



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number 09-38

Effective Date: May 26, 2009

Issuance Date: May 22, 2009

**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, FIA

**RE: TEMPORARY DISABILITY ASSISTANCE PROGRAM (TDAP)
APPLICATION PROCEDURES**

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

ORIGINATING OFFICE: OFFICE OF PROGRAMS

BACKGROUND:

This transmittal obsoletes procedures outlined in Action transmittal 08-31/Rev.2 for processing applications for customers applying for the Temporary Disability Assistance Program (TDAP). Effective **May 26, 2009**, the Disability Entitlement Advocacy Program (DEAP) will no longer assist our long-term disabled customers through the Social Security application process. Do **not** refer to DEAP customers with disabilities of 12 months or more or, if less than 12 months, expected to result in death.

ACTION REQUIRED:

TDAP Application Process

A. During the initial application face-to-face interview:

1. Give the customer a Medical Report (DHR/FIA 402B) form for the individual's current or most recent health care provider.
2. When needed, give the customer a Purchase Authorization and Invoice (DHR/FIA 312) form.
3. If the customer is disabled for **12 months or more** or the disability is expected to result in death, explain:
 - a. The requirement to provide proof the customer has filed an application for Supplemental Security Income (SSI) **or** verification of their claim status if they have already filed;
 - b. The right to self represent or appoint someone as their representative through the Social Security application process;

- c. The requirement to sign the Authorization for Reimbursement of Interim Assistance (DHR/FIA 340) form to receive State benefits; and
 - d. The requirement to reimburse the State for any benefits received while pursuing SSA benefits.
4. Have the customer provide documentation from their representative when the customer states they have other legal representation. Verification must include:
 - a. SSA claim status;
 - b. Name of Representative;
 - c. Address;
 - d. Telephone and Fax numbers;
 - e. Signature of Representative; and
 - f. Date verification was completed
 5. Proof of SSA claim status can be verified by:
 - a. A receipt showing the customer filed for SSI benefits;
 - b. A receipt showing the customer has an appointment to file for SSA benefits;
 - c. A pending SSI application date displayed on:
 - The State Data Exchange (SDX, Inquiry Screen 1);
 - The State On-line Query System (SOLQ, Response Screen 5), or
 - The State Verification and Exchange System (SVES).

Reminder: Do not send customers to SSA unless claim status cannot be verified by accessing the above systems.

6. If the customer has filed a claim with SSA, SVES or SDX shows an application filing date, a date indicating when the customer filed an appeal, or whether a decision is pending.
7. SDX or SVES also provides information about the Interim Assistance Reimbursement or IAR:
 - a. In SDX, check screen 2 for the **IAR** code;
 - b. In SVES, check screen 6 for the **IAR Reimbursement** code.
8. Below is a listing for the meaning of the number codes for the **IAR** and **IAR Reimbursement** fields in SDX and SVES:
 - 0 = Essential person record. Applicant did not authorize reimbursement
 - 1 = Total payment amount which is being sent or was sent to a locality. It is not possible to determine from the data provided which payment was sent to the locality
 - 2 = Part of the payment amount that is being or was sent to the locality. It is not possible to determine from the data provided which payment was sent to the locality

3 = Reimbursement is not being made. Applicant is ineligible, or a retroactive payment is not due

4 = Reimbursable assistance case is pending or denied

5 = Reimbursable check was returned

Note: When a number from 1 to 5 is entered, do not have the customer sign a new 340

9. When a **0** is entered, complete the DHR/FIA 340, have the customer sign and date the 340, then:
 - a. Give the **Goldenrod** copy to the customer;
 - b. Batch the **Yellow** copy to your LDSS finance office;
 - c. Retain the **Pink** and **White** copy in the **permanent** section of the case record, and
 - d. Enter the date the customer **signed** the 340 form in the IAR date field on the DEM2 screen.

Note: The 340 form is sent to SSA via a system download. Do not send a copy to SSA.

10. Give the customer a Request for Information to Verify Eligibility (DHR/FIA 1052) form listing outstanding verifications needed to be returned in 10 days

B. Eligibility Determinations

1. When an individual has submitted all the required verifications and documentation by the 30th 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; or
 - 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; or
 - c. **Certify** TDAP benefits for 12 months (TDAP Type 2) when the 402B indicates a disability from working for 12 or more months or if less than 12 months will result in death, **and SSI claim status is verified.**
 - Ensure disability codes and IAR date are entered on the DEM2 screen; and
 - Enter Application Status codes for SSA (SI) and DEAP (DE) on the UINC screen
2. When verifications are not received by the 30th day:
 - a. On the MISC screen, enter “**CD**”, for customer delay in the **Delay Reason** field; and
 - b. Allow the customer up to 60 days to return all verifications.

3. When verifications are received by the 60th day:
 - a. 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, or
 - b. Certify TDAP benefits for 12 months (TDAP Type 2) when the 402B indicates a disability from working for 12 or more months or if less than 12 months will result in death; **and SSI application/claim status is verified.**

C. Social Security requirements for TDAP Type 2

1. TDAP customers who have a disability which lasts for 12 months or more or expected to result in death must file for SSI benefits with Social Security Administration (SSA).
2. If the customer is unable to file a claim with SSA by the 60th day, and the customer has all other verifications including a 402b indicating a disability from working for 12 or more months or if less than 12 months will result in death:
 - a. Enter the disability dates and IAR date on the DEM2 screen and have the customer complete the 340;
 - b. Certify the customer for 12 months;
 - c. Set a **745** alert to follow up with the customer after their appointment with SSA to ensure that the customer has applied for SSI/SSDI; and
 - d. If the customer has not filed an SSI/SSDI claim with Social Security, send out a notice of adverse action and close the case.

D. TDAP Redetermination Process

1. 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 SSI application process.
2. The TDAP case remains open until a final SSI decision is made. Verify SSI appeal status, if necessary.
3. An eligibility determination for all factors of eligibility other than disability is all that is required in these situations.

E. The Primary Adult Care (PAC) Program

1. TDAP customers are **automatically** referred to the Primary Adult Care (PAC) program.
2. The Department of Health and Mental Hygiene (DHMH) reviews the applications and determines eligibility.
3. Applicants approved for TDAP who are not yet eligible for MA may qualify for the PAC program
4. The PAC program is limited to primary care, pharmacy, outpatient mental health services and does **not** provide coverage for hospitalization
5. Recipients can choose a Managed Care Organization (MCO) contracted with the Department of Health and Mental Hygiene (DHMH).
6. PAC recipients receive a yellow and white Medical Care Program card.

INQUIRIES:

For TDAP Policy questions contact Gretchen Simpson at 410-767-7937 or by e-mail at gsimpson@dhr.state.md.us.

cc: DHR Executive Staff
FIA Management Staff
Constituent Services
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