



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director

CCSC HO Memo #11-33

MEMORANDUM

TO: Local Health Officers
CRFP-CPEST and Cancer Program Directors/Managers
SAHC CRFP-Public Health Program Directors/Managers

THROUGH: Courtney Lewis, M.P.H.
Director, Center for Cancer Surveillance and Control (CCSC)

FROM: Barbara Andrews, M.S.Ed., R.D.
Program Manager, Cigarette Restitution Fund Programs Unit

DATE: June 15, 2011

RE: **Client Eligibility Requirements Clarification**
for Cigarette Restitution Fund Program (CRFP) Cancer Prevention, Education,
Screening and Treatment (CPEST) and Statewide Academic Health Center
(SAHC) Public Health grants (Replaces CCSC Health Officer Memo #09-27)
and;

Revision of Fiscal Year 2012 Grant Application Instructions, Attachment 9,
Financial Eligibility Criteria for Cancer Treatment Services for the CRF CPEST
and SAHC Programs (Replaces #11-28, Attachment 9)

As a result of a Department of Legislative Services audit, the CCSC is **establishing statewide standard client eligibility criteria for CRF CPEST LHD and SAHC Public Health programs for clients who undergo treatment using CRF funds.**

The following changes have occurred:

1. **Income:** All local programs must use **annual gross income** as a basis to determine financial eligibility for the program.
2. **Family size:** All local programs must be consistent in definition of a family size. Local programs may not choose whether or not to include a spouse, or dependent child, or any other family member to determine the family size.

3. **Proof of income documentation:** All local programs must be consistent in the documentation required for proof of income.

This memo replaces and expands Health Officer Memo CCSC #09-27 dated November 24, 2009.

All CRFP CPEST LHDs and SAHC Public Health funded programs must use **standard eligibility criteria for their patients prior to cancer treatment funded through the CRF Programs.**

Maximum income level for CRFP funded services

1. The gross annual household income level to be eligible to receive CRFP CPEST LHD or SAHC Public Health-funded clinical services (screening, diagnosis, and/or treatment services) **must not exceed 250%** of the federal poverty level.
2. Individuals with household income level above 250% of the federal poverty level are not eligible to receive CRFP CPEST/SAHC Public Health-funded clinical services (screening, diagnosis and/or treatment services).

Definition of Size of the Family Unit (or Family Size)

Family means the unit comprised of the **applicant and may include one or more of the following (based on the most recent income tax return):**

1. Spouse,
2. Financially dependent child, or
3. Financially dependent relative (blood, marriage, or adoption).

“Family size” is the number of dependents (including self and spouse) and financially dependent child(ren) and relative(s) as claimed on the client’s most recent Income Tax Return.

Programs must use the family size that was submitted in the most recent income tax return upon which the applicant’s income is based.

Note: If an applicant did not file an income tax return, collect all of the names, ages, and relationship to the applicant of persons supported by the annual family income for the treatment application.

Example- For a financially independent adult, the family may include: self only; self and spouse; self and financially dependent child or financially dependent relative. For a financially dependent child, the family is the child and one or more of the following: parent, foster parent, or guardian; sibling(s) living in the household; or half brother or half sister living in the household and indicate their relationship to the patient.

Proof of income documentation:

The most recent income tax return is preferred for income documentation. If an applicant didn’t file an income tax return the following may be used: the most recent W-2 statement; two pay stubs for two consecutive pays; a social security entitlement letter; or a notarized letter from the applicant stating that the applicant is not working and does not have any income.

Clients receiving treatment

1. See HOM # 07-14 for guidance related to COMAR 10.14.06.05, *Criteria for Eligibility for Cancer **Treatment** Services under the Cigarette Restitution Fund Program*. That guidance requires that each LHD develop written eligibility criteria in order that uninsured and underinsured individuals can receive treatment funded by the LHD or SAHC CRFP. Annually with the grant application to CCSC, programs must document that they follow DHMH guidance on eligibility for treatment services.
2. The CRFP **requires written documentation** of household income and family size from a client prior to a program using CRFP funds to provide **treatment** services.

Clients receiving screening and/or diagnostic work-up

1. The CRFP **does not require** written documentation of household income or family size to determine eligibility for screening or diagnostic work-up. The client may verbally report household income and family size information for screening and/or diagnostic work-up so that the CPEST program can compare the annual gross household income and family size to the Federal Poverty Guideline chart (e.g., CCSC HOM #09-06).
2. **The CRFP prefers that programs do not require written documentation** for screening and/or diagnostic work-up because it may be a barrier to obtaining services.

Because of these changes, please provide your CPEST program contact with a completed HOM #11-28, **Revised Attachment 9** for all FY12 CRF CPEST and SAHC Grant Applications.

The attached **Revised FY2012 CRF CPEST and SAHC Grant Application Instructions, Attachment 9**, replaces the attachment provided in HOM #11-28. This revision states the criteria that CRF-CPEST and the SAHC programs **will now be required to use** to confirm that an individual is eligible for Funding of Payment for Cancer Treatment.

Please update your program policies/procedures accordingly.

If you have any questions about the above guidance, please do not hesitate to contact Barbara Andrews, Program Manager, Cigarette Restitution Fund Programs Unit at 410-767-5123.

Attachments:

HOM #11-28--**Revised** Attachment 9

cc: Russell Moy, MD, MPH
Donna Gugel, MHS
Diane Dwyer, MD