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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR,  
FAMILY INVESTMENT ADMINISTRATION  
HENRY NICHOLS, CHIEF FINANCIAL OFFICER,  
OFFICE OF BUDGET AND FINANCE  

RE: AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE  
(DHR/FIA FORM 340)  

PROGRAMS AFFECTED: Temporary Disability Assistance Program (TDAP)  
Temporary Cash Assistance (TCA)  
Public Assistance to Adults (PAA)  

ORIGINATING OFFICE: OFFICE OF PROGRAMS  

SUMMARY:  

This Action Transmittal provides new information and instructions for processing an  
Authorization for Reimbursement of Interim Assistance form (DHR/FIA 340). It  
obeletes AT 02-78. It changes the requirement for the Disability Entitlement Advocacy  
Program (DEAP) to provide any information on the DHR/FIA 340 form. The Local  
Departments of Social Services will provide all information on the DHR/FIA 340 form. It  
also changes the requirement to complete a new DHR/FIA 340 form at each  
redetermination. The DHR/FIA 340 form remains in effect until one of the following  
occur:  

1. The Social Security Administration makes the first payment of retroactive SSI  
   benefits on the customer’s claim; or  
2. The Social Security Administration makes the first posteligibility payment of  
   retroactive SSI benefits following the suspension or termination of the  
   customer’s benefits; or  
3. The Social Security Administration makes a final determination on the claim  
   and no timely request for review is filed; or  
4. The State and the customer agree to terminate the authorization.
On June 11, 2001, the Department of Human Resources (DHR) and Social Security Administration signed an Agreement for Reimbursement to the State for Interim Assistance Payments, Pursuant to Section 1631(g) of the Social Security Act. Under this Agreement, the Social Security Administration reimburses Maryland through the federal Interim Assistance Reimbursement (IAR) program for assistance that the State pays to individuals during:

(1) The months that their applications for Supplementary Security Income (SSI) are pending (Initial Payment), or

(2) The months that SSI benefits were suspended or terminated where said individuals are subsequently found to be eligible for SSI benefits during the suspension or termination period (Initial Posteligibility Payment).

The DHR/FIA 340 form is a 4-copy, 2-sided NCR form. The form uses a “question and answer” format, and is designed to walk the customer and the local department case manager through the IAR process. The customer and case manager complete, sign and date the reverse side of the Form. The IAR Agreement requires:

- The DHR/FIA 340 form to be completed in the local department, forwarded to the Disability Entitlement Advocacy Program (DEAP), and transmitted via DEAP to the Social Security Administration within 30 calendar days of signature by the customer and the State representative.

- Failure to adhere to the 30-day time frame nullifies the Agreement, and could result in the Social Security Administration releasing the entire initial SSI payment to the customer without IAR recovery. The State must then bear the expense of pursuing IAR recovery from an individual without the Social Security Administration’s assistance.

**ACTION REQUIRED:**

1. Local departments are to use DHR/FIA 340 form (Revised 10/2001).

2. The applicant and case manager complete the following information in the lower portion of the reverse side of the DHR/FIA 340 form according to the following guidelines, **print using only a ballpoint pen with blue or black ink:**

   - For Local Jurisdictions other than Montgomery County, check the upper box, and enter the name of the Local Jurisdiction. If the local office is a district office, enter the County and District Office name (e.g.: Anne Arundel – Annapolis or Prince George’s – Camp Springs). In Montgomery County, check the lower box alongside the heading MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

   - Check either the INITIAL PAYMENT ONLY or the POSTELIGIBILITY PAYMENT ONLY block.
- **Customer ID Number** – Enter the number as shown in CARES;
- **AU (Assistance Unit) Number** – Enter the number as shown in CARES;
- **Category** – Write out “TDAP, DEAP/TCA” or “PAA”;
- Enter the Applicant’s **Social Security Number**;
- **District/Territory** – Enter the CARES code for your Local Department Office;
- **Federal Code** – Enter the Federal code for the State of Maryland. This 2-digit code is always 21. (See attachment of Code Listings)
- **County DSS Federal Code** – Enter the 3-digit code for the jurisdiction of the Local Department of Social Services. (See attachment of Code Listings)
- **Applicant’s Name** – Enter the applicant’s last, first, and middle names;
- Enter the **Applicant’s Street Address**;
- Enter the Applicant’s **City or Town** of residence;
- Enter the Applicant’s **Zip Code**;
- Enter the Applicant’s **Telephone** number;
- Instruct the Applicant to sign on the **Signature of Recipient** line and enter the current date on the **Date** line.
- The Case Manager signs the form on the **Signature of State Representative** line and enters his/her telephone number.

**Note:** The date that the Case Manager signs the Form MUST BE THE SAME DATE that the applicant signs the Form.

- **GR (Grant Reimbursement) Code** – Enter the 5-digit code. This code is the combination of the Federal Code and County DSS Federal Code. (See attachment of Federal Code listings)

**3.** Within 2 working days of the date the 340 is signed, the Local Department forwards the following to DEAP:

- The white original of the customer and DHR-signed **Form 340. PHOTOCOPIES ARE NOT ACCEPTABLE.**
- The intact **Form SSA 1696** (do not separate this form). Make a copy of the 1696 for the case record.
- A screen print of the assistance unit’s **STAT screen** (this shows the case as either pending or active)
- A screen print of the disabled individual’s **DEM2 screen.**
4. Distribute the other DHR/FIA 340 form copies:
   - Give the **Goldenrod** copy to the customer at the time of signing;
   - Forward the **Yellow** copy to the Local Department Finance Officer once the case is active;
   - Retain the **Pink** copy in the customer’s case file.

5. Upon receipt of verification of medical disability, forward to DEAP the **402B**, **4204**, and **all other medical documentation** with screen prints of the disabled customer’s **DEM2**, **UINC** and **STAT** screens (from INQUIRY only).

**DHR/FIA 340 FORM**

**INITIAL SSI CLAIMS**
When the following occur:

- DHR/FIA 340 form is, completed, signed, and dated by both the customer and case manager,
- DEAP notifies the Social Security Administration within 30 calendar days that a signed authorization is received, and
- The customer applies for SSI benefits within one year of the date of DEAP notification to the Social Security Administration.

**No** new DHR/FIA 340 form is required at redetermination the original remains valid until:

- The Social Security Administration makes the first payment of retroactive SSI benefits on the customer’s claim; or
- The Social Security Administration makes a final determination on the claim and no timely request for review is filed; or
- The State and the customer agree to terminate the authorization.

**POSTELIGIBILITY CASES**
When the following occur:

- DHR/FIA 340 form is, completed, signed, and dated by both the customer and case manager,
- DEAP notifies the Social Security Administration within 30 calendar days that a signed authorization is received, and
- The customer requests an administrative or judicial review of the Social Security Administration’s determination to suspend or terminate benefits.

**No** new DHR/FIA 340 form is required at redeterminaton the original remains valid until:

- The Social Security Administration makes the first posteligibility payment of retroactive SSI benefits following the suspension or termination of the customer’s benefits; or
- The Social Security Administration makes a final determination on the claim and no timely request for review is filed; or
- The State and the customer agree to terminate the authorization.
BREAK IN BENEFIT CERTIFICATION
A new DHR/FIA 340 form is required when a customer reapplies for TDAP after his or her TDAP certification ends or is terminated. The customer is required to apply for SSI benefits or verify that an appeal has been filed regarding the Social Security Administrations decision of not disabled. DEAP will determine whether or not the DHR/FIA 340 form needs to be submitted to the Social Security Administration for processing.

INQUIRIES:
Direct questions to Cynthia Carpenter at 410-767-7495, or ccarpent@dhr.state.md.us

cc: FIA Management Staff
    Constituent Services
    Disability Entitlement Advocacy Program (DEAP)
    DHR Executive Staff
    DHMH Executive Staff
LISTING OF FEDERAL CODES

JURISDICTION-STATE/COUNTY CODE OF REIMBURSEMENT: The 5-digit code used to identify the state and city/county in which, according to SSA records, the SSI applicant signed an agreement for reimbursement of interim assistance payments. The first two digits identify the state (21 designates the State of Maryland). The next three digits identify the city or county.

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