



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

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TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS
ASSISTANT DIRECTORS OF ADMINISTRATION/ FINANCE
OFFICERS, LOCAL DEPARTMENTS OF SOCIAL SERVICES

FROM: *Charles E. Henry for*
ROBERT J. EVERHARD, EXECUTIVE DIRECTOR

RE: STATE PROGRAM FOR DISABLED TCA CUSTOMERS

PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY

Action Transmittal # 99-32 notified local departments of the five customer groups moved into state-funded Temporary Cash Assistance (TCA) programs. The groups included families with immigrants not eligible for federal TCA, 19 year-old school children, victims of family violence, non-parent caretaker relatives included in the assistance unit, and adults and/or children disabled for 12 or more months.

This action transmittal provides a Guide to policy and procedures for the state-funded TCA program for disabled TCA customers who are referred to the Disability Entitlement Advocacy Program (DEAP/TCA). A disabled customer for this program is defined as an adult or child included in the TCA assistance unit who has a verified medical report that shows an impairment that is expected to last 12 or more months or result in death.

The DEAP/TCA program is designed to provide state-funded cash assistance to disabled TCA adults and children, while assisting them with the Supplemental Security Income (SSI) application process. The DEAP/TCA benefits are considered interim assistance that may be recovered from the SSI lump sum received when the TCA customer becomes eligible for SSI in the current as well as a past period.

Customers are also assisted with the Social Security Disability Insurance (SSDI) application process. Because interim assistance cannot be recovered from SSDI benefits, the TCA lump sum policy is applied when SSDI is received.

ACTION DUE:

These procedures are for TCA applications filed and the first TCA redetermination or interim change (when reporting a disability) on or after July 1, 1999.

INQUIRES:

Please direct policy questions to Edna McAbier at 410.767.8805 or Steve Sturgill at 410.767.7733, Bureau of Policy and Training. Direct systems questions to Sarah Haygood at 410.767.8592, Bureau of Systems Development, Management and Testing

- c: DHR Executive Staff
- FIA Management Staff
- Constituent Services
- OIM Help Desk
- CTF

**DEAP/TCA
POLICY
AND
PROCEDURES
GUIDE**

JULY 1999

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DEAP/TCA POLICY AND PROCEDURES

Screen adult TCA customers at application and redetermination to determine if a disability exists or is claimed by the customer for adults and children in the TCA assistance unit. Disabled TCA customers are examined by a licensed physician, who completes a Medical Evaluation form (DHR/IMA 402-B) that shows the diagnosis and the expected length of the disability.

Disabilities for adults can include (but are not limited to) chronic health conditions that limit employment or require continued monitoring and care, mental health problems and the effects of drug and alcohol abuse, permanent physical impairments that require workplace modifications, and learning or developmental disabilities that limit access to employment.

Disabilities for children can include (but are not limited to) chronic health conditions that require continued monitoring and care, are the direct result of parental substance abuse, mental health conditions, permanent physical impairments that require special equipment for every day living or education opportunities and learning or developmental disabilities that prevent or limit the child's regular daily routine activities or employment.

Payment for Medical Reports

➤ Applicants with No Medical Coverage

Local departments may use the Purchase Authorization and Invoice (DHR/IMA 312) to pay physicians \$15 for an examination and up to \$20 for lab work when an applicant does not have the resources to obtain a medical report to verify a disability.

➤ Customers with Medical Coverage

Applicants or recipients with medical assistance can take medical forms to their respective Managed Care Organizations (MCO) for verification of a disability.

State-Funded TCA Non-Parent Caretaker Relatives

Families with children cared for by a non-parent relative, who is included in the assistance unit and has no dependent children of his or her own, are considered state-funded TCA. They are not subject to work requirements or the 24-month and 60-month time limits (AT #99-32).

The caretakers in these families **may volunteer** themselves or the children for DEAP referral. It is important to note that if these families do not cooperate with any part of the referral process, **they are not subject to sanction**. Under no circumstances are these families sanctioned for non-cooperation with DEAP.

Disabled Less Than 12 Months

When a customer's medical report shows less than a twelve-month disability, the family receives federal TCA. Local departments must continue to require disabled TCA customers to submit a new medical report by the end of the most recent disability period. If an updated medical report is not provided for the adult or 16-17 year old child, an exemption no longer exists and the customer must meet TCA work requirements. The customer may be referred to DEAP. The customer would be considered a **voluntary** participant and not subject to sanction.

If consecutive medical reports equal twelve months, the customer is considered a DEAP/TCA recipient, referred to DEAP and required to sign an Interim Reimbursement form (DHR/FIA 340 Revised 1/99).

Disabled 12 Or More Months

- When a TCA adult's medical report shows a disability of **twelve or more months or the illness will result in death**, the customer must:
 - Be referred to and cooperate with DEAP for determination of potential eligibility for SSI/SSDI; **and**
 - Sign an Interim Payment Reimbursement Authorization form (DHR/IMA 340) to recover TCA benefits in the event of an SSI lump sum payment.
- ~~When a TCA child's medical report shows a disability of twelve or more months or the illness will result in death~~, the child's parent or other caretaker relative is required to:
 - Cooperate with the referral process and DEAP for determination of potential eligibility for SSI/SSDI; **and**
 - Sign an Interim Payment Reimbursement Authorization form (DHR/IMA 340 Revised 1/99) to recover TCA benefits in the event of an SSI lump sum payment.
- Customers referred to DEAP for determination of potential eligibility for SSI or SSDI are considered DEAP/TCA recipients:
 - If they are pursuing an SSI/SSDI claim on their own or through a representative (lawyer, etc.) or
 - Until the eligibility decision for SSI/SSDI is made or
 - As long as the denial for SSI/SSDI is being appealed.

- In order to remain eligible for DEAP/TCA, a customer who is determined potentially eligible for SSI/SSDI must do the following:
 - Apply for SSI/SSDI; and
 - Provide all information for eligibility determination by actively cooperating with DEAP or pursuing an SSI/SSDI application independently when DEAP services are not utilized.

Vocational Rehabilitation (VR) Participation Requirements

As part of the DEAP/TCA Independence Plan, local departments **may require** customers to cooperate with and participate in vocational rehabilitation (VR). Local departments with this requirement may make the VR referral part of the DEAP referral packet. When this requirement is in a customer's Independence Plan and the customer fails to comply **without good cause**, the family is subject to a **full-family sanction** for failure to comply with a FIP requirement. Case managers must follow the 30-day conciliation and sanction process.

State Review Team (SRT)

Adults and children referred to DEAP for the DEAP/TCA program are not subject to SRT for medical review. **DO NOT REFER DEAP/TCA CUSTOMERS TO SRT.**

Training or Work for DEAP/TCA Customers

While the DEAP/TCA program provides protection from federal work requirements, disabled customers who want to work cannot be denied access to training or employment even if special services are needed in order for them to participate. The aim of the Americans with Disabilities Act of 1990 (ADA) is "to accommodate individuals' desire for work and thus requires individualized rather than generic determinations of work capabilities in order to make services available."

Therefore, local departments must have a screening and referral process in place for disabled TCA applicants or recipients who state a desire to work. Denial of requested services is in violation of the ADA of 1990.

Eligibility

Other criteria for the DEAP/TCA program include:

- **Eligibility** - Families in the DEAP/TCA program are not required to meet work requirements and are not subject to time limits, however, all other TCA technical and financial factors must be met.
- **Conciliation and Sanction** – Families in the DEAP/TCA program will have the same conciliation and sanction process as the TCA program.

- **Benefit Amount** -The DEAP/TCA family will receive the same benefit amount as the TCA program for their assistance unit size.
- **Medical Assistance** - The disabled customer in a DEAP/TCA assistance unit is included in the tag-along Medical Assistance case.

DISABILITY ENTITLEMENT ADVOCACY PROGRAM (DEAP)

Refer all TCA customers with a disability of 12 or more months to DEAP for determination of potential eligibility for SSI/SSDI.

DEAP Outreach Program

The DEAP Outreach Program has outreach centers in the following local departments:

- Montgomery County (Rockville, Silver Spring and Germantown)
- Prince George's County (Hyattsville)
- Baltimore County (Towson, Catonsville, Essex and Reisterstown)
- Baltimore City (Patapsco/Cherry Hill, Dunbar, Hilton Heights, Steuart Hill/Mt. Clare, Orangeville, Johnston Square/EESU, Harford Heights, Clifton, Liberty/Garrison & Park Circle and Upton/Westwood)

Some DEAP outreach centers have full-time staff while others have rotating staff, based on the volume of DEAP cases. The DEAP outreach staff in these locations assist disabled TCA customers in applying for SSI/SSDI and complete referrals to DEAP. Case managers refer customers identified as DEAP/TCA to the DEAP outreach staff for assistance with the SSI/SSDI application and DEAP referral process. Outreach staff track the customer's progress and inform the case manager of the status.

For "electronic sites and non-electronic sites," the DEAP referral will follow current procedure. Case managers may use the DEAP database in the local department to inquire about the status of an SSI/SSDI application.

Electronic Sites

The following local departments are "electronic sites" (connection to DEAP database with inquiry capabilities only):

- Allegany County
- Calvert County
- Cecil County
- Dorchester County (no training to LDSS staff to date)
- Garrett County
- Howard County (no training to LDSS staff to date)
- Kent County
- St. Mary's County

- Somerset County
- Washington County
- Worcester County

These are the sites as of the issuance date for this AT. As this list changes, local departments will receive updated information.

DEAP Referral Packet

All DEAP referrals require the following:

1. Authorization to Represent (SSA –1696 4/95), with **all copies intact**. Complete **only** the following blocks on the 1696:
 - Name (customer), at the top of the form
 - Social Security Number, at the top of the form
 - Signature (customer), in Part I
 - Address, in Part I - enter the complete address
 - Telephone number, in Part I
 - Date, in Part I

If the customer already has a representative (lawyer, etc.), that representative's name is recorded in Part I of the 1696.

The case manager makes a copy of the 1696 for the case record. DEAP mails a copy of the 1696 to the customer after it has been signed by a DEAP representative.

2. Interim Payment Reimbursement Authorization (DHR/FIA 340 Revised 1/99) – **original only**. The 340 requires a state representative's signature and title and a date the same date as the applicant's signed the form.

Distribute the 340 as follows: Original (**white**) to DEAP; **yellow** to the local Finance Office; **pink** retained in the case record; **goldenrod** to the customer.

IMPORTANT NOTE: Local departments are to use only the DHR/FIA 340 Revised 1/99. If any other version of the 340 is sent to DEAP, the referral will be returned. A new 340 will be required and the entire referral packet must be resubmitted to DEAP. **A separate AT is being issued that further explains the 340 that was revised 1/99.**

3. A **copy** of the Medical Evaluation Report (DHR/FIA 402-B).
4. A **copy** of the TCA Supplemental Medical Evaluation Form (DHR/FIA/DEAP-TCA Supplement A for Adults and Supplement B for Children)

5. **All** medical documentation the local department received for the customer **prior to** the referral to DEAP.

NOTE: Any medical documentation for the customer that is received in the local department **after** the referral packet was sent to DEAP is forwarded **immediately** to DEAP.

6. Vocational rehabilitation referral for local departments requiring this referral through DEAP.

The mailing address for DEAP is: Disability Entitlement Advocacy Program
301 North Charles Street Suite 100
Baltimore, Maryland 21201

DEAP Monthly Reporting of Case Status

Prior to the 10th of each month, DEAP mails to the DEAP contact person in each local department a report that shows the current status of all DEAP/TCA cases within that jurisdiction. Accompanying the report is a list of DEAP status codes. These reports must be made available to all case managers. The reports are for information only and do not require any case manager actions.

Case managers at electronic sites may access the DEAP database for more up-to-date information and may talk to DEAP staff by telephone if necessary. Case managers at DEAP staffed sites may consult with the DEAP representative to obtain or provide up-to-date information. Staff of the local departments not participating in DEAP Outreach may obtain or provide up-to-date information by calling DEAP at 410.332.0185 or 1.800.727.6454, the statewide toll-free number.

If the customer is shown as having an Authorized Representative other than DEAP (Status 810), **the case manager is responsible for monitoring the customer's progress in pursuing SSI/SSDI.** The monitoring occurs through discussions (verification may be requested) with the customer or the representative and/or by review of State Verification Exchange System (SVES). The case manager creates an alert for case follow-up at three-month intervals.

DEAP Closure Notices

Daily, DEAP notifies local departments of cases closed for any reason by DEAP. This notice is a case specific memo addressed to the DEAP contact person in each local department indicating the reason for DEAP's withdrawal of representation.

For the cases closed because of a customer's non-cooperation, the case manager must follow the 30-day conciliation and sanction process. The sanction is cured upon receipt of verification that the customer is complying with DEAP or the SSI/SSDI application process.

DEAP Customer SSI/SSDI Pay Status Reports

Currently, DEAP provides local departments with a monthly report of active TEMHA customers who have been placed in pay status for SSI/SSDI benefits. At this time, DEAP is unable to provide the same report for DEAP/TCA cases. It is anticipated that, in the future, this service will be provided. Local departments will be notified when DEAP/TCA monthly reporting begins.

Denial of SSI/SSDI

When the DEAP/TCA customer is denied SSI/SSDI, has exhausted the appeals process and has not reapplied for SSI/SSDI, the family moves to federal TCA.

SSI INTERIM ASSISTANCE REIMBURSEMENT PROCEDURES

If the disabled adult or child is found eligible for SSI, the local department recovers the interim assistance paid to the customer in either installment or lump sum payments.

- **Installment Payments** - The SSI lump sum payments that exceed 12 times the monthly Federal Benefit Rate (FBR) are distributed in installment payments.
 - The first payment is 12 times the FBR.
 - Any remaining retroactive benefits are paid in a **second** installment (not to exceed the first payment amount).
 - All remaining retroactive benefits are paid in a **third** installment.
- **Lump Sum Payments** - The SSI lump sum payments less than 12 times the monthly FBR continue to be distributed to local department finance offices as a single payment.

➤ **Social Security Administration Responsibilities**

The SSA sends an automated billing, SSI Income Notice of Interim Assistance Reimbursement (SSA-L8125-F6), to the local department's finance office. The 8125 provides the finance office with the usual monthly breakdown of the recipient's SSI payment for the retroactive period.

➤ **Local Department Finance Office Responsibilities**

Instructions for local department finance offices will be sent to local departments from Budget and Finance.

➤ Local Department Case Manager Responsibilities

When the case manager is notified by the Finance office via Alert 804 with the message text "SSI approved- Check possible closure/adjustment" ~~that the customer has been approved for or is receiving SSI, the SSI customer is no longer eligible for TCA benefits.~~ Installment and lump sum SSI payments are disregarded for TCA.

The individual

- ~~Is removed from the TCA assistance unit.~~
- Remains a member of the food stamp household with the SSI counted as unearned income. For food stamps, a one-time lump sum payment is considered nonrecurring income in the month received. Action Transmittal #98-16 gives procedures for processing SSI lump sum installment payments for food stamps.
- Is closed on the TCA medical assistance case and reopened in an SSI category for medical assistance.

If the customer is the only assistance unit member with a 12 or month disability, once CARES is coded correctly for that individual, the case will no longer be included in the state-funded DEAP/TCA program.

SSDI LUMP SUM PROCEDURES

When the case manager is notified (by DEAP or the customer) that a disabled TCA customer is approved for SSDI and a lump sum is received, the lump sum policy is applied.

EXAMPLE:

➤ Active TCA Case

Karen Watson receives DEAP/TCA for herself and two children in the amount of \$399, TCA medical assistance and food stamps. On May 3rd the local department is notified that Karen was approved for SSDI in the amount of \$245 each month. She also received a lump sum for back SSDI benefits in the amount of \$2490.

- To determine the number of months the customer is ineligible for TCA, divide the lump sum amount by the grant amount:
 - $\$2490 \div \$399 = 6$ with \$96 in excess.

- Ms. Watson is given timely notice of adverse action in May that she and the 2 children are ineligible for TCA for 6 months (June-Nov.). The \$96.00 excess is deducted from the initial grant, when she reapplies for TCA.
- Although the TCA is closed, the case manager must
 - Make sure that Karen's monthly SSDI income amount of \$245 appears on her UNIC screen for **food stamps**. The household is allowed uncapped shelter. A lump sum payment is considered nonrecurring income in the month received for food stamps.
 - Determine **medical assistance** eligibility for Karen and/or the two children.

➤ Reapplication for TCA

Ms. Watson reapplies for herself and 2 children on December 7. For the initial grant: in December:

- 14-days are added to the December 7 application date.
- \$245 is counted as unearned income for Karen
- \$96.00 from excess SSDI lump sum is counted as unearned income
- The customer's initial grant is \$76.
- For the ongoing month of January, count \$245 as unearned income for Karen. The ongoing monthly TCA grant is \$154.
- The household is allowed uncapped shelter for food stamps and all household members are eligible for tag-along medical assistance.

Conciliation and Sanction

The entire assistance unit is ineligible for DEAP/TCA and a full-family sanction (failure to comply with a FIP requirement) is imposed for:

- Refusing to sign the Interim Payment Reimbursement Authorization form.
- Failing to cooperate with any part of the DEAP process.

The case manager is required to follow the 30-day conciliation and sanction process. The sanction is cured by the customer upon signing the Interim Payment Reimbursement Authorization form and/or upon receipt of verification that customer is complying with DEAP or the SSI application process.

Forms for DEAP/TCA Program

The following is a list of the forms used for the DEAP/TCA program:

- **PURCHASE AUTHORIZATION AND INVOICE - DHR/FIA 312 (Revised 8/96)**
(Attachment 1)
- **INTERIM PAYMENT REIMBURSEMENT AUTHORIZATION – DHR/FIA 340**
(Revised 1/99) **USE ONLY THIS VERSION OF THE 340** (Attachment 2)
- **MEDICAL EVALUATION FORM - DHR/FIA 402-B (Revised 9/97)** (Attachment 3
pages 1 and 2)
- **SUPPLEMENTAL MEDICAL EVALUATION FORM – ADULTS** (Attachment 4
pages 1-4)
- **SUPPLEMENTAL MEDICAL EVALUATION FORM – CHILD** (Attachment 5)
- **AUTHORIZATION TO REPRESENT - Form SSA-1696-U4 (4-95)**
(Attachment 6 pages 1 and 2)
- **SAMPLE 1696 FORM – ADULT** (Attachment 7)
- **SAMPLE 1696 FORM – CHILD** (Attachment 8)
- **WITHDRAWAL OF REPRESENTATION MEMO (HMA/DEAP M3038)**
(Attachment 9)

CARES PROCEDURES ARE ON PAGES 12-14

NARRATION AND PAYMENT ACCURACY

Local departments must ensure that narration of case activity is clear, concise and complete for good case management and to support the local department in the event of a fair hearing or if the case is selected for Quality Control review.

RIGHT TO APPEAL

The local department will advise all households sanctioned because of non-compliance with the DEAP/TCA requirements of their right to appeal the decision and the procedures for requesting a fair hearing. Local departments must advise households of any legal services that might be available to represent them during a fair hearing.

Customers may call Legal Aid's toll-free number, 1-800-999-8904, to find out the number of their local Legal Aid office. The Fair Hearing Regulation for the Family Investment Administration (COMAR 07.03.11.) governs the appeals process under the Family Investment Program.

CARES INSTRUCTIONS (FOR DEAP/TCA CUSTOMERS)

Cases included in the DEAP/TCA Program are families with an adult and/or child with a verified disability of 12 or more months, is required to apply for SSI, reimburse the state for TCA paid in the event of an accrued SSI claim and referred to DEAP.

1. The DEAP/TCA customer is coded on CARES as follows:

- On the **DEM2** screen enter
 - Either **HO, HP, MP, PA, RR, RS, VA, OR VZ** in the Approval Source field and the **MM YY** of date indicated on the disability verification form. (See note)
 - The date the 340 was signed **MM YY** in the IAR Dat field.
 - The dates indicated on the disability verification form in the Begin Date (**MM YY**) and End Date (**MM YY**) fields. These dates must indicate a disability that lasts 12 or more months and the disability verification form must be current.
 - For consecutive medicals that add up to 12 or more months, the begin date can be changed to reflect a disability of 12 or more months.

NOTE: This is a change from CARES instructions in AT #99-32.

- On the **UINC** screen enter
 - **DE** in the Appl Type field.
 - **P** in the Stat field (**update Stat field as changes occur**).
 - The **date** the customer was referred to DEAP in the Date field.

Using the codes listed above identifies the case for state-funded TCA program reporting.

2. When **SSI** is received, the customer is coded on CARES as follows:

- On the **DEM2** screen enter
 - **SS** and **MM YY** (the month and year the SSI was approved) in the Approval Source field
- On the **UINC** screen enter
 - **SI** in the Source field

- The **amount** of SSI received in the Amt 1 field
 - **Type** of verification received in the V field
 - **AC** in the Frequency field
 - **SI** in the Appl Type field
 - **A** in the Stat field
 - **MM DD YY** the SSI was approved in the Date field
- On the **STAT** screen, the system will automatically code the person receiving SSI as NM in the Financial Responsibility field and 203 (receiving SSI) code in the Reason field.
3. When **SSDI** is received in the current month, go to the ongoing month and code CARES as follows:
- On the **DEM2** screen enter
 - **RS** and **MM YY** (the month and year the SSDI was approved) in the Approval Source field
 - On the **UINC** screen enter
 - **LS** in the Source field
 - The **amount** of lump sum received in the Amt 1 field
 - **Type** of verification received in the V field
 - **AC** in the Frequency field
 - **SA** in the Appl Type field
 - **A** in the Stat field
 - **MM DD YY** the SSDI was approved in the Date field
 - The system will close the case with a 301 reason code. The penalty will display as penalty type L and a penalty end date. The remaining lump sum will be listed on the **MISC** screen in the Lump Sum Remain field. Use the PF13 key on the **CAFI** screen to add text to the notice explaining the penalty.

- When the customer reapplies after the penalty ends, enter
 - **LS** in the Source field
 - The **SSDI amount** in the Amt 1 field of the first prospective month and the remaining lump sum amount s in the Amt 1 field of the next prospective month.
 - **Type** of verification
 - **AC** in the Frequency field
- For ongoing months, enter only the **SSDI amount** on the **UINC** screen. Remove the remaining lump sum amount from the ongoing months. The TCA benefit amount will be the grant amount minus the SSDI amount.

Carefully narrate all case activity on the NARR screen.