	Family Investment Administration
DHR **Department of Human Resources** **311 West Saratoga Street** **Baltimore MD 21201**	# ACTION TRANSMITTAL
Control Number: 05-18	**Effective Date: IMMEDIATELY**
	Issuance Date: December 2, 2004

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: DISABILITY ENTITLEMENT ADVOCACY PROGRAM (DEAP)
REFERRAL BATCH SHEET

PROGRAM AFFECTED: Temporary Disability Assistance Program (TDAP)
Temporary Cash Assistance (TCA)
Public Assistance to Adults (PAA)
Foster Care (FC)

ORIGINATING OFFICE: BUREAU OF MEDICAL ASSISTANCE OPERATIONS/DHR

SUMMARY:

The Disability Entitlement Advocacy Program (DEAP) many times does not receive complete referral packets from the local department. The local department many times, as well, does not receive acknowledgment of acceptance or rejection of referral packets from DEAP.

The DEAP Referral Batch Sheet becomes a reliable tool for tracking the status of referrals between offices by providing a written record of the date information is submitted, received, returned (including the reason for rejection) and resubmitted.

The DEAP Referral Batch Sheet will help to ensure accountability by both the local department and DEAP during the referral process. The form will also ensure consistency in the flow of work.

ACTION REQUIRED:

Effective immediately the local department and DEAP will initiate the following process:

DEAP REFERRAL BATCH SHEET PROCEDURES

LDSS OFFICE (Initial Referral Packets)
1. List the name(s) and social security number(s) of each customer referred to **DEAP** on the referral sheet.
2. Indicate if the referral listed is "new" or a "resubmit".
3. Write the name of the LDSS office and the date submitted to **DEAP** in the space provided at the top of the referral sheet.
4. Place the original referral sheet on top of the referral packets and retain a copy at the LDSS office.

DEAP OFFICE (Intake and Assessment)
1. Write the date referral packets are received by DEAP in the space provided at the top of the referral sheet (Intake Supervisor).
2. Indicate "accept" on the referral sheet for each **complete** referral packet received. If all referrals are complete forward a copy of the batch sheet to the **LDSS** office for their records (Intake Staff).
3. Indicate "reject" on the referral sheet for each **incomplete** referral packet received (Intake Staff).
4. Write the reason for rejection in the space provided on the referral sheet (Intake Supervisor).
5. Write the date returned to the **LDSS** office in the space provided at the bottom of the referral sheet.
6. Place a copy of the referral sheet on top of the referral packets that are **incomplete** and *immediately return* them to the **LDSS** office (retain the original form to monitor the status).

LDSS OFFICE (Incomplete Referral Packets)
1. Write the date incomplete referral packets are received in the LDSS office in the space provided at the bottom of the referral sheet. When the reason for rejection of an incomplete referral packet has been satisfied, **use a new referral sheet.**
2. List the name(s) and social security number(s) of each customer and indicate "resubmit". Under the reason rejected note the original referral date and the action taken. New referrals should also be listed on this sheet. Be certain to indicate "new" when appropriate.
3. Write the name of the LDSS office and the date submitted to DEAP in the space provided.
4. Place the original referral sheet on top of the referral packets and *immediately return* them to the **DEAP** office (retain a copy at the LDSS office).

DEAP OFFICE (Resubmitted Referral Packets)
1. Write the date referral packets are received by the DEAP office in the space provided at the top of the referral sheet.
2. "New" or "resubmit" will be indicated for each referral. Indicate "accept" if **complete** or "reject" if **incomplete**.
3. Follow the Intake and Assessment process indicated above.

NOTE: Remember to monitor the status of all incomplete referral packets.

INQUIRIES:

Please direct policy questions to Theresa Green, DEAP Liaison, Bureau of Medical Assistance Operations, at (410) 767-6049.

Attachment

cc: FIA Management Staff
        Constituent Services
        Disability Advocacy Assistance Program (DEAP)