

TRANSMITTAL LETTER FOR MANUAL RELEASES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF OPERATIONS, ELIGIBILITY AND PHARMACY
BENEFICIARY SERVICES ADMINISTRATION
ELIGIBILITY POLICY/MARYLAND CHILDREN'S HEALTH PROGRAM
DIVISION
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BALTIMORE, MARYLAND 21201
410-767-6898 or 410-767-6899

MANUAL: Maryland Children's
Health Program

EFFECTIVE: March 1, 2006

RELEASE NO: MR-18

APPLICABILITY: MCHP

Issued: March 1, 2006

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COMMENTS

Manual Release MR-18 contains a copy of the new MCHP income standards and revised Accelerated Certification of Eligibility (ACE) Worksheets and income chart, effective March 1, 2006. Apply the new standards to any application or redetermination of eligibility dated March 1, 2006 or later.

Need More Information?

Questions about the Maryland Children's Health Program manual revisions included in MR-18 should be directed to Eligibility Services/ Maryland Children's Health Program Division at 410-767-6898 or 410-767-6899.

Schedule 1

MCHP MONTHLY & ANNUAL INCOME GUIDELINES

(Based on stated % of Federal Poverty Level for the PW/MCHP track)

Effective March 1, 2006

Family Size	P02 185%	P06 185%	P07 133%	P08 100%	P11 250%	P13 185%	P14 200%
1	1,511 18,130	1,511 18,130	1,087 13,034	817 9,800	2,042 24,500	1,511 18,130	1,634 19,600
2	2,035 24,420	2,035 24,420	1,463 17,556	1,100 13,200	2,750 33,000	2,035 24,420	2,200 26,400
3	2,560 30,710	2,560 30,710	1,840 22,078	1,384 16,600	3,459 41,500	2,560 30,710	2,767 33,200
4	3,084 37,000	3,084 37,000	2,217 26,600	1,667 20,000	4,167 50,000	3,084 37,000	3,334 40,000
5	3,608 43,290	3,608 43,290	2,594 31,122	1,950 23,400	4,875 58,500	3,608 43,290	3,900 46,800
6	4,132 49,580	4,132 49,580	2,971 35,644	2,234 26,800	5,584 67,000	4,132 49,580	4,467 53,600
7	4,656 55,870	4,656 55,870	3,348 40,166	2,517 30,200	6,292 75,500	4,656 55,870	5,034 60,400
8**	5,180 62,160	5,180 62,160	3,724 44,688	2,800 33,600	7,000 84,000	5,180 62,160	5,600 67,200

Note: P03 and P12 are not subject to income tests.

**Note: For every family member over "8", add as indicated:

P02, P06 & P13 ADD \$525 per person for monthly/\$6,290 for annual

P07 - ADD \$377 per person for monthly/\$4,522 for annual

P08 - ADD \$284 per person for monthly/\$3,400 for annual

P11 - ADD \$709 per person for monthly/\$8,500 for annual

P14 - ADD \$567 per person for monthly/\$6,800 for annual

Accelerated Eligibility Worksheet
Use for Pregnant Women

Name of Applicant: _____ CARES IRN: _____

Is the applicant a Maryland Resident? Yes No

Is the applicant a

(a) U.S. citizen? Yes No

(b) A refugee? Yes No

(c) An asylee? Yes No

(d) A qualified alien who most
Recently entered the U.S. before
8/22/96? Yes No

(e) A qualified alien who most recently entered the
U.S. on or after 8/22/96 and has resided in the U.S.
at least 5 years as a legal permanent resident?
 Yes No

(f) Other: _____

Has the Pregnant woman applicant provided a due date? Yes No

List the gross income for the following individuals living together:
For self-employed income, list 1/2 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: _____ + \$ _____

Up to \$200/child less than 2 years old if employed 100 hrs/month

Up to \$175/child if employed 100 hrs/month

Up to \$100/child if employed less than 100 hrs/month

Total Deductions: - _____

Total Countable Income: _____

Circle applicant's **HH Size** and **Income Level** below:

Effective April 1, 2005:

HH Size:	P02	P11	HH Size:	P02	P11
2	0 - 2,035	2,036 - 2,750	5	0 - 3,608	3,609 - 4,875
3	0 - 2,560	2,561 - 3,459	6	0 - 4,132	4,133 - 5,584
4	0 - 3,084	3,085 - 4,167	7	0 - 4,656	4,657 - 6,292
			8	0 - 5,180	5,181 - 7,000

If **all** boxes above are checked "yes", and applicant's income falls within the amounts listed above for her household size, applicant is eligible for accelerated certification.

Applicant's income is greater than the maximum amount listed for her household size.
Ineligible for accelerated certification.

Revised effective 03/06

MR-18

Issued: March 2006

Use for Child Applicant

Name of Applicant: _____ CARES IRN: _____

- Is the applicant a Maryland Resident? Yes No
 Is the child younger than age 19? Yes No
 Is the applicant a
 (a) U.S. citizen? Yes No (e) A qualified alien who most recently entered
 (b) A refugee? Yes No the U.S. on or after 8/22/96 and has resided in the
 (c) An asylee? Yes No U.S. at least 5 years as a legal permanent resident
 (d) A qualified alien who most Yes No
 Recently entered the U.S. before
 8/22/96? Yes No

List the gross income 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: + \$ _____
 Up to \$200/child less than 2 years old if employed 100 hrs/month
 Up to \$175/child if employed 100 hrs/month
 Up to \$100/child if employed less than 100 hrs/month

Total Deductions: - _____

Total Countable Income: _____

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

Effective March 1, 2006:

<u>HH Size:</u>	<u>Maximum</u>	<u>HH Size:</u>	<u>Maximum</u>
1	1,634	5	3,900
2	2,200	6	4,467
3	2,767	7	5,034
4	3,334	8	5,600

Is the **Total Countable Income** less than or equal to the **Income Level** for the HH? Yes No

If any box above is checked "no" applicant is ineligible for accelerated certification.
 If **all** boxes above are checked "yes", applicant is eligible for expedited certification. Refer to coverage group chart to determine appropriate coverage group code.

Coverage Code: P _____
 Revised effective 03/06

Coverage Group Income Chart

Effective March 1, 2006

Less than 12 months old

HH Size	P06	P14
1	0 – 1,511	1,512 – 1,634
2	0 – 2,035	2,036 – 2,200
3	0 – 2,560	2,561 – 2,767
4	0 – 3,084	3,085 – 3,334
5	0 – 3,608	3,609 – 3,900
6	0 – 4,132	4,133 – 4,467
7	0 – 4,656	4,657 – 5,034
8	0 – 5,180	5,181 – 5,600

1 year through age 5

HH Size	P07	P13	P14
1	0 – 1,087	1,088 – 1,511	1,512 – 1,634
2	0 – 1,463	1,464 – 2,035	2,036 – 2,200
3	0 – 1,840	1,841 – 2,560	2,561 – 2,767
4	0 – 2,217	2,218 – 3,084	3,085 – 3,334
5	0 – 2,594	2,595 – 3,608	3,609 – 3,900
6	0 – 2,971	2,972 – 4,132	4,133 – 4,467
7	0 – 3,348	3,349 – 4,656	4,657 – 5,034
8	0 – 3,724	3,725 – 5,180	5,181 – 5,600

6 years through age 18

HH Size	P08	P13	P14
1	0 – 817	818 – 1,511	1,512 – 1,634
2	0 – 1,100	1,101 – 2,035	2,036 – 2,200
3	0 – 1,384	1,385 – 2,560	2,561 – 2,767
4	0 – 1,667	1,668 – 3,084	3,085 – 3,334
5	0 – 1,950	1,951 – 3,608	3,609 – 3,900
6	0 – 2,234	2,235 – 4,132	4,133 – 4,467
7	0 – 2,517	2,518 – 4,656	4,657 – 5,034
8	0 – 2,800	2,801 – 5,180	5,181 – 5,600