DHR	**Family Investment Administration**
Department of Human Resources **311 West Saratoga Street** **Baltimore MD 21201**	**ACTION TRANSMITTAL**
Control Number #06-23	**Effective Date: UPON RECEIPT**
	Issuance Date: December 6, 2005

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: **KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR,**
                FAMILY INVESTMENT ADMINISTRATION

                HENRY NICHOLS, CHIEF FINANCIAL OFFICER,
                OFFICE OF BUDGET AND FINANCE

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

PROGRAMS AFFECTED: **Temporary Disability Assistance Program (TDAP)**
                                  Temporary Cash Assistance (TCA)
                                  Public Assistance to Adults (PAA)

ORIGINATING OFFICE: **OFFICE OF PROGRAMS**

SUMMARY:

This Action Transmittal provides new information and instructions for processing an **Authorization for Reimbursement of Interim Assistance** form (DHR/FIA 340). It obsoletes AT 02-78. It changes the requirement for the Disability Entitlement Advocacy Program (DEAP) to provide **any** information on the DHR/FIA 340 form. The Local Departments of Social Services will provide **all** information on the DHR/FIA 340 form. It also changes the requirement to complete a new DHR/FIA 340 form at each redetermination. The DHR/FIA 340 form remains in effect until one of the following occur:

    1. The Social Security Administration makes the first payment of retroactive SSI benefits on the customer's claim; or
    2. The Social Security Administration makes the first posteligibility payment of retroactive SSI benefits following the suspension or termination of the customer's benefits; or
    3. The Social Security Administration makes a final determination on the claim and no timely request for review is filed; or
    4. The State and the customer agree to terminate the authorization.

On June 11, 2001, the Department of Human Resources (DHR) and Social Security Administration signed an Agreement for Reimbursement to the State for Interim Assistance Payments, Pursuant to Section 1631(g) of the Social Security Act. Under this Agreement, the Social Security Administration 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**).

The DHR/FIA 340 form is a 4-copy, 2-sided NCR form. The form uses a "question and answer" format, and is designed to walk the customer and the local department case manager through the IAR process. The customer and case manager complete, sign and date the reverse side of the Form. The IAR Agreement requires:

- The DHR/FIA 340 form to be completed in the local department, forwarded to the Disability Entitlement Advocacy Program (DEAP), and transmitted via DEAP to the Social Security Administration **within 30 calendar days of signature by the customer and the State representative**.

- Failure to adhere to the 30-day time frame nullifies the Agreement, and could result in the Social Security Administration releasing the entire initial SSI payment to the customer without IAR recovery. The State must then bear the expense of pursuing IAR recovery from an individual without the Social Security Administration's assistance.

ACTION REQUIRED:

1. Local departments are to use DHR/FIA 340 form (Revised 10/2001).

2. The applicant and case manager complete the following information in the lower portion of the reverse side of the DHR/FIA 340 form according to the following guidelines, **print using only a ballpoint 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 **POSTELIGIBILITY 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 "TDAP, DEAP/TCA" or "PAA";

- Enter the Applicant's **Social Security Number**;

- **District/Territory** – Enter the CARES code for your Local Department Office;

- **Federal Code** – Enter the Federal code for the State of Maryland. This 2-digit code is always 21. (See attachment of Code Listings)

- **County DSS Federal Code** – Enter the 3-digit code for the jurisdiction of the Local Department of Social Services. (See attachment of Code Listings)

- **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 enters 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 Reimbursement) **Code** –Enter the 5-digit code. This code is the combination of the Federal Code and County DSS Federal Code. (See attachment of Federal Code listings)

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 DHR/FIA 340 form 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**, **UINC** and **STAT** screens (from INQUIRY only).

DHR/FIA 340 FORM

INITIAL SSI CLAIMS
When the following occur:

- DHR/FIA 340 form is, completed, signed, and dated by both the customer and case manager,
- DEAP notifies the Social Security Administration within 30 calendar days that a signed authorization is received, and
- The customer applies for SSI benefits within one year of the date of DEAP notification to the Social Security Administration.

No new DHR/FIA 340 form is required at redetermination the original remains valid until:

- The Social Security Administration makes the first payment of retroactive SSI benefits on the customer's claim; or
- The Social Security Administration makes a final determination on the claim and no timely request for review is filed; or
- The State and the customer agree to terminate the authorization.

POSTELIGIBILITY CASES
When the following occur:

- DHR/FIA 340 form is, completed, signed, and dated by both the customer and case manager,
- DEAP notifies the Social Security Administration within 30 calendar days that a signed authorization is received, and
- The customer requests an administrative or judicial review of the Social Security Administration's determination to suspend or terminate benefits.

No new DHR/FIA 340 form is required at redeterminaton the original remains valid until:

- The Social Security Administration makes the first posteligibility payment of retroactive SSI benefits following the suspension or termination of the customer's benefits; or
- The Social Security Administration makes a final determination on the claim and no timely request for review is filed; or
- The State and the customer agree to terminate the authorization.

BREAK IN BENEFIT CERTIFICATION

A new DHR/FIA 340 form is required when a customer reapplies for TDAP after his or her TDAP certification ends or is terminated. The customer is required to apply for SSI benefits or verify that an appeal has been filed regarding the Social Security Administrations decision of not disabled. DEAP will determine whether or not the DHR/FIA 340 form needs to be submitted to the Social Security Administration for processing.

INQUIRIES:

Direct questions to Cynthia Carpenter at 410-767-7495, or ccarpent@dhr.state.md.us

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

LISTING OF FEDERAL CODES

JURISDICTION-STATE/COUNTY CODE OF REIMBURSEMENT: The 5-digit code used to identify the state and city/county in which, according to SSA records, the SSI applicant signed an agreement for reimbursement of interim assistance payments. The first two digits identify the state (**21** designates the State of Maryland). The next three digits identify the city or county.

COUNTY	FEDERAL CODE	COUNTY DSS FEDERAL CODE	GRANT REIMBURSEMENT CODE
ALLEGANY	21	000	21000
ANNE ARUNDEL	21	010	21010
BALTIMORE COUNTY	21	020	21020
BALTIMORE CITY	21	030	21030
CALVERT COUNTY	21	040	21040
CAROLINE COUNTY	21	050	21050
CARROLL COUNTY	21	060	21060
CECIL COUNTY	21	070	21070
CHARLES COUNTY	21	080	21080
DORCHESTER	21	090	21090
FREDERICK COUNTY	21	100	21100
GARRETT COUNTY	21	110	21110
HARFORD COUNTY	21	120	21120
HOWARD COUNTY	21	130	21130

COUNTY	FEDERAL CODE	COUNTY DSS FEDERAL CODE	GRANT REIMBURSEMENT CODE
KENT COUNTY	21	140	21140
MONTGOMERY	21	150	21150
PRINCE GEORGE'S	21	160	21160
QUEEN ANNE'S	21	170	21170
ST. MARY'S COUNTY	21	180	21180
SOMERSET COUNTY	21	190	21190
TALBOT COUNTY	21	200	21200
WASHINGTON	21	210	21210
WICOMICO COUNTY	21	220	21220
WORCESTER	21	230	21230