



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: # 08-15

Effective Date: November 1, 2007

Issuance Date: November 9, 2007

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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA

RE: DEAP REFERRAL PROCESS

**PROGRAMS AFFECTED: TEMPORARY DISABILITY ASSISTANCE, (TDAP)
TEMPORARY CASH ASSISTANCE AND (TCA)
PUBLIC ASSISTANCE TO ADULTS (PAA)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary:

This Action Transmittal obsoletes AT #05-10 and AT #06-35 and provides new instructions for referring individuals to the Disability Entitlement Advocacy Program (DEAP). It also provides clarification of policies regarding long-term TDAP (eligibility for more than 9 months in a 36-month period).

On April 13, 2007 FIA emailed local departments about the nationwide issue concerning sharing of Social Security data and its impact on the DEAP contractor. To enable the sharing of Social Security data with the DEAP contractor, FIA and the Social Security Administration worked together to create a consent form for the release of Social Security data to the DEAP contractor (See Attachment B).

On August 1, 2007, FIA sent local departments an email with instructions on how to use and when to begin use of the consent form. A copy of the consent form was included in the email. Local departments later received a supply of the consent form for use until it became available in the warehouse about September 7, 2007.

Action Required:

Effective for all applications dated November 1, 2007 and thereafter the local department shall:

- Require TDAP, PAA and TCA applicants and TCA recipients to sign the Consent for Release of Social Security Data form (DHR/FIA 900 Attachment B), and include the DHR/FIA 900 form in the DEAP referral packet.

- During the application 30/60 day processing period:
 - Refer to DEAP all TDAP applicants requiring a DEAP referral.
 - Deny applications of TDAP applicants who fail to cooperate with DEAP according to COMAR 07.03.05.04.
- Use the application processes described in sections I, II, and III of this transmittal for TDAP and PAA applicants and TCA applicants and recipients.

Note: The local department must forward DEAP referral batches **daily** using the DHR/FIA 206 form to the DEAP Client Advocates located in your office. This includes local departments that do not have a DEAP Client Advocate stationed at the local department every day. The referral batch process described in Action Transmittal 05-18 remains in effect.

I. TDAP APPLICATION PROCESS

The TDAP program follows Medical Assistance policy, and for MA a disability determination by the Social Security Administration is binding on FIA until the Social Security Administration changes it. If the Social Security Administration changes the determination the new determination is also binding on FIA. On the DHR/FIA 902 Customer Declaration of Disability form (in Attachment A), check whether the customer's application for TDAP benefits is based on the same medical condition on which the Social Security benefit application was based, or on

- new evidence,
- a new medical condition,
- a different medical condition,
- a change in the condition, or,
- a deterioration in the medical condition.

A. Local Department of Social Services Responsibility

During the initial application face-to-face interview the case manager:

1. Using current documentation from the State Data Exchange System (SDX), or State Online Query (SOLQ) or the State Verification Exchange System (SVES), completes with the customer the Customer Declaration of Disability form (DHR/FIA 902) asking the customer if:
 - His or her TDAP application is based on the same or new evidence or a new or different medical condition, or a change or deterioration in the medical condition that the Social Security benefit application was based on.
2. Complete with the customer the Medical Assistance Program, Vocational, Educational, and Social Data (DHR/FIA 4204) form.

3. Have the customer complete and sign an Authorization to Release Information (DHR/FIA 161) form for each health care provider listed on the DHR/FIA 4204 form.
4. Give the customer a Medical Report (DHR/FIA 402B) form for the individual's current or most current health care provider.
5. When needed, give the customer a Purchase Authorization and Invoice (DHR/FIA 312) form.
6. Explain the importance of submitting all medical documentation with the completed DHR/FIA 402B.
7. Explain to the customer the requirement to see the DEAP Client Advocate and that a referral will be made when the local department receives a DHR/FIA 402B form that shows the customer is unable to work for 12 months or more, or has an impairment that will result in death (If less than 12 months).
8. Explain to the customer the program requirement to cooperate with DEAP in applying for Social Security benefits, and that the DEAP Client Advocate will initiate the filing of the application for SSA benefits.
9. Explain and have the customer sign the Consent for Release of Social Security information (DHR/FIA 900) form.
10. Inform the customer of the following information regarding DEAP:
 - (a) That DEAP is a free representation service provided by the State for the initial filing of the customer's Social Security benefit claim.
 - (b) That he or she must cooperate with DEAP even if he or she or someone else is their representative and that cooperation includes:
 - Keeping scheduled appointments with DEAP, or rescheduling when required.
 - Providing DEAP with information and verification when requested.
 - Keeping scheduled appointments regarding their Social Security benefit claim.
 - Identifying a representative for their Social Security benefit claim, which may be anyone of their choosing including self-representation.
 - (c) Explain the requirement to reimburse the State if determined eligible for SSI benefits. (The DEAP outreach case manager will complete the DHR/FIA 340 form)
11. Give the customer a Request for Information to Verify Eligibility (DHR/FIA 1052) form, with a return date for the required information and verifications. Include a request for additional medical documentation, but do not deny if the additional medical documentation is not received.

B. Determining DEAP referral based on the Medical Report DHR/FIA 402B

1. No DEAP Referral

- When a TDAP applicant submits a Medical Report (DHR/FIA 402B) showing an impairment that will last less than 12 months and will not result in death, the local department case manager determines TDAP eligibility and makes **no** DEAP referral.
- When a TDAP applicant submits a Medical Report form (DHR/FIA 402B) showing an impairment that will last 12 months or more or, if less than 12 months, will result in death, the Local Department of Social Services (LDSS), using the information from the completed Customer Declaration of Disability Form, certifies the individual for no more than 9 months of TDAP benefits in the countable 36-month period and does not refer the case to DEAP when:
 - (a) The customer states the TDAP application is based on the **same** impairments as those in the Social Security benefit application, and
 - (b) The Social Security benefit claim was denied, and
 - (c) The customer meets TDAP eligibility requirements.

2. DEAP Referral Required

- When a TDAP applicant submits a Medical Report form (DHR/FIA 402B) showing an impairment that will last 12 months or more, or if less than 12 months will result in death, and the Social Security Administration has: 1) Not made a disability determination on the individual's benefit claim, or 2) Made a not disabled determination and the individual's TDAP application is based on new evidence or a new, different or additional medical condition, or a change or deterioration in his/her medical condition in the Social Security benefit application, the local department case manager:
 - (a) Makes and retains copies in the case record (to be included in the State Review Team (SRT) referral packet) of the following:
 - The completed DHR/FIA 402B
 - The completed DHR/FIA 4204
 - All other medical documentation available
 - (b) Using the DEAP Referral and Notification form (DHR/FIA 1183 Attachment C) refers the case to DEAP. The DEAP referral pack must include:
 - The original completed DHR/FIA 402B
 - The original completed Vocational, Educational, and Social Data form (DHR/FIA 4204)
 - Consent for Release of Social Security Data form (DHR/FIA 900).
 - All other medical documentation
 - Copy of the Social Security decision letter (See Note)

Note: Ask the customer to submit a copy of the Social Security Administration decision letter to the LDSS. If the customer is unable to provide the letter he/she received from the Social Security Administration record on the DHR/FIA 1183 that the letter is not available.

C. DEAP Compliance

DEAP will send a DHR/FIA 1183B Notification From DEAP To The Local Department (Attachment D), notifying the LDSS of the customer's compliance with DEAP program requirements.

1. Take the following action when the DHR/FIA 1183B indicates the individual cooperated with DEAP requirements:
 - (a) File the case record copy of the completed DHR/FIA 340 form attached to the DHR/FIA 1183B.
 - (b) **Do not refer** the case to SRT when DEAP indicates on the DHR/FIA 1183B that DEAP assisted the individual in filing:
 - A reconsideration with the Social Security Administration, or
 - An appeal with the Social Security Administration
 - (c) **Refer** the case to SRT when DEAP has assisted the customer in filing a new claim for Social Security benefits. The SRT referral packet includes:
 - A State Review Disability or Blindness Determination Transmittal (DHR/FIA 707). Print legible all information.
 - A copy of the DHR/FIA 402B
 - A copy of the DHR/FIA 4204
 - An Authorization to Release Information (DHR/FIA 161) form for each health care provider listed on the DHR/FIA 4204 form.
 - A copy of the DHR/FIA 1183B received from DEAP verifying the customer has cooperated with DEAP requirements
 - A copy of all other medical documentation
 - (d) When the customer meets all program requirements and the SRT has not yet made a disability determination, process the application as a short term TDAP case (Not more than 9 months of TDAP benefits in the 36-month countable period).
 - (e) For customers that meet all program requirements and have received 9 months of TDAP benefits in the 36 month countable period and SRT has not yet made a disability determination, certify the individual for the "one-time-only" 3 months of TDAP benefits.
 - (f) Customers that have received both 9 months of TDAP in the 36-month period and the "one-time-only" 3-months of TDAP benefits pending the SRT disability determination are ineligible for TDAP benefits until SRT makes a determination.

2. Take the following action when the DHR/FIA 1183B indicates the individual **failed to cooperate** with DEAP requirements.
 - (a) Upon receipt of the DHR/FIA 1183B notification from DEAP, send notification to the customer of the requirement to cooperate.
 - (b) If the individual has not cooperated with DEAP by the 30th day from the date the individual filed an application for TDAP benefits send a notice to the individual that includes:
 - A warning that the LDSS will deny the application if the customer fails to cooperate with DEAP within 60 days from the date the application for TDAP benefits was filed.
 - A list of all required actions and verifications needed to complete the application process.
 - (c) If the individual has not cooperated with DEAP by the 60th day from the date the application was filed for TDAP, **deny** the application.

Note: Do not refer any TDAP case to SRT when the TDAP applicant has not cooperated with DEAP.

D. State Review Team Disability Determination

The local department takes the following action when notification from the SRT via the DHR/FIA 707 form states SRT determined the individual:

1. Disabled

- (a) Change the case to a TDAP Type.2
- (b) Notify the individual of his or her eligibility for the additional months of TDAP benefits.

2. Not Disabled (SRT determination)

- (a) Notify the individual that he/she is ineligible for TDAP benefits beyond the 9 months in the 36-month period.
- (b) Mail the customer copy of the Medical, Vocational and Educational Assessment (DHR/FIA736-5A) form to the individual.
- (c) Give timely and adequate notice and close the TDAP case at the end of the 9th month of the 36-month period.
- (d) Use the DHR/FIA 1183, notify DEAP of the case closing and attach a copy of the:
 - Medical, Vocational and Educational Assessment (DHR/FIA736-5A) form.
 - DHR/FIA 707 form received **from** SRT.

3. Not Disabled (Social Security Administration decision is binding on the State)

- (a) Give timely and adequate notice and close the TDAP case at the end of the 9th month of the 36-month period because the maximum amount

of benefits has been received.

- (b) Use the DHR/FIA 1183 to notify DEAP of the case closing and attach a copy of the notification from SRT.

E. Social Security Disability Determination

1. An individual is not eligible for TDAP benefits beyond 9 months in the 36-month period when the Social Security Administration determines he/she is **not disabled**.
2. When SRT has determined an individual **disabled** and the LDSS has certified that individual for 12 months of TDAP benefits but during the TDAP certification the Social Security Administration determines the individual is **not disabled**, the person is no longer eligible for TDAP benefits beyond 9 months in the 36 month period. The LDSS will take the following action:
 - Notify the individual that because of the Social Security Administration's determination of not disabled he/she is ineligible for TDAP benefits beyond the 9 months in the 36-month period.
 - Using the DHR/FIA 1183 notify DEAP of the Social Security Administration determination and attach a copy of the verification.
3. **Individuals that file for a reconsideration or appeal the not disabled determination with the Social Security Administration remain ineligible for more than 9 months of TDAP benefits in the countable 36-month period. TDAP follows MA policy in that the Social Security Administration's disability determination is binding on the State.**

CASE SCENARIOS

The TDAP application is based on the same impairment in the Social Security benefit application.

Example: Mr. B applies for TDAP benefits on 8/4/07. Mr. B returns a completed DHR/FIA 402B on 8/16/07 that indicates Mr. B is disabled from working for 12 months. The case manager reviews the Customer Declaration of Disability (DHR/FIA 902) form. Per the DHR/FIA 902 form Mr. B: 1) Applied for SSI/SSDI benefits on 11/16/05, 2) Was determined not disabled and denied SSI/SSDI benefits on 4/2/06 by the Social Security Administration, and 3) States his TDAP application is based on the **same** disability alleged in his Social Security benefit application.

Mr. B has received 9 months of TDAP benefits in the 36-month countable period. Mr. B's application for TDAP benefits is denied. He has received the maximum amount of benefits allowed, and the Social Security determination is binding on the State.

The TDAP application is based on new evidence or a new, different or additional medical condition, or a change or deterioration of the medical condition in the Social Security benefit application.

Example 1: Mr. C applies for TDAP benefits on 8/4/07. Mr. C returns a completed DHR/FIA 402B on 8/16/07 that indicates Mr. C is disabled from working for 12 months. The LDSS case manager reviews the Customer Declaration of Disability form. Per the DHR/FIA 902 form Mr. C: 1) Applied for SSI/SSDI benefits on 11/16/05, 2) Was determined not disabled and denied SSI/SSDI benefits on 4/2/06 by the Social Security Administration, and 3) States his TDAP application is based on a **new condition** from that in his Social Security benefit application.

On 8/17/07 the LDSS case manager refers the case to DEAP. On 8/26 the LDSS receives notification from DEAP verifying Mr. C cooperated with DEAP and an application for Social Security benefits has been filed. Mr. C complies with all TDAP program requirements. Per CARES Mr. C has received 6 months of TDAP benefits in the 36-month countable period. Mr. C is certified for 3 months of TDAP benefits (8/07 to 10/07) and the case is referred to SRT.

On 10/15/07 the LDSS receives verification that Mr. C was determined not disabled by the Social Security Administration and denied Social Security benefits. The LDSS case manager sends notification to Mr. C that he has received the maximum of benefits allowed. The LDSS case manager adds the following text to the system generated notice – “The Social Security Administration determined you are not disabled.” The local department case manager using the DHR/FIA 1183 notifies DEAP of the Social Security Administration’s not disabled decision. Mr. C’s case closes at the end of the certification period.

Example 2: Mr. G applies for TDAP benefits on 8/4/07. Mr. G returns a completed DHR/FIA 402B on 8/16/07 that indicates he is disabled from working for 12 months. The LDSS case manager reviews the Customer Declaration of Disability form. Per the DHR/FIA 902 form Mr. G: 1) Applied for SSI/SSDI benefits on 11/16/05, 2) Was determined not disabled and denied SSI/SSDI benefits on 4/2/06 by the Social Security Administration, and 3) States his TDAP application is based on a **deterioration in the medical condition** in his Social Security benefit application.

On 8/17 the LDSS case manager refers the case to DEAP. On 8/26 the LDSS receives notification from DEAP verifying Mr. G failed to cooperate with DEAP. On 8/17 the LDSS case manager sends notification to Mr. G of the requirement to cooperate with DEAP. On 9/16/07 Mr. G remains noncompliant with DEAP. On 9/16/07 the LDSS case manager sends notification to Mr. G. The notification informs Mr. G of the action he must take and if he does not comply by 10/16/07 the local department will deny his TDAP application.

As of 10/16/07 Mr. G still has not cooperated with DEAP. On 10/17/07 the LDSS case manager denies Mr. G’s TDAP application. Mr. G has not received any TDAP benefits in 9 months of the 36-month countable period. He is not eligible for Type 1 TDAP benefits because he has failed to meet all program requirements COMAR 07.03.05.04.

Example 3: Mr. J applies for TDAP benefits on 8/4/07. Mr. J returns a completed DHR/FIA 402B on 8/16/07 that indicates he is disabled from working for 12 months.

The LDSS case manager reviews the Customer Declaration of Disability form. Per the DHR/FIA 902 form Mr. J: 1) Applied for SSI/SSDI benefits on 11/16/06, 2) Was determined not disabled and denied SSI/SSDI benefits on 7/22/07 by the Social Security Administration and 3) States his TDAP application is based on **additional medical conditions** than those in his Social Security benefit application.

On 8/17 the LDSS case manager refers the case to DEAP. On 8/26 the LDSS receives a DHR/FIA 1183B from DEAP verifying that Mr. J cooperated with DEAP, and that DEAP filed a reconsideration with the Social Security Administration on the not disabled decision. Mr. J complied with all TDAP program requirements. Per CARES Mr. J has received 6 months of TDAP benefits in the 36-month countable period. Mr. J is certified for 3 months of TDAP benefits (8/07 to 10/07) and the case is **not** referred to SRT.

Example 4: Mr. J applies for TDAP benefits on 8/4/07. Mr. J returns a completed DHR/FIA 402B on 8/16/07 that indicates Mr. J is disabled from working for 12 months. The LDSS case manager reviews the Customer Declaration of Disability form. Per the DHR/FIA 902 form Mr. J: 1) Applied for SSI/SSDI benefits on 11/16/05, 2) Was determined not disabled and denied SSI/SSDI benefits on 4/2/06 by the Social Security Administration and 3) States his TDAP application is based on **additional medical conditions** to those in his Social Security benefit application.

On 8/17 the LDSS case manager refers the case to DEAP. On 8/26 the LDSS receives a DHR/FIA 1183B from DEAP verifying Mr. J cooperated with DEAP, and that DEAP assisted Mr. J in filling a new benefit claim with the Social Security Administration. Mr. J complied with all TDAP program requirements. Per CARES Mr. J has received 6 months of TDAP benefits in the 36-month countable period. Mr. J is certified for 3 months of TDAP benefits (8/07 to 10/07) and the case is referred to SRT

On 10/15/07 the LDSS case manager receives notification from SRT that Mr. J is disabled. The LDSS case manager takes action in CARES to certify TDAP benefits from 8/07 to 7/08. On 12/22/07 the LDSS receives verification that the Social Security Administration determined Mr. J not disabled. The LDSS case manager sends notification to Mr. J that his TDAP eligibility will end 1/31/08. Mr. J has received the maximum benefits allowed. The Social Security Administration determined him not disabled.

II. PUBLIC ASSISTANCE TO ADULTS (PAA)

A. Local Department of Social Services Responsibility

During the initial application face-to-face interview the LDSS case manager:

1. Explains to the customer/representative the requirement to see the DEAP Client Advocate and that a referral will be made.
2. Explains to the customer/representative the program requirement to cooperate with DEAP in applying for Social Security benefits, and that the DEAP Client Advocate will initiate the filing of the application for SSA benefits.
3. Explains, completes and has the customer/representative sign the DHR/FIA

900 Consent for Release of Social Security Information (Attachment B).

4. Informs the customer/representative of the following information regarding DEAP:
 - (a) That DEAP is a free representation service provided by the State for the initial filing of the customer's Social Security benefit claim.
 - (b) Explains to the customer/representative that whether DEAP, he/she or someone else is their representative, the customer/representative must cooperate with DEAP. That cooperation includes:
 - Keeping scheduled appointments with DEAP, or rescheduling when required.
 - Providing DEAP with information and verification when requested.
 - Keeping scheduled appointments regarding their Social Security benefit claim(s).
 - Identifying a representative for their Social Security benefit claim, which may be anyone of their choosing including self-representation.
 - (c) Explains the requirement to reimburse the State if determined eligible for SSI benefits when the individual is an Assisted Living or CARE home applicant or recipient. (The DEAP Outreach case manager will complete the DHR/FIA 340 form with the individual.)
5. Informs the customer/representative of the requirement to submit a certificate from the Project Home provider.
6. Gives the customer/representative a Request for Information to Verify Eligibility (DHR/FIA 1052) form, with a return date for the required information and verifications.

Note: DEAP will provide the customer/representative with all the detailed information of what DEAP services will include.

7. When the customer/representative submits required verifications the LDSS case manager must:
 - (a) Refer the case to DEAP using the DEAP Referral and Notification Form (DHR/FIA 1183 Attachment C).
 - (b) Include in the DEAP referral packet the certificate from the Project Home provider.

B. DEAP Compliance

1. The LDSS will receive from DEAP a DHR/FIA 1183B Notification From DEAP To The Local Department form (Attachment D), notifying the LDSS of the customer's compliance with DEAP program requirements. For customers/representatives that cooperate with DEAP the LDSS case manager files the copy of the DHR/FIA 340 form in the case record upon receipt. When the customer meets all technical and financial eligibility requirements the LDSS case manager determines eligibility for PAA.

2. For customers/representatives that fail to comply with DEAP, the LDSS case manager sends the appropriate timely and adequate notice to the customer/representative regarding his or her failure to comply.

III. TEMPORARY CASH ASSISTANCE (TCA)

A. Local Department of Social Services Responsibility

1. The LDSS case manager screens TCA adults and children at application and recertification to determine if a disability is claimed by the adults or children in the assistance unit and if the impairment will limit access to employment, daily routine activities, or educational opportunities. If impairment is claimed the LDSS case manager:
 - (a) Completes with the customer the DHR/FIA 4204 form for adults.
 - (b) Completes with the customer the TCA Supplemental Medical Evaluation Form – Child Only (DHR/FIA 334-C) for children.
 - (c) Explains, completes and has the customer/representative sign the Consent for Release of Social Security information (DHR/FIA 900) form. See Attachment B.
 - (d) Gives the customer a Medical Report (DHR/FIA 402B) form for the individual's current or most current health care provider.
 - (e) Explains the importance of submitting all medical documentation with the completed DHR/FIA 402B.
 - (f) Gives the customer a Request for Information to Verify Eligibility (DHR/FIA 1052) form, with a return date for the required information and verifications. (Include request for additional medical documentation, but do not deny or require work participation if the additional medical documentation is not received.)
2. The TCA policy regarding DEAP/TCA program remains the same. The LDSS case manager will continue to follow policy as outlined in the TCA Manual and the Work Book. The LDSS case manager uses the following procedures for referral and notification to the DEAP Client Advocate. The LDSS case manager:
 - (a) Explains to the customer the requirement to see the DEAP Client Advocate and that a referral will be made when a DHR/FIA 402B form (or consecutive DHR/FIA 402B forms) indicating the customer is disabled from working for 12 months or more, or will result in death (if less than 12 months), is received by the local department.
 - (b) Explains to the customer the program requirement to cooperate with DEAP in applying for Social Security benefits, and that the DEAP Client Advocate will initiate the filing of the application for SSA benefits.
 - (c) Informs the customer of the following information regarding DEAP:
 - That DEAP is a free representation service provided by the State for the initial filing of the customer's Social Security benefit claim.
 - Explain to the customer that the customer must cooperate with DEAP even if he or she or someone else is their representative and that

cooperation includes:

- Keeping scheduled appointments with DEAP, or rescheduling when required.
 - Providing DEAP with information and verification when requested.
 - Keeping scheduled appointments regarding their Social Security benefit claim(s).
 - Identifying a representative for their Social Security benefit claim, which may be anyone of their choosing including self-representation.
- (d) Explains the requirement to reimburse the State if determined eligible for SSI benefits. (The DEAP Outreach case manager will complete the DHR/FIA 340 form with the individual.)

Note: DEAP will provide the customer with all the detailed information of what DEAP services will include.

3. When the applicant submits a DHR/FIA 402B form that indicates the customer is disabled from working for 12 months or more, or will result in death (If disability is less than 12 months), the LDSS case manager:
 - (a) Completes DEAP Referral and Notification Form (DHR/FIA 1183). See Attachment C
 - (b) Attaches DHR/FIA 1183 to DEAP referral packets. Forwards cases to the individual responsible for batching and submitting referrals to DEAP. The referral batch process described in Action Transmittal 05-18 will remain in effect. Forwards batches daily to the DEAP Client Advocate(s) located in your office.

B. Approving a TCA Case Pending SSI Application and IAR (340) Date

1. DEAP requires a minimum of 10 days from the date they receive the referral packet to contact the customer, have the customer come in and for DEAP to return information to the case manager.
2. When customers return the 402B late in the application pending cycle, there may not be enough time for the referral to DEAP and the DEAP process. The case manager may make an eligibility decision and approve the TCA application pending the return of the signed IAR form and notification that the customer applied for SSI by following the procedures in section 3 below.
3. Follow the normal DEAP referral procedures. However, to process the TCA in a timely way pending the DEAP information the case manager must:
 - (a) Enter a disability date of less than 12 months on the disabled customer's CARES DEM2 screen. The Loan Date and IAR Date fields do not require a date when the disability date is less than 12 months.
 - (b) Complete a 745 Alert to for no later than 20 days to follow up on the receipt of the DEAP information.
 - (c) Narrate very thoroughly and carefully what was done and why.

- (d) The customer may be coded as mandatory for work, but has good cause for not participating. Do not refer the customer to a work activity, unless the local department has available vocational rehabilitation or other ADA compliant activities appropriate to the customer's condition.

C. Receipt of DEAP information

When the local department receives the information from DEAP, the case manager must:

1. Change the customer's disability date to the full 12 months (the customer does not have to be seen for redetermination to make this change)
2. Enter the appropriate IAR date and Loan date on the CARES DEM2 screen.
3. Enter the appropriate codes on the CARES UINC screen.
4. Narrate very thoroughly and carefully what was done and why.
5. **Follow local department work activity referral procedures if the customer does not cooperate with DEAP.**

D. Outcome of DEAP Client Advocate Interview With Customer

1. Using the DHR/FIA 1183B form, the DEAP Client Advocate will notify the LDSS case manager of the results of the interview.
2. Non-compliance.
 - (a) For customers that fail to comply with DEAP for the first time, initiate a 30-day conciliation period to investigate the reason for the customer's non-compliance.
 - (b) Explain to the customer the requirement that they must either cooperate with DEAP or participate in a work activity.
 - (c) If the customer refuses to comply with either requirement initiate the adverse action process and sanction as appropriate. This counts as one instance of non-compliance for DEAP.
 - (d) If the customer has already used the 30-day conciliation period for DEAP, make a referral to a work activity, immediately. If the customer refuses to comply with the work activity, conciliate and sanction as appropriate. This counts as one instance of non-compliance for work.
3. Compliance.
 - (a) If the customer keeps the DEAP interview a copy of the DHR/FIA 340 form will be attached.
 - (b) The LDSS case manager files the copy of the DHR/FIA 340 upon receipt.
 - (c) When the customer meets all technical and financial eligibility requirements the LDSS case manager completes the application or redetermination processing of the case.

INQUIRIES:

Please direct TDAP and PAA policy questions to Cynthia Carpenter at 410-767-7495 and TCA policy questions to Marilyn Lorenzo at 410-767-7333.

Attachments:

DEAP and SRT Referral Chart

DHR/FIA 902 Customer Declaration of Disability Form

DHR/FIA Consent for Release of Information

DHR/FIA 1183 DEAP Referral and Notification Form

cc: FIA Management Staff
Constituent Services
DHR Help Desk

DEAP AND SRT REFERRAL CHART

DHR/FIA 402B says Customer Unable to Work for:	Social Security has Denied a Claim and Customer:	Refer to DEAP?	Action taken by DEAP	Refer to SRT?	TDAP Certification Period when all Eligibility Requirements are Met
At least 3 months but less than 12 months and will not result in death.	N/A	NO	N/A	NO	Certify for the allowable months available of the 9 months in the 36-month countable period.
12 months or more, or if less than 12 months will result in death.	Claims impairment for TDAP is same as impairment alleged in the denied Social Security benefit application.	NO	N/A	NO	Certify for the allowable months available of the 9 months in the 36-month countable period.
12 months or more, or if less than 12 months will result in death.	Claims impairment for TDAP is based on new evidence or a new, different or additional medical condition, or a change or deterioration in a medical condition in the denied Social Security benefit application.	YES	Filed an application for Social Security benefits.	YES	<p>Certify for the allowable months available of the 9 months in the 36-month countable period.</p> <p>If SRT determines the individual disabled, change the certification end date to reflect a 12 month certification period from the month of application.</p>
12 months or more, or if less than 12 months will result in death.	Claims impairment for TDAP is based on new evidence or a new, different or additional medical condition, or a change or deterioration in a medical condition in the denied Social Security benefit application.	YES	Filed a Reconsideration on denied Social Security benefit claim.	NO	Certify for the allowable months available of the 9 months in the 36-month countable period.
12 months or more, or if less than 12 months will result in death.	Claims impairment for TDAP is based on new evidence or a new, different or additional medical condition, or a change or deterioration in a medical condition in the denied Social Security benefit application.	YES	Filed an appeal on denied Social Security benefit claim.	NO	Certify for the allowable months available of the 9 months in the 36-month countable period.