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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA

RE: DEAP REFERRAL PROCESS

PROGRAMS AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM,
(TDAP) TEMPORARY CASH ASSISTANCE AND (TCA)
PUBLIC ASSISTANCE TO ADULTS (PAA)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary:
This Action Transmittal (AT) obsoletes AT 08-15, which provided instructions for
referring individuals to the Disability Entitlement Advocacy Program (DEAP) and
clarified when an individual may receive long term TDAP (eligibility for more than 9
months in a 36-month period). After further review we determined that the policy and
instructions in AT 08-15, while correct, created a difficult DEAP referral and TDAP
process.

Action Required:
When a DEAP referral is required, the case manager in the local department must:

1. Complete and obtain the customer’s signature on the Consent for Release of
Social Security Data (DHR/FIA 900) form

2. Refer individuals using the DEAP Referral and Notification form (DHR/FIA 1183
Revised 7/07)

3. Include required documentation in the referral packet based on Program
requirements (TCA, TDAP and PAA)

4. Batch daily referrals to the DEAP Client Advocate using the DHR/FIA 206 form
(see Attachment). In local departments that do not have a DEAP Client
Advocate stationed at the local department every day, the case manager will
forward DEAP referral batches daily following procedures established by the
local department.
Program Requirements

I. Temporary Disability Assistance Program
When a TDAP applicant submits a Medical Report form (DHR/FIA 402B) showing an impairment that will last 12 months or more, or if less than 12 months will result in death the individual must be referred to DEAP. Individuals requiring a DEAP referral must cooperate with DEAP to continue receiving TDAP benefits. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B)
3. Vocational, Educational, and Social Data form (DHR/FIA 4204)
5. All other available medical documentation
6. CARES screens – DEM 2, STAT, and ADDR

II. Public Assistance to Adults (PAA)
When a customer in Assisted Living or Project (CARE) Home applies for PAA, the individual must be referred to DEAP. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B), needed for those who have not filed for SSI/SSDI benefits
3. Supporting medical documentation for those filing for SSI/SSDI benefits
5. Statement of Need
6. CARES screens – DEM 2, STAT, and ADDR

Note: Customers receiving Social Security Benefits and Rehabilitative Residence customers are not to be referred to DEAP and are not required to complete the DHR/FIA 900 form.

III. Temporary Cash Assistance (TCA)
When an applicant or recipient submits a Medical Report form (DHR/FIA 402B) showing an impairment that will last 12 months or more and the customer cannot work, or if the impairment which is less than 12 months will result in death, the individual must be referred to DEAP. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B Revised 1/07)
3. Vocational, Educational, and Social Data form (DHR/FIA 4204 Revised 7/06)
5. All other available medical documentation
6. CARES screens – DEM 2, STAT, and ADDR

Note: For other TDAP, TCA and PAA program policies and procedures please refer to that program’s manual.

INQUIRIES:
Please direct TDAP policy questions to Cynthia Carpenter at 410-767-7495, TCA policy questions to Marilyn Lorenzo at 410-767-7333 and PAA policy questions to Deborah Weathers at 410-767-7994.

cc:  FIA Management Staff     Constituent Services     DHR Help Desk
**DEAP REFERRAL BATCH SHEET**

Local Agency Office ________________________________

Page ___ of ___

Date Submitted to DEAP ____________  LDSS Contact Signature

Date Received by DEAP ____________  DEAP Contact Signature

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<th>Name</th>
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Date Returned to LDSS ____________  DEAP Contact Signature

Date Received by LDSS ____________  LDSS Contact Signature

(See Instructions On Back)

DHR/FIA 206 (Revised 04/05)

DEAP REFERRAL BATCH SHEET PROCEDURES
LDSS OFFICE (Initial Referral Packets)
1. List the name and social security number 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, the date submitted to DEAP, and the name of the contact person 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 and the name of the contact person 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 referral packets 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 and the name of the contact person 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 and social security number of each customer on a new referral sheet and indicate “resubmit.” Under the reason rejected note the original referral date and the action taken. New referrals may also be listed on this sheet. Be certain to indicate “new” when appropriate.
3. Write the name of the LDSS office, the date submitted/resubmitted to DEAP and the name of the contact person 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 and the name of the contact person 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.

DHR/FIA 206 (Revised 04/05)