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<tr><td rowspan="3">**DHR**

Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201</td><td>**FIA ACTION TRANSMITTAL**</td></tr>
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DHR **Department of Human Resources** **311 West Saratoga Street** **Baltimore MD 21201**	**FIA ACTION TRANSMITTAL**
Control Number: 08-25	**Effective Date: UPON RECEIPT**
	Issuance Date: APRIL 15, 2008

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 PROGRAM, (TDAP) TEMPORARY CASH ASSISTANCE AND (TCA) PUBLIC ASSISTANCE TO ADULTS (PAA)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

<u>**Summary**</u>:

This Action Transmittal (AT) obsoletes AT 08-15, which provided instructions for referring individuals to the Disability Entitlement Advocacy Program (DEAP) and clarified when an individual may receive long term TDAP (eligibility for more than 9 months in a 36-month period). After further review we determined that the policy and instructions in AT 08-15, while correct, created a difficult DEAP referral and TDAP process.

<u>**Action Required**</u>:

When a DEAP referral is required, the case manager in the local department must:

1. Complete and obtain the customer's signature on the Consent for Release of Social Security Data (DHR/FIA 900) form

2. Refer individuals using the DEAP Referral and Notification form (DHR/FIA 1183 Revised 7/07)

3. Include required documentation in the referral packet based on Program requirements (TCA, TDAP and PAA)

4. Batch daily referrals to the DEAP Client Advocate using the DHR/FIA 206 form (see Attachment). In local departments that do not have a DEAP Client Advocate stationed at the local department every day, the case manager will forward DEAP referral batches daily following procedures established by the local department.

Program Requirements

I. Temporary Disability Assistance Program
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 individual must be referred to DEAP. Individuals requiring a DEAP referral <u>must</u> cooperate with DEAP to continue receiving TDAP benefits. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B)
3. Vocational, Educational, and Social Data form (DHR/FIA 4204)
4. Consent for Release of Social Security Data form (DHR/FIA 900)
5. All other available medical documentation
6. CARES screens – DEM 2, STAT, and ADDR

II. Public Assistance to Adults (PAA)
When a customer in Assisted Living or Project (CARE) Home applies for PAA, the individual must be referred to DEAP. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B), needed for those who have not filed for SSI/SSDI benefits
3. Supporting medical documentation for those filing for SSI/SSDI benefits
4. Consent for Release of Social Security Data form (DHR/FIA 900)
5. Statement of Need
6. CARES screens – DEM 2, STAT, and ADDR
Note: Customers receiving Social Security Benefits and Rehabilitative Residence customers are not to be referred to DEAP and are not required to complete the DHR/FIA 900 form.

III. Temporary Cash Assistance (TCA)
When an applicant or recipient submits a Medical Report form (DHR/FIA 402B) showing an impairment that will last 12 months or more and the customer cannot work, or if the impairment which is less than 12 months will result in death, the individual must be referred to DEAP. The DEAP referral packet must include:

1. DEAP Referral and Notification form (DHR/FIA 1183)
2. Medical Report form (DHR/FIA 402B Revised 1/07)
3. Vocational, Educational, and Social Data form (DHR/FIA 4204 Revised 7/06)
4. Consent for Release of Social Security Data form (DHR/FIA 900)
5. All other available medical documentation
6. CARES screens – DEM 2, STAT, and ADDR

Note: For other TDAP, TCA and PAA program policies and procedures please refer to that program's manual.

INQUIRIES:
Please direct TDAP policy questions to Cynthia Carpenter at 410-767-7495, TCA policy questions to Marilyn Lorenzo at 410-767-7333 and PAA policy questions to Deborah Weathers at 410-767-7994.

cc: FIA Management Staff   Constituent Services   DHR Help Desk

DEAP REFERRAL BATCH SHEET

Local Agency Office _____   **Page ___ of ___**

_____ / _____ / _____ _____   _____ / _____ / _____ _____
Date Submitted to DEAP   LDSS Contact Signature   Date Received by DEAP   DEAP Contact Signature

Name	SS#	New	Re-submit	Accept	Reject	Reason Rejected By DEAP

_____ / _____ / _____ _____   _____ / _____ / _____
_____
Date Returned to LDSS   DEAP Contact Signature   Date Received by LDSS   LDSS Contact Signature

(See Instructions On Back)

DHR/FIA 206 (Revised 04/05)

DEAP REFERRAL BATCH SHEET PROCEDURES

LDSS OFFICE (Initial Referral Packets)
1. List the name and social security number of each customer referred to **DEAP** on the referral sheet.
2. Indicate if the referral listed is "new" or a "resubmit."
3. Write the name of the LDSS office, the date submitted to **DEAP**, and the name of the contact person in the space provided at the top of the referral sheet.
4. Place the original referral sheet on top of the referral packets and retain a copy at the LDSS office.

DEAP OFFICE (Intake and Assessment)
1. Write the date referral packets are received by DEAP and the name of the contact person in the space provided at the top of the referral sheet (Intake Supervisor).
2. Indicate "accept" on the referral sheet for each **complete** referral packet received. If all referral packets are complete forward a copy of the batch sheet to the **LDSS** office for their records (Intake Staff).
3. Indicate "reject" on the referral sheet for each **incomplete** referral packet received (Intake Staff).
4. Write the reason for rejection in the space provided on the referral sheet (Intake Supervisor).
5. Write the date returned to the **LDSS** office and the name of the contact person in the space provided at the bottom of the referral sheet.
6. Place a copy of the referral sheet on top of the referral packets that are **incomplete** and *immediately return* them to the **LDSS** office (retain the original form to monitor the status).

LDSS OFFICE (Incomplete Referral Packets)
1. Write the date incomplete referral packets are received in the LDSS office in the space provided at the bottom of the referral sheet. When the reason for rejection of an incomplete referral packet has been satisfied, **use a new referral sheet.**
2. List the name and social security number of each customer **on a new referral sheet** and indicate "resubmit." Under the reason rejected note the original referral date and the action taken. New referrals may also be listed on this sheet. Be certain to indicate "new" when appropriate.
3. Write the name of the LDSS office, the date submitted/resubmitted to DEAP and the name of the contact person in the space provided.
4. Place the original referral sheet on top of the referral packets and *immediately return* them to the **DEAP** office (retain a copy at the LDSS office).

DEAP OFFICE (Resubmitted Referral Packets)
1. Write the date referral packets are received by the DEAP office and the name of the contact person in the space provided at the top of the referral sheet.
2. "New" or "resubmit" will be indicated for each referral. Indicate "accept" if **complete** or "reject" if **incomplete**.
3. Follow the Intake and Assessment process indicated above.

NOTE: Remember to monitor the status of all incomplete referral packets.

DHR/FIA 206 (Revised 04/05)