



Department of Human Resources
311 West Saratoga Street
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Family Investment Administration
ACTION TRANSMITTAL

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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: FREQUENTLY ASKED TDAP QUESTIONS

**PROGRAMS AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM
MEDICAL ASSISTANCE PROGRAM
FOOD STAMPS PROGRAM**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

On October 1, 2004, FIA implemented phase 1 of the Temporary Disability Assistance Program (TDAP) with Action Transmittal (AT) 05-10. Since then the Office of Programs has received many questions asking for clarification of specific issues and policies. Following is a compilation of those questions and responses. Some issues that were raised during regional trainings have led to the creation of an FIA workgroup that is looking at the impact of TDAP policy implementation on State Review Team (SRT) procedures and the Disability Entitlement Advocacy Program (DEAP). The group is developing streamlined and coordinated procedures. Therefore, while this Q & A provides up-to-date information, some issues are still under review and are not addressed here. We will address and train on TDAP/SRT/DEAP policy and procedural information after the workgroup completes its work.

INQUIRIES:

Please direct TDAP policy questions to Cynthia Carpenter at (410) 767-7495, SRT procedural questions to Valarie Johnson at (410) 767-8905, and CARES questions to Kim Butler at (410) 767-7950.

TDAP POLICY QUESTIONS

Question 1: There are numerous questions and situations surrounding Food Stamp (FS) certifications for TDAP clients. Do we match the TDAP certification dates to the FS certifications in all instances?

Answer: The attached chart **Appendix A** provides specific answers to the various FS questions received.

Question 2: What are the major policy differences between TEMHA and TDAP?

Answer: There are six major policy differences between TEMHA and TDAP. The attached **Appendix B** spells out those differences. Remember that TDAP is being implemented in three phases. At this time only phase 1 has been implemented. Phase 1 included the first three changes on **Appendix B**.

Question 3: Should we pend MA for all TDAP customers?

Answer:

- 1) If the applicant states they have medical coverage, we offer to pend an MA application but cannot require them to apply for MA. If a determination of disability for Type 2 benefits is required in such a case, the State Review Team (SRT) will still evaluate the individual's disability using federal criteria in line with the Supplemental Security Income (SSI) determination guidelines. The 707 is currently being revised to reflect TDAP, but should be marked in the "TEMHA Only" area on such referrals.
- 2) COMAR 07.03.05.05E(1)(a) states that the individual "must participate in appropriate medical treatment". Therefore, if the applicant has no medical coverage, they should apply for MA in order to pursue appropriate medical treatment. Individuals without medical coverage that refuse to apply for MA cannot substantiate how they will pursue appropriate medical treatment, and are denied TDAP based on this COMAR citation.

Question 4: Is it correct that there will be no TDAP Type 2 approvals without a certification of disability from SRT?

Answer: Correct. An SRT certification of disability is required for a TDAP Type 2 certification.

Question 5: Should we send an SRT referral for TDAP that is less than 9 months?

Answer: While an SRT decision is not needed for approval of TDAP Type 1, it is a requirement for receiving TDAP Type 2. However, remember that an SRT decision is needed for all MA applications. If the Type 1 individual has no medical coverage, they should be applying for MA. This means the information must be sent to SRT to determine disability for MA even though the Type 1 certification is 9 months or less.

Question 6: If the SRT has certified the individual as disabled for TEMHA/TDAP and MA, and the individual returns to work, we close the TEMHA/TDAP case. If the individual stops working within a week or so and reapplies, is the old 402B still valid?

Answer: When a TDAP client begins working he/she is no longer eligible for TDAP because he is able to work. This voids his status as “disabled” for TDAP purposes. The individual who reapplies for TDAP when his case has been closed because he is able to work must reestablish TDAP eligibility. This includes providing a new 402B and verification that he is no longer working.

Question 7: At reapplication, the individual has received the maximum 9-month Type 1 benefits and a 3-month certification, and the SRT decision is returned “not disabled.” Subsequent GA applications are denied for maximum receipt of benefits. If the individual reapplies with a long-term disability after the 3-month certification, how is the TDAP processed?

Answer: Pend the TDAP application. If the disability is the same as that for which the SRT decision is “not disabled”, deny the case. If the disability is different or the prognosis for the disability has changed, prepare and send the “SRT Reapplication” package. The case remains pending until the SRT decision is returned. Because the case has received the one time only 3-month certification, no cash can be issued until the individual meets all three criteria for TDAP Type 2 benefits.

Question 8: If the long-term customer meets 2 of the criteria – SRT disabled and pending SSI application – and the information has been sent to DEAP, should we assume that the case has been accepted by DEAP until notification has been received that they have not been accepted?

Answer: Yes, assume that the case has been accepted by DEAP.

Question 9: Is a person considered still cooperating with DEAP when they have been informed that HMA will not pursue their SSI application because the disability does not meet SSI criteria?

Answer: No. COMAR 07.03.05.04D(2) states “an otherwise eligible individual may not receive assistance for more than 9 months in a 36-month period unless the individual has been accepted by DEAP, which continues to pursue the case.”

Question 10: If TDAP is a new program beginning 10/01/04, why would case managers look back into TEMHA benefit history for the last 36 months? Does the 36 months begin on 10/01/04? Are we interpreting this incorrectly?

Answer: The TDAP regulations for new applications began 10/01/04. For reapplications the case manager must review the benefit history – both TEMHA and TDAP – to determine if the individual has received the maximum 9 months of GA

benefits for the short-term case. The 36-month review period does not begin 10/01/04. It begins with the first month the individual received benefits. There is no distinction between the TEMHA and TDAP payment source.

Question11: What is the difference between in-kind income and in-kind earnings?

Answer:

- 1) **In-kind income** is defined as contributions of goods given to the individual. This includes vendor payments and third-party payments made to someone else on behalf of the individual. For example, a mother pays the phone bill of her son directly to the telephone company. This is not counted as income in the TDAP benefit calculation.
- 2) **In-kind earnings** are defined as things provided to the individual in exchange for services performed by the individual and are considered earned income. For example, a roomer does maintenance services (cleaning, painting, etc.) for his landlord. In exchange, the landlord charges him only half the amount of rent he charges the other tenants. The value of the reduced rent is counted as earned income in the TDAP benefit calculation and results in ineligibility for the individual.

Question 12: How long can a TDAP case (application/reapplication) remain pending?

Answer: All applications must be given a prompt decision, not later than 30 days from the date of the first filing of the signed application. If a decision cannot be made by the 30th day, follow the existing procedures for Delays in the Application Process found at COMAR 07.03.01.09.

Question 13: Is there a limit of how many months a long-term TDAP case can receive Type 2 benefits?

Answer: No. Type 2 TDAP cases can continue to receive benefits as long as the case continues to meet the 3 criteria – is certified disabled by SRT, has a pending application for SSI that has not received a final denial, and is cooperating with DEAP.

Question 14: If the SSI denial on a long-term case is returned after 8 months and the individual is not appealing the decision, is the case closed?

Answer: Yes.

Question 15: When the extension of TDAP depends on the individual appealing the SSI denial, can we accept the customer's statement or must the SSI appeal be verified?

Answer: The customer's statement is not acceptable. The SSI appeal can be verified on SVES, SOLQ, or by a statement either from the Social Security Administration (SSA) or from DEAP.

Question 16: Can a copy of the SVES screen 5 or SOLQ be used as proof of filing for SSI?

Answer: Yes.

Question 17: Is the HUD utility allowance that is paid directly to the customer counted as unearned income? (Not counted by any other FIA program)

Answer: The HUD utility allowance is not counted For TDAP. It is treated as excluded income.

Question 18: How is the countable earned income of a spouse determined? (TEMHA Desk Guide states take home pay)

Answer: Use the verified net earned income of the spouse; subtract the allowable TDAP benefit amount (currently it is \$185.00) from the net amount, and what remains is considered available to the TDAP recipient. Enter this remaining amount on the UINC screen so that it is counted dollar-for-dollar against the maximum TDAP amount to determine the amount of TDAP benefit for which the individual is eligible.

Question 19: Does an individual still need a representative payee when there is a substance abuse diagnosis?

Answer: A representative payee is required if the individual with a substance abuse diagnosis is not actively participating in a treatment program or is not in remission from active substance abuse.

Question 20: Does the individual need to verify lab work when the doctor submits the voucher (DHR/FIA 312) for \$100.00.

Answer: Yes. The supervisor signs the form 312 after the 402B and/or the lab work report is returned, and before the form is forwarded to the local finance office for payment. The 312 form is currently under review for revisions to clarify this process. Voucher payments to medical providers are authorized as follows:

- \$60.00 is paid for the 402B when the provider has completed all of the required information.
- \$40.00 is paid for the lab work report. The local department must have received the lab work report in order for payment to be authorized to the provider.
- \$100.00 voucher payment is only authorized to the provider (signed by the supervisor) when the local department has received a completed 402B and the lab work report.

Question 21: Is there a limitation on the number of exams and lab work FIA will pay for each individual?

Answer: FIA will pay for exams and lab work at application, reapplication and at redetermination for TEMHA/TDAP benefits if the individual is not eligible for MA and has no health insurance.

Question 22: Are 402B's generated from the FIPNET acceptable documents by SRT? Staff indicated that SRT packets are being returned because the medical was accessed from the Internet.

Answer: No. Neither the form that is on the FIPNET through the TEMHA manual, nor the form that is in CARES should be used. Give the individual the paper DHR/FIA #402B (rev. 05/01) for completion by the health care provider. Also acceptable, Hospital Support Services, Inc. has developed a 402B that is available electronically to doctors who use their services. The Family Investment Administration has recently approved the use of this electronic 402B and it will be accepted by SRT. Details about the use of this form can be found in FIA Information Memo 05-27.

CARES QUESTIONS

Question 1: Action Transmittal 05-10, item B.4 under TDAP Reapplications, contains incomplete instructions for MA handling - "Enter a delay reason for the MA AU" - Does this mean to code RT on the MISC screen, or code the CARES alert 102 with an A or C delay reason; and when is the delay reason coded - when it's pending, or after the first 30 days?

Answer: This refers to coding the Delay Reason field on the MISC screen for the MA AU. Place RT in this field. The delay reason is coded on the MISC screen on the 30th day when the determination on eligibility is delayed. Alerts are system notifications to the case manager to give information or instruct the case manager to take a particular action on a case. Alerts do not instruct the CARES system to automatically perform an action on a case.

Question 2: If TEMHA cases are to remain 'as is' through their current certification period and they are in receipt of some sort of unearned income, do they stay under the TEMHA regulations or will the income be deducted dollar for dollar ('UI' cases to close down)? If they are not supposed to be changing, is there a work around to code the unearned income so that the system knows the difference between the TEMHA cases and the new TDAP cases?

Answer: TEMHA customers approved prior to 10/1/04 who receive some type of unearned income should have that income disregarded if it is below \$185.00. If the system is deducting income from these AUs dollar for dollar, use the following workaround: Change the Source to "OF"; make a notation in the narrative as to why that Source code is used and what type of unearned income is really received; and enter an amount equal to the actual unearned income received.

Question 3: CARES procedures page 11 - SRT Decision on Type 2 TDAP
If SRT states not disabled, the customer is eligible for the 9 months of short-term disability. Food stamps have been certified for 3 months. How do we match the certification period to the TDAP eligibility period - Do we initiate a redetermination to establish a new certification?

Answer: Yes

Question 4: CARES procedures concerning SRT decision on Type 2 TDAP at TDAP reapplication and at TEMHA redetermination indicate that when SRT determines the case disabled a TDAP redetermination is initiated to extend the certification and the pending MA AU is finalized. What happens with the FS?

Answer: The FS can be extended to match the GA and MA if it is within the guidelines for the FS certification period. See **Attachment A**.

Question 5: Will CARES be tracking the 9 months eligibility limit in 36-month period? This would be easier and more accurate than the caseworkers figuring it out.

Answer: In phase II of TDAP implementation, the CARES system will be modified to track the number of months benefits are received. Until then, the case manager must check benefit history to verify the number of months an individual has received TDAP/TEMHA benefits in the countable 36-month period.

Question 6: Has the process for closing a case when the customer begins to receive SSI been corrected? Staff indicated that when the SSI is entered on the UINC, the GA case does not close.

Answer: When the AU is correctly coded on the DEM2 screen (change the Approval Source code to SS) and SSI income is put on the UINC screen coded correctly, the GA case will close with a 203 code (receiving SSI). If this is done, and the AU does not close, contact the Help Desk.

Question 7: What is the process for closing customers who are not meeting the requirement of cooperating with DEAP?

Answer: Currently the case manager must complete the following workaround: On the UINC screen put DE (DEAP) in the Appl Type field, put F in the status field, put the current date in the date fields. Narrate that the customer failed to cooperate with DEAP. Close the AU with a manually entered 566 code, and add text to the closing notice that the customer failed to cooperate with DEAP. CARES will be modified to close the AU automatically when the UINC screen is completed correctly as indicated above. This only applies to Type 2 customers. Type 1 customers are not required to cooperate with DEAP. CARES will be programmed to take the correct action on a case without the workaround during implementation of phase II.

Question 8: What is the process for closing customers who are not cooperating (either not applying for or not appealing a denial) with SSI?

Answer: On the UINC screen put SI (SSI) in the Appl Type field; put X in the status field; put the current date in the date fields. Narrate that the customer failed to apply for or appeal their denial for SSI. Close the AU with a manually entered 566 code, and add text to the closing notice that the customer failed to apply for or appeal their denial for SSI. CARES will be modified to close the AU automatically when the UINC screen is completed correctly as indicated above in phase II of TDAP implementation.

Question 9: If the customer's case is closed due to earnings, is this a system generated closing code or a 500 level reason code?

Answer: This is a system generated closing code 152. This is not a change from TEMHA policy prior to TDAP.

TDAP/FOOD STAMP CERTIFICATION PERIODS

If you have...	Then the TDAP ...	And the certification period for food stamps is...
A TDAP application and the medical form indicates a temporary disability of at least 3 months, but less than 12 months - The case is a TDAP Type 1 applicant...	Certification period is through the last month of the disability, as noted on the medical, or 9 months, whichever is less...	Through the last month of the disability, with a minimum of 6 months up 9 months.
A TDAP application and the medical form shows the person has a long term disability that will last longer than 12 months...	Certification period is 9 months and type 1 case until approval of SRT. Upon SRT approval the case reviewed for type 2 TDAP and if meet TDAP requirements for Type 2, certification extended through 12 months from the date of application...	9 months. If case meets criteria for Type 2 TDAP and all adult members of the food stamp household are elderly or disabled, extend the certification period through 12 months from the date of application, to match the TDAP period. To avoid a potential QC error, narrate case to make it clear that this is an extended certification period and add free form text to the notice.
A TDAP reapplication with a disability of less than 12 months and the person has received up to 9 months of benefits in the prior 36 months...	Is denied...	6 months.
A TDAP reapplication with a disability of less than 12 months and the person has not received up to 9 months of benefits in the prior 36 months...	Certification period is for the remaining months up to the period of disability noted on the medical (not to exceed 9 months). ..	6 months or the remaining months on the medical, whichever is more.
A TDAP reapplication that has received the maximum 9 month Type 1 certification, with a disability that will last for 12 months or more and pending an SRT decision...	Certification period of 3 months pending SRT decision...	6 months.
A TDAP reapplication with a disability that will last for 12 months or more and SRT decision is disabled and person fulfills all TDAP requirements ...	Certification period is extended up to 12 months (through 12 months after the date of application)...	Extended through 12 months after the date of application by initiating a redetermination. Be sure to narrate the case record and send a notice with free form text.
A TDAP reapplication with a disability that will last for 12 months or more and SRT decision is not disabled ...	Case is closed...	The original 6-month certification period.
A TDAP reapplication with a disability that will last for 12 months or more and the SRT decision is not disabled...	Certification period is for the remaining months up to the period of disability noted on the medical (not to exceed 9 months)	6 months or the remaining months on the medical, whichever is more.
A TDAP reapplication with a disability that will last for 12 months or more and SRT decision is disabled and person does not fulfill all TDAP requirements	Case is closed...	The original 6 month certification period.

See Action Transmittal #04-24 issued February 24, 2004 - Aligning Certification/Eligibility Periods for more information.

Remember: If you shorten a certification period to extend it to match a TDAP certification period you must press PF13 to add free form text to the food stamp eligibility notice as follows:

You were assigned a new food stamp certification period when we approved your TDAP case. If you do not agree with this action you may ask for a hearing and get food stamps at the prior amount.

Following is a summary of certification/eligibility periods for food stamps:

- The certification period cannot exceed 12 months except for households in which all adults are elderly or disabled (federal definition of disabled). These can be 24 months.
- Households in simplified reporting have to be recertified at least every 6 months.
- Certification periods can be lengthened up to the maximum for household type as long as the total months do not exceed:
 - ✓ 6 months for simplified reporting households
 - ✓ 24 months for households in which all adult members are elderly or disabled
 - ✓ 12 months for all other households
- Transitional food stamp (TFS) cases have a 5-month certification period that cannot be lengthened without recertification. Do not break the TFS freeze just because the household applies for another program.
- Except under the conditions of the waiver, the case manager cannot end a household's certification period earlier than its assigned termination date unless:
 - ✓ The local department receives information that the household is ineligible
 - ✓ The household has not complied with a request for clarification of unclear information.

TEMHA and TDAP POLICY DIFFERENCES

TEMHA	TDAP
<p>An individual with a disability of less than 12 months is eligible for Type 1 benefits for a maximum of 12 months out of 36 months.</p>	<p>An individual with a disability of at least 3 months but less than 12 months is eligible for Type 1 benefits for a maximum 9 months out of 36 months.</p>
<p>To get Type 2 benefits beyond 12 months the individual must:</p> <ol style="list-style-type: none"> 1. have a disability of 12 months or more; 2. apply for SSI benefits; and 3. cooperate with DEAP to pursue the SSI application. 	<p>To get Type 2 benefits beyond 9 months individual must:</p> <ol style="list-style-type: none"> 1. have a disability of 12 months or more; 2. apply for SSI benefits; 3. cooperate with DEAP to pursue the SSI application; AND 4. must be certified as medically “disabled” by the State Review Team.
<p>TEMHA allows unearned income up to \$157 a month with no deduction from the benefit.</p>	<p>TDAP deducts certain unearned income dollar-for-dollar from the benefit.</p>
<p>TEMHA overpayments are not deducted from future benefits.</p>	<p>TDAP overpayments are recouped from future benefits.</p>
<p>TEMHA does not require substance abuse screening or treatment.</p>	<p>If funding is found, TDAP will require substance abuse screening and treatment.</p>
<p>TEMHA applicants may choose any health care provider to complete the medical examination needed to evaluate the individual’s disability.</p>	<p>If funding is found, local departments may contract with a specific entity for medical examination services and require applicants to use that entity for the medical evaluation.</p>