



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number: 08-09

Effective Date: IMMEDIATELY

Issuance Date: October 9, 2007

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF**

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

**RE: STATE REVIEW TEAM (SRT) COVER SHEET for SUBMISSION of
ADDITIONAL MEDICAL INFORMATION**

**PROGRAM AFFECTED: Temporary Disability Assistance Program (TDAP)
Medical Assistance**

ORIGINATING OFFICE: BUREAU OF MEDICAL ASSISTANCE OPERATIONS/DHR

SUMMARY: The State Review Team (SRT) receives additional medical information on a daily basis, the Cover Sheet will assist to properly identify all information and keep the flow of work from being disrupted. This form is to be used when the local department has received additional medical information for a customer and SRT has not returned a decision. The SRT Cover Sheet for Submission of Additional Medical Information becomes a reliable tool for ensuring that additional medical information reaches the correct case.

ACTION REQUIRED: Complete the State Review Team Cover Sheet for Submission of Additional Medical Information when a customer has submitted additional medical information to the local department and the case is pending with the State Review Team.

ACTION DUE: Immediately upon receipt.

INQUIRIES: Direct all inquiries to Rose Fragua, at 410-767-8910, email: rfragus@thr.state.md.us or Valerie Johnson, at 410-767-8905, email: vjohnson@thr.state.md.us.

Attachment

cc: DHR Executive Staff
Constituent Services

FIA Management Staff

STATE REVIEW TEAM

**COVER SHEET FOR SUBMISSION OF ADDITIONAL
MEDICAL INFORMATION**

Date _____

LDSS _____

District _____

Case Manager _____

Telephone # _____

Customer Name _____

Client ID _____

Social Security Number _____

Date of Referral _____

Notes/Comments: _____

