



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number: 08-34

Effective Date: UPON RECEIPT

Issuance Date: JUNE 4, 2008

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
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, FIA
BRIAN WILBON, ACTING CHIEF FINANCIAL OFFICER,
DIVISION OF BUDGET AND MANAGEMENT**

**RE: COMPLETION OF THE PURCHASE AUTHORIZATION AND INVOICE
FORM 312 FOR DISABILITY MEDICAL EXAMINATIONS AND
LABORATORY WORK**

**PROGRAM AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM
(TDAP), TEMPORARY CASH ASSISTANCE (TCA) AND
MEDICAL ASSISTANCE (MA)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

Recently, Local Departments of Social Services have raised questions about how to use the Purchase Authorization and Invoice form (DHR/FIA 312) for medical examinations and laboratory work. This Action Transmittal provides procedures for completing this form.

ACTION REQUIRED:

The local departments must use the DHR/FIA 312 form to pay qualified health care providers for an examination and lab work when an applicant for TDAP, TCA or MA does not have health insurance or other resources to obtain a medical report to verify a disability.

Note: Do not give a DHR/FIA 312 form to customers that already receive Medical Assistance.

Authorizing the Exam

To authorize the medical exam and/or lab test the case manager completes the following on the DHR/FIA 312 form:

1. The name of the local department
2. Case Information
3. Worker signature
4. Check the box for Medical Examination
5. Check the box for Lab fees if not included in exam

The allowable fee amounts for an examination and lab work are preprinted on the DHR/FIA 312 form. **Do not** write any fee amount in the “Cost Must Not Exceed” section at this time.

The local department case manager must provide the DHR/FIA 312 form to an applicant for TDAP, TCA or MA for an examination and lab work when an applicant does not have health insurance or other resources to obtain a medical report to verify a disability.

Note: The supervisor does not sign the DHR/FIA 312 form until after the local department receives the DHR/FIA 402B completed by a qualified health care provider, and any lab work, or the date the lab work will be available as indicated on the completed DHR/FIA 402B.

Payment Authorization

When the case manager receives the completed DHR/FIA 402B form and/or lab work he or she authorizes payment to the health care provider in the amount of:

1. \$60 for a completed DHR/FIA 402B with no lab work report attached and no date indicated on the DHR/FIA 402B for when the lab work results will be available.
2. \$40 for lab work report received with the completed DHR/FIA 402B or when the completed DHR/FIA 402B indicates the date the lab results will be available.

The **case manager**, based on the above allowable fees, completes the “Cost not to Exceed” section on the DHR/FIA 312 form, and then forwards the form to his or her supervisor for signature.

The supervisor’s signature on the DHR/FIA 312 form authorizes the local department finance office to pay for the examination and/or lab work results. The supervisor forwards the signed form to the local department finance office for payment.

Note: The DHR/FIA 312 form must have the health care provider’s federal ID number listed for payment. If the form does not list the federal ID number contact the health care provider to obtain the number.

To be in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) the local department can not forward to the Finance Office any medical documentation of an applicant or recipient, which includes and is not limited to the DHR/FIA 402B, 402W and lab report results.

INQUIRIES:

Please direct questions regarding the DHR/FIA 312 form to Cynthia Carpenter at 410-767-7495.

cc: FIA Management Staff
Constituent Services
DHR Help Desk

STATE OF MARYLAND
DEPARTMENT OF HUMAN RESOURCES
 LOCAL DEPARTMENT OF SOCIAL SERVICES

PURCHASE AUTHORIZATION AND INVOICE

(Prepare in Duplicate: Original to Vendor; Duplicate to Finance Officer)

VENDOR: (Name and Address-Print or Type)	<p style="text-align: center;">CASE INFORMATION:</p> Name: _____ Customer ID#: _____ Category: _____
AUTHORIZATION SIGNATURES:	
Worker: _____ Supervisor: _____	

SERVICE OR MATERIALS AUTHORIZED	COST NOT EXCEED:
	\$ _____

	Attendance during month of full-time on campus school program in child care facility.
	Burial
	Day Care
	Initial Clothing
	Group Home
	Eye Examination (Report of Eye Examination, form DHR/SSA 701 must accompany invoice; Payment made after State Review). Review in hand.
	Medical Examination (Medical Examination Record, Form 402, must accompany invoice; payment after State Review). Payment will not be authorized for an incomplete form. (not to exceed \$60)
	Other (Specify)
	Lab fees (not to exceed \$40 – if not included in exam.)

INVOICE: (Do Not Detach)

LOCAL DEPARTMENT OF SOCIAL SERVICES:	VENDOR: (Print or Type)
SERVICES OR MATERIALS FURNISHED:	
AMOUNT: \$ _____	
TOTAL: \$ _____	

VENDOR SIGNATURE: _____ DATE: _____

VENDOR FEDERAL ID OR SOCIAL SECURITY NUMBER _____