



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number: 02-78

Effective Date: July 1, 2002

Issuance Date: May 24, 2002

**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: CHARLES E. HENRY, EXECUTIVE DIRECTOR,
FAMILY INVESTMENT ADMINISTRATION**

**DENESE MAKER, EXECUTIVE DIRECTOR,
COMMUNITY SERVICE ADMINISTRATION**

**TED MARTIN, CHIEF FINANCIAL OFFICER,
OFFICE OF BUDGET AND FINANCE**

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

PROGRAMS AFFECTED: TCA, TEMHA

**ORIGINATING OFFICE: ADMINISTRATIVE SERVICES AND CONTINUOUS
IMPROVEMENT**

SUMMARY:

This action transmittal provides information on and instructions for processing a revised **Authorization for Reimbursement of Interim Assistance** (DHR/FIA 340). On June 11, 2001, DHR and Social Security Administration (SSA) signed a new Agreement for Reimbursement to State for Interim Assistance Payments, Pursuant to Section 1631(g) of the Social Security Act. Under this Agreement, SSA 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**).

This new Agreement results from new federal legislation, processing changes, and additional requirements for the States to follow. These changes also necessitated revisions to Form 340. SSA mandated and supplied the language for the Form. DHR staff collaborated with SSA Regional staff at Philadelphia on the Form's design to ensure that it conformed to SSA requirements in format and language. SSA approved the revised Form in December 2001, and directed DHR to incorporate the Form into the new Agreement.

The new Form 340 is a 4-copy, 2-sided NCR carbonless form. The Form uses a "question and answer" format, and is designed to walk the applicant and the Local Department Case Manager through the IAR process. The Applicant and the Case Manager complete, sign and date the reverse side of the Form. A completed sample of Form 340 is included in this action transmittal.

The major differences under the new IAR Agreement are that:

- Form 340 must be completed in the Local Department, forwarded to the Disability Entitlement Advocacy Program (DEAP), and transmitted via DEAP to SSA **within 30 calendar days of signature by the Applicant and the State Representative.**
- Failure to adhere this 30-day time frame nullifies the Agreement, and could result in SSA releasing the entire initial SSI payment to the applicant without IAR recovery.
- The State must then bear the expense of pursuing IAR recovery from an individual without SSA assistance.

ACTIONS REQUIRED:

1. Beginning July 1, 2002 Local Departments are to use DHR/FIA 340 (Revised 10/2001). Destroy all previous versions of the 340. An initial supply of the revised form will be distributed to each Local Department. Local Departments are responsible for reordering and maintaining a supply of Form 340.

NOTE: Because the new Form 340 was developed and approved after DHR and SSA executed the new IAR agreement, SSA will accept old Forms 340 that are properly completed, and apply the rules in affect under the old Agreement through June 30, 2002. The new rules will apply to the new Forms on July 1, 2002.

2. The applicant and the Case Manager complete the following information in the lower portion of the reverse side of Form 340 according to the following guidelines, **using only a ball point 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 **POST ELIGIBILITY 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 “TEMHA”, DEAP/TCA” or “PAA”;
- Enter the Applicant’s **Social Security Number**;
- **District/Territory** – Enter the CARES code for your Local Department Office;
- **Federal Code** – Leave blank. This information will be completed during DEAP processing.
- **County DSS Federal Code** – Leave blank. This information will be completed during DEAP processing.
- **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 Applicants **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 inputs 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 Recipient) **Code** – Leave blank. This information will be completed during DEAP processing.

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 form 340 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** and **UINC** screens (from INQUIRY only).

IMPORTANT REMINDER

The signed DHR/FIA Form 340 is in effect for only 12 months from the signature date. A new Form 340, if needed, must be signed before the expiration of the old Form. The State cannot be reimbursed for cash assistance paid in any month not covered by a Form 340.

INQUIRIES:

Direct questions concerning Form 340 to Ralph Gaston at 410-767-7207, or rgaston@dhr.state.md.us. Direct TCA policy questions to Edna McAbier at 410-767-8805, or emcabier@dhr.state.md.us. Direct TEMHA policy questions to Rick McClendon at 410-767-8513, or rmcclend@dhr.state.md.us.

cc: FIA Management Staff
Constituent Services
Disability Entitlement Advocacy Program (DEAP)
DHR Executive Staff
DHMH Executive Staff
OIM Help Desk
RESI

