyn Lorenzo at 410-767-7333 for TCA questions. Call the Cathy Sturgill at 410-238-1247 for MA questions. Contact Joyce Westbrook at 410-238-1299 for CARES questions.

cc: FIA Management Staff
Constituent Services
DHR Help Desk

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF ELIGIBILITY
Hurricane Katrina Refugees

Applicant's Name: _____

Date of Notice: _____

Applicant's Address: _____

Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____ ,
eligibility is **approved** for coverage of full Medical Assistance benefits for _____
through _____. The following person or persons are covered:

Name

Medical Assistance Number

You will receive a Medical Care Program card for each approved person. When it is time for eligibility to be redetermined, the Program will send you a packet to complete and return by a specified due date. Please be sure to notify this office within 10 days of any changes in your address or circumstances.

If you have any questions about this notice, call your Eligibility Case Worker at the number below. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Eligibility Case Worker

Telephone Number

Summary of Procedures for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice. If you think the decision is wrong, you may:

- Call your Eligibility Case Worker at the telephone number on the other side of this notice to ask about the decision.
- Request a hearing or ask for help to make this request by:
 - Calling your Eligibility Case Worker;
 - Calling the State's help line at 1-800-332-6347;
 - Visiting your local department office; or
 - Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or Eligibility Case Worker.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. § 431.200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1-800-999-8904 or the Maryland Disability Law Center at 1-800-233-7201.

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF INELIGIBILITY
Hurricane Katrina Refugees

Applicant's Name: _____
Applicant's Address: _____

Date of Notice: _____
Local Department: _____
Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, you have been determined **ineligible** for Medical Assistance benefits for the reason(s) specified checked below:

Specify: _____

This decision is based on COMAR 10.09._____.

You may reapply at any time. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

Sincerely,

Eligibility Case Worker

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