



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

## FIA ACTION TRANSMITTAL

Control Number: #08-31 Revised

Effective Date: UPON RECEIPT

Issuance Date: MAY 1, 2008

**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: TDAP APPLICATION PROCESS**

**PROGRAMS AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM,  
(TDAP)**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

### **SUMMARY:**

This Action Transmittal further refines the application process for individuals applying for TDAP benefits. **Please note:**

- **TDAP applicants are no longer referred to the State Review Team for a disability determination on the cash assistance.**
- **A TDAP recipient continues to be eligible for TDAP as long as the individual is pursuing a final decision of eligibility for Social Security disability benefits.**

This change in policy has no adverse effect on applicants' eligibility for benefits. The goal of this revision is to streamline and expedite the TDAP eligibility process. This policy precedes a similar amendment of TDAP regulations in COMAR, which is planned for the near future. This Revised Action Transmittal makes obsolete the policy in Action Transmittal 08-31.

### **ACTION REQUIRED:**

No longer require TDAP applicants to complete the Customer Declaration of Disability (DHR/FIA 902) form or to comply with DEAP before TDAP benefits are authorized. For cases that require a referral to DEAP, make the referral the same day the case is finalized in CARES. This process allows the customer to receive TDAP benefits while waiting for DEAP staff to schedule and see the customer.

If you have applications for TDAP benefits pending an SRT decision, with a disability of 12 months or more or a disability that will result in death noted on the DHR/FIA 402B Medical Report form, and meet all other factors of eligibility, certify the customer for TDAP and refer the case to DEAP.

## TDAP APPLICATION PROCESS

### A. During the initial application interview:

1. Complete with the customer the Medical Assistance Program, Vocational, Educational, and Social Data (DHR/FIA 4204) form.
2. Have the customer complete and sign an Authorization to Release Information (DHR/FIA 161) form for each health care provider listed on the DHR/FIA 4204 form.
3. Give the customer a Medical Report (DHR/FIA 402B) form for the individual's current or most recent health care provider.
4. When needed, give the customer a Purchase Authorization and Invoice (DHR/FIA 312) form.
5. Explain to the customer the importance of submitting all medical documentation with the completed DHR/FIA 402B.
6. Explain to the customer the requirement to see the DEAP Client Advocate and that a referral will be made when the local department receives a DHR/FIA 402B form that shows the customer is unable to work for 12 months or more, or has an impairment that will result in death (If less than 12 months).
7. Explain to the customer the program requirement to cooperate with DEAP in applying for Social Security benefits, and explain that the DEAP Client Advocate will initiate the filing of the application for SSA benefits.
8. Explain and have the customer sign the Consent for Release of Social Security information (DHR/FIA 900) form.
9. Inform the customer of the following information regarding DEAP:
  - (a) That DEAP is a free representation service provided by the State for the initial filing of the customer's Social Security benefit claim.
  - (b) That he or she must cooperate with DEAP, even if he or she has another representative or represents him- or herself. Cooperation includes:
    - Keeping scheduled appointments with DEAP, or rescheduling when required.
    - Giving DEAP information and verification when requested.
    - Keeping scheduled appointments for their Social Security benefit claim.
    - Identifying a representative for their Social Security benefit claim. This representative may be DEAP or anyone of their choosing, including self-representation.
  - (c) Explain the requirement to reimburse the State if determined eligible for SSI benefits. (The DEAP outreach case manager will complete the DHR/FIA 340 form.)

10. Refer the customer to the Primary Adult Care (PAC) program. The PAC application can be downloaded from the DHMH website at [www.dhmh.state.md.us/mma/pac/index.htm](http://www.dhmh.state.md.us/mma/pac/index.htm), or an application can be requested by a phone call to the program at 1-800-226-2142. Complete PAC application procedures can be found in Information Memo 07-03 on the FIPNet.
11. Give the customer a Request for Information to Verify Eligibility (DHR/FIA 1052) form, with a return date for the required information and verifications.

**B.** Take the following action on the application:

1. When an individual has submitted all the required verifications and documentation by the 30<sup>th</sup> day or no later than the 60<sup>th</sup> day from the date the application was filed, the local department will:
  - (a) **Deny** the application for TDAP benefits when the 402B indicates a disability from working for less than 3 months.
  - (b) **Certify** TDAP benefits for no more than 9 months in a 36-month period (TDAP Type 1) when the 402B indicates a disability from working for at least 3 months but less than 12 months, and will not result in death.
  - (c) **Certify** TDAP benefits for 9 months (TDAP Type 1) when the 402B indicates a disability from working for 12 or more months or if less than 12 months will result in death and refer the case to DEAP.
2. Refer cases to DEAP following the DEAP referral policy.
  - (a) Forward DEAP referral batches daily using the DHR/FIA 206 (see Attachment) form to the DEAP Client Advocates located in your office. This includes local departments that do not have a DEAP Client Advocate stationed at the local department every day.
  - (b) If DEAP notifies you on the DHR/FIA 1183B Notification from DEAP to the Local Department form that the customer did not cooperate, give timely and adequate notice and close the TDAP case.
  - (c) If DEAP notifies you on the DHR/FIA 1183B form that the customer cooperated with DEAP requirements, file the case record copy of the completed DHR/FIA 340 form attached to the DHR/FIA 1183B and enter the date the customer signed the 340 on the DEM2 Screen in the IAR field. Change the case to a TDAP Type 2 and change the disability end date on the DEM2 to reflect the change in the certification end date. Notify the customer of his or her eligibility for the additional months of TDAP benefits.

**C.** The procedures for referring a Medical Assistance application to the State Review Team (SRT) have not changed.

## **TDAP REDETERMINATION PROCESS**

When the customer has applied for and continues to pursue Social Security disability benefits, TDAP policy requires no medical re-examination and no new 402B as long as the customer is continuing the application process for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The TDAP case remains open until a final SSI/SSDI decision is made. An eligibility determination for all factors of eligibility other than disability is all that is required in these situations. Please see the TDAP Manual on the FIPNet (Chapter VI, Section I, E, Redetermination Procedure).

### **INQUIRIES:**

Please direct TDAP policy questions to Cynthia Carpenter at 410-767-7495

cc: FIA Management Staff  
Constituent Services  
DHR Help Desk



## 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)