

Baltimore MD 21201

Family Investment Administration ACTION TRANSMITTAL

Control Number: 18-15

Effective Date: January 1, 2018

Issuance Date: February 9, 2018

TO:

DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES

DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

ELIGIBILITY DETERMINATION DIVISION STAFF

FROM:

DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES Debbe Ruppert

NICHOLETTE SMITH-BLIGEN, EXECUTIVE DIRECTOR, DHS/FIA Bliger

RF:

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES, MDH

SUMMARY

This action transmittal addresses Long-Term Care (LTC) Medical Assistance applications and a new requirement for reporting annuity-related cases to the Maryland Department of Health (MDH). Federal law requires LTC applicants and recipients to identify any annuities they hold. MDH is now required to collect specific information for annuities that benefit the community spouse, as well as those that benefit the applicant at the initial application. Long-Term Care case managers and Waiver Unit case managers must collect and forward specific annuity information to MDH for analysis of the effect of the annuity on Medicaid eligibility and recoveries.

ACTION REQUIRED

Effective immediately, all LTC and Waiver Unit case managers are responsible for forwarding specific annuity information for Long-Term Care applications filed on or after January 1, 2018 to MDH, by following these procedures:

1. After approving an initial application for Long-Term Care or a Waiver case, send an electronic copy of the annuity-related verifications to this designated email address (MDH.MALTCAnnuity@maryland.gov) along with the fillable Annuity

Data Collection Form that accompanies this Action Transmittal. Copies of the official documents must include:

- a. Client ID and zip code (or district office) of the Medicaid recipient,
- b. Copy of the official document that identifies the **dollar amount** used in the establishment of the annuity,
- c. The name of the individual in which the annuity was created for, and
- d. The name of any beneficiaries.
- 2. <u>Ensure that the annuity verification is scanned into ECMS accurately</u>. Follow this taxonomy:
 - Annuities for the benefit of the Long-Term Care applicant:
 - Document type: Income
 - Button type: Annuities
 - Annuities for the benefit of the community spouse:
 - Document type: LTC Forms
 - Button type: Resource Evaluation for Married

Please note that there are no changes in the eligibility determination process. This is just a procedure to collect information about annuities. Please continue to follow the Medicaid Manual and COMAR for all annuity eligibility guidelines.

INQUIRIES:

Please direct MA-LTC policy questions to the MDH Division of Eligibility Policy to MDH.maltceligibilitypolicy@maryland.gov or call 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). If you have a question about the annuity data, please email the question to MDH.maltcannuity@maryland.gov.

cc: DHS Executive Staff
MDH Executive Staff
Constituent Services
DHS Help Desk
FIA Management Staff

ATTACHMENT:

Annuity Data Collection Form



LONG-TERM CARE MEDICAL ASSISTANCE ANNUITY DATA COLLECTION COVER LETTER

To: MDH Office of Eligibility Services MDH.MALTCAnnuity@maryland.gov	Date
From: SELECT YOUR OFFICE	
Subject: Annuity Documents	
Case Manager Name: Case Manager's Telephone:	Date of Application:
Case Name: Client ID: Case Number:	e e
The following information is attached:	
The official document that identifies the dollar amount used	in the establishment of the annuity.
The <u>name of the individual</u> for which the annuity was created	and the name of any beneficiaries.
Please direct MA-LTC policy questions to the MDH Division of EMDH.maltceligibilitypolicy@maryland.gov or call 410-767-146 request extension 1463). If you have a question about the annuity MDH.maltceligibilitypolicy@maryland.gov.	63 or 1-800-492-5231 (select option 2 and
[This Section Will Be Completed by the MDH Office of Eligib	ility Services Reviewer]
OES Reviewer Name: Reviewer's Telephor	ne:
OES Reviewer Response:	
Additional Information Requested by OES Reviewer:	No Date Returned:
Date Additional Information Received:	e e