



MARYLAND DEPARTMENT OF HUMAN SERVICES
 Department of Human Services
 311 West Saratoga Street
 Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: 19-01

Effective Date: July 1, 2018

Issuance Date: August 9, 2018

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

FROM: NETSANET KIBRET, ACTING EXECUTIVE DIRECTOR 

**RE: TEMPORARY DISABILITY ASSISTANCE PROGRAM (TDAP)
 INCREASES**

PROGRAM AFFECTED: TDAP

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

On June 9, 2018, a CARES mass modification went into effect, increasing the Temporary Disability Assistance Program (TDAP) monthly benefit from \$185 to \$195 effective July 1, 2018.

In addition to the FY 2018 TDAP increase, the 2018 Maryland General Assembly passed legislation, which goes into effect on October 1, 2018, amending the Annotated Code of Maryland, Human Services Section 5-205 by adding TDAP (the program was previously not included in state statute) and setting the maximum grant amount for each fiscal year beginning July 1, 2019.

The maximum monthly allowable amount schedule is as follows:

- \$195 in FY 2019
- \$215 in FY 2020

ACTION REQUIRED

FIA has created a new medical form specifically for TDAP – Medical Form 500-C to comply with state law. State law now requires that the medical provider name the impairment on the medical form.

The new form is attached and can be found on Knowledge Base.

CONTINUED POLICY

Apply existing TDAP and FSP policy and procedures for screening, eligibility determination and recertification. Remember the definition of "impairment" under TDAP law and regulation is "a medically verified mental or physical condition that renders an individual unable to work at any occupation." Technical and financial eligibility requirements for TDAP and FSP remain the same and are to be processed in the same manner.

- TDAP cases with medical reports of at least 3 months, but less than 12 months are eligible for benefits for 9 out of 36 months.
- To receive TDAP for more than 9 out of 36 months, recipients must:
 - Have a pending application for Supplemental Security Income (SSI) that has not been withdrawn or finally denied, **AND**
 - Accept the assistance of MAXIMUS or provide verification of representation for the purpose of continued pursuit of SSI.
- TDAP requires a dollar-for-dollar deduction for certain types of unearned income from the benefit amount.

CARES

- CARES increased the maximum TDAP grant to \$195 effective July 1, 2018. Related FSP grant decreases were automated via CARES at the same time.
- All TDAP cases received notices from CARES.

ATTACHMENTS

1. TDAP Manual Sections:
 - 201 Application and Interview
 - 202 Eligibility Determination
 - 300 Technical Eligibility
 - 500 Delivery of Assistance
2. DHS/FIA 500-C TDAP Medical Form

INQUIRIES

Please direct TDAP and FSP policy questions to fia.policy@maryland.gov. For CARES/systems questions, please contact Joyce Westbrook, Bureau of Systems Development and Management, at joyce.westbrook@maryland.gov.

cc: DHS Executive Staff
FIA Management Staff
Constituent Services
DHS Help Desk

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

200.1 Requirements

The Temporary Disability Assistance Program (TDAP) is a state-funded program to provide assistance to low-income disabled adults who are ineligible for other categories of assistance.

- A. An individual may file an application for TDAP, whether they are potentially eligible or not.
- B. An individual applying for TDAP may choose any person during any aspect of the application process to assist him/her.
 1. Applicants who do not speak English or have limited English proficiency must have access to an interpreter. The local department is responsible for providing an interpreter. The interpreter may be:
 - A local department staff member,
 - An individual designated by the applicant, or
 - An individual outside the agency who is proficient in the customer's language.
 2. An interpreter cannot be a minor child.
- C. Because TDAP is a program for disabled people, we must give them access to the program by offering reasonable accessibility, accommodations, auxiliary aids, communications and services.
 1. A customer may need help filling out an application because he or she cannot read or write or the customer may be partially or fully blind. The customer could be deaf and need an interpreter or TTY to be able to complete the process.
 2. A deaf person will not be able to do a telephone interview without assistance such as TTY.
 3. A learning disabled customer may not understand what the questions mean.
 4. Customers with mobility issues, who can't travel without assistance, can file an application through myDHR, mail or fax it in or drop it off. All interviews can be completed by phone.
 5. Compliance with the Americans with Disabilities Act (ADA) is not only required, but it is also good customer service.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

200.1 Requirements (continued)

- D. The case manager must not have close association or kinship with any household member of the case.
 - 1. Where there is a close association or kinship the local staff must disqualify him or herself from the eligibility process.
 - 2. When this occurs, the local department must reassign the case to an impartial DSS staff member
 - 3. The assigned staff may not seek information from or discuss the case with the disqualified staff.

- E. The applicant files for assistance on forms specified and approved by DHS.
 - 1. The application process starts with an application containing, at a minimum, the applicant's name, address, and signature:
 - a. The LDSS may use the **DHS/FIA CARES 9711 Assistance Request Form (ARF)**, the DHR/FIA 9702 Application for one person, the myDHR application or the CARES generated form.
 - b. A local department staff member stamps the date the paper application is received to record the filing date.
 - c. The filing date must be recorded if the minimum information is completed and the form has the customer's signature, but the local department may have applicants complete all the information.
 - d. The application is also generated from CARES after the case is screened.
 - 2. Generate the rest of the application from the data entered into CARES during the interview. Have the customer sign the 9707 Rights and Responsibility document.

The local department may also use the **9701A Fact Sheet**, and the **Rights and Responsibility** form.

200.2 Components of the Application Process

- A. A screener, who must be someone other than the Family Investment case manager responsible for the application interview and case decision, screens each individual on CARES.
- B. The screener enters basic identifying information into CARES and:
 - 1. Determines whether anyone on the application is known to the system;

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

2. 200.2 Components of the Application Process (continued)

3. Records any previously assigned Client ID number for the applicant;
 4. Determines possible programs for which the individual may be eligible; and
 5. Prints out the system application for the applicant to sign.
- C. A case manager conducts a face-to-face interview with the applicant and:
1. Explores potential resources, including but not limited to:
 - a) Supplemental Security Income (SSI); and
 - b) Social Security Benefits, including disability and survivor benefits.
 2. Provides written and verbal information about:
 - a. Applicant's rights and responsibilities;
 - b. What constitutes fraud;
 - c. The penalties for welfare fraud, which may be:
 - i) A fine of not more than \$1,000;
 - ii) Imprisonment for not more than 3 years; or
 - iii) Both fine and imprisonment
 - d. Program requirements; and
 - e. Verifications needed.
- D. The case manager must offer each person, age 16 and above the opportunity to register to vote.

200.3 Integrity of the Application Process

A. Decision on Application

1. The case manager must make a decision as to payment of benefit **no later than 30 days** from the date of the filing of the signed application (see Delays in the Application Process, Section 200.4 of this chapter).
2. Benefits are effective the first day of the month for which eligibility is established. **Do not** prorate the benefit.

B. Written Notice of Approval

The case manager sends a written notice of approval to an eligible applicant or recipient to show:

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

200.3 Integrity of the Application Process (continued)

1. Benefits have been authorized; and
2. The amount of the benefit.

C. Written Notice of Denial

The case manager sends a written notice to an individual when benefits are denied or terminated. The notice of denial or termination must specify:

1. The reason for the denial or termination,
2. The specific COMAR regulation supporting this action; and
3. An explanation of the individual's right to request an administrative hearing about the decision.

D. Application Voluntarily Withdrawn, Applicant Died or cannot be Located

1. Send notice to confirm the applicant's notification to the local department that the individual does not wish to pursue the application, or
2. That the applicant has died or cannot be located.

200.4 Delays in the Application Process

Send notice of pending status when:

- A. The application is not complete; or
- B. A decision on eligibility cannot be made within 30 days after filing.
- C. Send a notice giving the reason for the delay, and
 1. Specify the action the applicant or local department must take.
 2. When applicant does not complete the application process before the end of the 30-day period send notice:
 - a) Specifying the action the individual must take; and
 - b) Warning that the application will be denied if it is not completed within 60 days of the date the signed application was filed.
 3. If the local department failed to schedule the first interview within 30 days of the application filing date, send notice stating:
 - a) The date of the appointment;
 - b) A list of verifications needed; and

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

200.4 Delays in the Application Process (continued)

- c) A warning, if the application is incomplete at the end of the 60-day period after the filing date because of any failure of the individual, the case will be denied.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

200.5 Delay Caused by Local Department

- A. Continue to process the application when the local department causes the delay.
- B. Local Department caused delays include but are not limited to, the local department's failure to:
 1. Offer or provide assistance to the individual to complete the application form;
 2. Notify the individual of required verification, or to allow the individual 10 days after the local department's request for verification;
 3. Attempt to resolve with the individual unclear or incomplete information; or
 4. Notify the individual that a missed interview could be rescheduled.

200.6 Delay Caused by Applicant

Applicant caused delays include but are not limited to, the individual's failure to:

- A. Cooperate in resolving unclear or incomplete information provided at the interview;
- B. Provide missing verification; or
- C. Reschedule a missed appointment.

200.7 Appeals

- A. Give written notice of the right to, and the procedures for, requesting and obtaining an administrative hearing to each applicant or recipient of benefits:
 1. At the time of application, and;
 2. When the local department notifies the individual of an action to deny, delay, reduce, or terminate assistance.
- B. See Section 800 Appeals & Hearings

200.8 Complaints of Discrimination

An applicant, recipient, authorized representative, or individual acting on behalf of an individual who believes the local department has discriminated on the basis of age, ancestry, color, creed, marital status, mental or physical disability, national origin, religious affiliation, belief or opinion, race, gender, sexual orientation, gender identity/expression, genetic information, or political beliefs may file a written complaint with the

- A. Department's Constituent Services Office;

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
NORMAL PROCESSING STANDARDS	Section 200	COMAR 07.03.05.03

- B. Department's Office of Employment and Program Equity;
- C. United States Department of Agriculture, Office for Civil Rights; or
- D. Department or agency with jurisdiction of the program.

200.9 Case Record

Maintain official records on ECMS, including documentation or recording of the sources of verification for all required elements of eligibility, to show accurately and completely that the requirements have been met.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

201.1 Interview

- A. To qualify for TDAP, an individual must have a face-to-face interview with a case manager.
- B. If the customer is incapacitated or is unable to represent him or herself, the customer may appoint an authorized representative to assist on his or her behalf.
- C. The customer must submit all requested verification needed to determine eligibility.
- D. During the interview the case manager explains and gives to the individual information or material as described in 201.2 – 201.9 below.

201.2 Medical Evaluation – Medical Report form (DHS/FIA 500-C)

- A. The customer must provide, on the required State form, DHS/FIA 500-C, medical findings to support the application for assistance.
- B. Case managers must give a DHS/FIA 500-C for each of the customer's treating providers and explain that a licensed physician, psychiatrist, psychologist, chiropractor, nurse practitioner, or licensed health practitioner must complete the form.

Note: The medical provider must complete the name of impairment and estimated duration of the applicant's impairment sections of the DHS/FIA 500-C form.

- C. The local department may:
 1. If the applicant does not have Medical Assistance, fill out and sign the top section of the Purchase Authorization and Invoice, DHS/FIA 312 (Revised 11/14), and give it, along with the DHS/FIA 500-C, to the applicant to give to their health care provider, to supply the necessary medical findings to verify the impairment; and
 2. Give the applicant an envelope addressed to the case manager for the provider to return the DHS/FIA 500-C and DHS/FIA 312 forms. The case manager forwards the 312 form immediately to the finance unit for payment.
- D. Individuals who are certified for MA based on **age only** must provide a DHS/FIA 500-C that demonstrates an impairment; age is **not** considered an impairment under TDAP regulations.
 - Such individuals must have a disability that is expected to last for 3 –11 months to meet eligibility for TDAP Type 1, Short Term TDAP, or a disability that is expected to last for 12 months or more or result in death to meet one of the eligibility requirements for TDAP Type 2, Long Term TDAP.

201.3 Purchase Authorization and Invoice form (DHS/FIA 312)

- A. Give the customer the DHS/FIA 312 when the customer does not have the resources to obtain the necessary verification of impairment.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

201.3 Purchase Authorization and Invoice form (DHS/FIA 312) (continued)

- B. Authorize payment to the health care provider completing the DHS/FIA 500-C.
- C. Payment may not exceed \$60 for an examination that is provided on a completed DHS/FIA 500-C, and \$40 for testing when test results or other diagnostic evaluation are provided with the completed DHS/FIA 500-C, or date provided when results will be available (testing includes laboratory work).

201.4 Verification of Application for Social Security benefits

Inform customers with a DHS/FIA 500-C indicating they are unable to work and will be disabled for 12 months or more of the requirement to apply for SSI benefits. Let them know that SSI benefits are much higher than TDAP and it is to their advantage to apply. Also advise the customer to cooperate with the federal disability application assistance vendor when they contact him or her offering to assist with the SSI application.

A. Acceptable verifications include:

1. A receipt from SSA showing the customer filed for SSI,
2. A receipt showing the customer has an appointment to file for SSI benefits, or
3. A pending SSI application date displayed on:
 - The State Data Exchange (SDX, Screen 1);
 - The State On-Line Query System (SOLQ, Response Screen 5), or
 - The State Verification and Exchange System (SVES)

Reminder: Do not send customers to SSA unless claim status cannot be verified by accessing the above systems.

- B. If the customer has filed a claim with SSA, SVES or SDX shows an application filing date, a date indicating when the customer filed an appeal, or whether a decision is pending.
- C. SDX or SVES also provides information about the Interim Assistance Reimbursement or IAR:
 - In SDX, check screen 2 for the **IAR** code,
 - In SVES, check screen 6 for the **IAR Reimbursement** code.
- D. Below is a listing for the meaning of the number codes for the **IAR** and **IAR Reimbursement** fields in SDX and SVES:
 - 0 = Essential person record. Applicant did not authorize reimbursement

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

201.4 Verification of Application for Social Security benefits (continued)

- 1 = Total payment amount which is being sent or was sent to a locality. It is not possible to determine from the data provided which payment was sent to the locality
- 2 = Part of the payment amount that is being or was sent to the locality. It is not possible to determine from the data provided which payment was sent to the locality
- 3 = Reimbursement is not being made. Applicant is ineligible, or a retroactive payment is not due
- 4 = Reimbursable assistance case is pending or denied
- 5 = Reimbursable check was returned

Note: When a number from 1 to 5 is entered, do not have the customer sign a new Interim Assistance Reimbursement form, DHS/FIA 340.

E. When a **0** is entered, complete the DHS/FIA 340, have the customer sign and date the 340, then:

- Give the **Goldenrod** copy to the customer,
- Batch the **Yellow** copy to your LDSS finance office,
- Retain the **Pink** and **White** copy in the **permanent** section of the case record, and
- Enter the date the customer **signed** the 340 form in the IAR date field on the DEM2 screen.
- Scan the completed IAR 340 form into ECMS.

Note: The 340 form is sent to SSA via a system download. Do not send a copy to SSA.

201.5 Authorization for Interim Assistance Reimbursement (IAR) DHS/FIA 340 form.

- A. For customers with a DHS/FIA 500-C indicating an impairment of 12 months or more to be eligible for TDAP he or she must agree to reimburse the State for any TDAP Assistance received.
- B. Explain to the customer when determined eligible for SSI benefits, this agreement authorizes the Commissioner of the Social Security Administration to send to the State:
 - The first retroactive payment of SSI benefits, or
 - An amount equal to the amount of reimbursable TDAP benefits the State paid to the individual.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

b) **201.5 Authorization for Interim Assistance Reimbursement (IAR)
(continued)**

- Remember, this IAR form is in effect until SSA makes the final SSI determination. To be sure that the state is reimbursed for the full amount of TDAP the SSI eligible customer receives, do not complete another 340 form at redetermination.

201.6 Federal Disability Benefit Application Assistance Service

1. Customers must cooperate with MAXIMUS, the vendor who provides assistance to long term disabled (LTD) customers (TCA, PAA, and TDAP) with applying for and obtaining Federal disability benefits.
 - MAXIMUS works under a pay-for-performance contract called the Disability Benefits Advocacy Project to assist FIA's LTD customers in their pursuit of Federal disability benefits from the Social Security Administration (SSA). The project is managed by FIA's Bureau of Disability Services Operations (BDSO).
2. The contractor screens each customer to determine whether the medical conditions meet the disability eligibility criteria for Federal benefits. MAXIMUS provides direct service to customers who need to file claims, to appeal denied claims and to obtain medical evidence to substantiate their claims.
 - 1) FIA's Bureau of Disability Operations (BDSO) sends MAXIMUS lists of TDAP customers who have been coded as LTD in CARES.
 - 2) MAXIMUS reaches out to the customer directly to obtain required information, screen the medical evidence and provide services.
 - 3) Results from the screenings – including “whereabouts unknown,” “non-cooperative,” “already receiving federal benefits,” etc. – are reported to BDSO weekly. Any notes or evidence related to the review findings or actions taken by the contractor are scanned into ECMS into the State Review Team folder.
 - 4) Monthly, each district office receives a **DISABILITY GENERATOR V** file in its PIRAMID folder with the results of the contractor's reviews and specific actions to take.
 - 5) Case managers must take the appropriate action. For non-cooperative customers, close the case using code 566 after 10 days adverse action, for not cooperating with MAXIMUS.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

201.7 SSI/SSDI Outreach, Access, and Recovery (SOAR)

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a federal initiative that expedites and improves access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for individuals experiencing homelessness or at risk of homelessness and diagnosed with a mental illness, medical impairment and/or co-occurring disorder. Although this program is not a FIA-administered program, it is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Certain community-based organizations in Maryland participate by helping these SSI/SSDI applicants navigate the complex and difficult application process.

1. A case manager at a local department of social services (LDSS) will view and handle an application, interim change or redetermination from someone working with SOAR as he or she would any request from someone who has a disability with a few additions:
 - (a) Ask the TDAP applicant or customer if a community organization is helping him or her apply for SSI or SSDI.
 - (b) If the applicant or customer is working with a SOAR case manager at a community organization, ask him or her to bring in a SOAR Consent for Release of Information form from the community organization. This form authorizes SOAR to release information regarding the SSI/SSDI application to the local department.
 - (c) Help the customer obtain the form, if it is difficult for him or her to get it.
2. Complete the Interim Assistance Reimbursement (IAR) process as you would for any applicant who is applying for SSI, having the applicant sign the IAR form if he or she has not already signed it. The date of the IAR is the date of the TDAP or PAA application.
3. The SOAR Consent for Release of Information is acceptable proof that SSI was applied for and that the applicant or recipient is working with a SOAR case manager until the SSI application can be verified on SVES, SDX or SOLQ.
 - As with many systems, updates to Social Security Administration records are not always immediate.
 - When a customer submits a SOAR consent form but there is no record of an application in the SSA system, the case manager must set a 60-day alert in the customer's case as a note to follow-up to ensure the customer has followed through with SOAR and his or her SSI application is at SSA.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

- Do not submit SOAR applicants to the disability assistance program at MAXIMUS.

201.8 Medical Assistance

- A. Applicants approved for TDAP who are not yet eligible for MA should be helped immediately to apply for MA on the Maryland Health Connection.
- B. Under the Modified Adjusted Gross Income (MAGI) rules in Medicaid, eligibility is based on income (under 138% of the Federal Poverty Level) and single adults no longer must be disabled to receive MA.
- C. Recipients can choose a Managed Care Organization (MCO).

201.9 Rehabilitation Requirements

- A. As a condition of eligibility for benefits, the local department may require that the individual:
 1. Participate in appropriate medical treatment as determined by the local department, consistent with the medical findings on the medical report form (DHS/FIA 500-C), or
 2. Participate in screening for substance abuse by a certified addictions specialist to:
 - a) Determine the need for substance abuse treatment; and
 - b) If found to be in need of substance abuse treatment to participate in appropriate treatment when available.
- B. Inform the customer that failure to comply with these requirements without good cause will result in denial or termination of benefits (See Section 700.7).

201.10 Request for Information to Verify Eligibility form (DHS/FIA 1052)

The form is used to list the additional information that is needed to determine the individual's eligibility.

- A. Explain, complete, review, and give the form to the individual with a date the additional verification and or information should be returned.
- B. Explain the importance of timely return of the required verifications.

201.11 Required Verifications

- A. Citizenship status,
- B. Social Security number (SSN),
 - Use the State Data Exchange (SDX), State Verification Eligibility System (SVES), or State On-Line Query (SOLQ) to verify the individual's SSN, or

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

- When the customer does not have an SSN, have the individual apply for one and provide a receipt from SSA verifying the application.

201.11 Required Verifications (continued)

- C. Resources and/or assets reported by the customer or that become known to the local department,
- D. Social Security application status for long term disabled applicants,
- E. Income, including gross income of a spouse or sponsor, and
- F. Any information that is unclear or questionable.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
ELIGIBILITY DETERMINATION	Section 202	COMAR 07.03.05.04

202.1 Need

A. To be eligible for TDAP benefits, an individual must demonstrate financial need.

Need exists when:

1. Resources do not exceed \$1,500; and
2. Income does not exceed the allowable amount.

B. Available resources and income are calculated on a current monthly basis.

C. The maximum monthly allowable amount is:

- \$185, in fiscal year 2018;
- \$195 in fiscal year 2019;
- \$215 in fiscal year 2020;
- 74 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2021;
- 78 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2022;
- 82 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2023;
- 86 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2024;
- 90 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2025;
- 94 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2026;
- 100 percent of the monthly allowable benefit for a one-person household receiving Temporary Cash Assistance in fiscal year 2027 and in each year thereafter.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
ELIGIBILITY DETERMINATION	Section 202	COMAR 07.03.05.04

202.2 Requirements

A. Eligibility Decision

1. The local department shall make the decision on the application within the regulations for processing and timeliness according to COMAR 07.03.01. (See Section 100).
2. Conduct an interview with the individual at the time of application as detailed in Section 201.
3. Verify all factors of:
 - a) Impairment,
 - b) Resources, and
 - c) Income

B. Period of Eligibility

1. The local department determines the period of eligibility from the estimated duration of the disability on the completed medical report (DHS/FIA 500).
2. The eligibility period may be less than the estimated recovery time indicated on the medical report (DHS/FIA 500); and
3. The eligibility period may not exceed the estimated recovery time shown on the medical report.

C. Eligibility Determinations

1. When the individual has submitted all verifications by the 30th day:
 - a) Deny the application when the DHS/FIA 500 indicates a disability of less than 3 months.
 - b) Certify TDAP benefits for no more than 9 months in a 36-month period (TDAP Type 1) when the DHS/FIA 500 indicates an inability to work for at least 3 months but less than 12 months, and will not result in death.
 - c) Certify TDAP benefits for 12 months (TDAP Type 2) when the DHS/FIA 500 indicates an inability to work for 12 or more months, or if less than 12 months the cause of the disability will result in death and the customer's **SSI claim status has been verified.**
 - Enter disability codes and IAR date of completion on the DEM2 screen, and
 - Enter Application Status codes for SSA (SI) and DEAP (DE) on the UINC screen.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
ELIGIBILITY DETERMINATION	Section 202	COMAR 07.03.05.04

2. When verifications are not received by the 30th day:
 - a) On the MISC screen, enter "CD", for customer delay in the Delay Reason field;
 - b) Send a DHS/FIA 1052 requesting outstanding verifications and inform the customer their application will be denied if verification is not received; and
 - c) Allow the customer up to 60 days from date of application to return verifications.
3. When verifications are received by the 60th day,
 - a) Certify TDAP benefits for no more than 9 months in a 36-month period (TDAP Type 1) when the DHS/FIA 500 indicates a disability from working for at least 3 months but less than 12 months, and will not result in death.
 - b) Certify TDAP benefits for 12 months (TDAP Type 2) when the DHS/FIA 500 indicates a disability from working for 12 or more months, or if less than 12 months will result in death and the customer's **SSI claim status has been verified.**

Reminder: Assist TDAP customers to apply for MA on the Maryland Health Connection.

D. Social Security Requirements for TDAP Type 2 customers

1. TDAP customers who have a disability which lasts 12 months or more or is expected to result in death must file for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits with the Social Security Administration.
2. When the customer is unable to file a claim with SSA by the 60th day but has an appointment to file, and the customer has all other verifications including the DHS/FIA 500 indicating a disability from working for 12 or more months or if less than 12 months will result in death:
 - a) Enter the disability dates and IAR date on the DEM2 screen and have them complete the DHS/FIA 340 IAR form (if needed);
 - b) Certify the customer for 12 months;
 - c) Set a 745 alert to follow up with the customer after their appointment with SSA to ensure that the customer has filed for SSI, and
 - d) If the customer has not filed a SSI claim with Social Security, send a notice of adverse action and close the case.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
ELIGIBILITY DETERMINATION	Section 202	COMAR 07.03.05.04

202.3 Redetermination of Eligibility

At redetermination, if the customer meets all technical and financial eligibility requirements and:

- Has a pending SSI/SSDI application that has not been withdrawn or denied;
 - No new DHS/FIA 500 medical report form or medical re-examination is required when the customer has applied for and continues to pursue Social Security disability benefits
- The TDAP case remains open until a final SSI/SSDI decision is made.
- Do not complete another DHS/FIA 340 IAR form.

Reminder: A redetermination cannot be initiated on a TDAP Type 1 case.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
TECHNICAL ELIGIBILITY	Section 300	COMAR 07.03.05.04

300.1 Requirements

- A. To receive TDAP benefits, the individual must meet technical eligibility requirements. The individual must be:
 - 1. A United States citizen or a legally admitted qualified alien, as defined in Section 900 of this manual;
 - 2. A resident of Maryland and of the local jurisdiction at the time of application;
 - 3. Unemployed and unable to work due to the disability;
 - 4. Financially in need as described in Section 400 of this manual;
 - 5. Determined to have an impairment of 3 months or more; and
 - 6. Ineligible for a category of cash assistance in which there is federal financial participation (except as described in 300.1.B).
- B. An individual who has applied for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits may be eligible for TDAP during the period that the SSDI or SSI application is being processed.

300.2 Limitations

- A. Do not pay TDAP to an individual:
 - 1. Who is in receipt of benefits from other government cash assistance programs at the time of application for TDAP, or
 - 2. Who lives with a needy minor child as a caretaker relative and meets technical eligibility for Temporary Cash Assistance (TCA). They are potentially eligible for TCA.
- B. Do not pay TDAP to an otherwise eligible individual unless he or she:
 - 1. Agrees to pursue other sources of income and resources;
 - 2. Participates in required rehabilitation activities as described in Section 201; and
 - 3. Provides a Social Security number or applies for one.
- C. Do not pay TDAP to an otherwise eligible individual for more than 9-months in a 36-month period unless the individual:
 - 1. Has a disability expected to last at least 12 months;
 - 2. Is unable to work;
 - 3. Signs an Authorization for Interim Assistance Reimbursement (IAR), DHS/FIA 340 form when needed; and

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
TECHNICAL ELIGIBILITY	Section 300	COMAR 07.03.05.04

300.2 Limitations (continued)

4. Has a pending application for SSI or SSDI that has not been withdrawn or finally denied.

Example:

Mr. S. has a medical form stating he is disabled for 9 months due to a broken hip. The local department determines him eligible for TDAP Type 1 and certifies him for 9-months. Mr. S's hip has not fully healed, so he has reapplied for TDAP after his current certification period ended. However, he submits a new DHS/FIA 500-A medical form that indicates Mr. S needs 2 additional months of healing before returning to work. Deny TDAP eligibility for a new period.

Reminder: TDAP Type 1 is defined as payment to an individual who is determined to have a temporary impairment of at least 3 months but less than 12 months. **This individual cannot receive more than 9 months of TDAP benefits in the 36-month countable period.**

D. Do not pay TDAP to:

1. Supplement earned income;
2. Supplement unemployment insurance benefits;
3. Supplement SSI benefits;
4. An individual in a private institution for tuberculosis or mental disease;
5. An individual in a public institution; or
6. An individual receiving Adult Foster Care payments.

Examples:

Ms. I. applies for TDAP. She receives \$40 a week to baby sit her neighbor's child. This is considered employment income, which makes her ineligible for TDAP. Deny the application.

Mr. J. applied for TDAP with a 6-month medical and provided all other required documentation and verifications. However, MABS screening revealed he is receiving UI benefits of \$120 bi-weekly. He is ineligible for TDAP. Deny the application.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
TECHNICAL ELIGIBILITY	Section 300	COMAR 07.03.05.04

300.3 Continued Eligibility

- A. To remain eligible for TDAP beyond 9 months in a 36-month period, the customer must meet the following requirements:
1. Have a disability expected to last at least 12 months or more;
 2. Be unable to work; and
 3. Have a pending SSI/SSDI claim that has not been withdrawn or denied.

Examples:

Ms. S has a medical form stating he is disabled and unable to work for 7 months due to a broken hip. In the 36-month countable period, Ms. S had already received 4 months of TDAP Type 1 benefits. The local department determines her eligible for TDAP Type 1 and certifies her for 5 months because Ms. S is not eligible to receive more than 9 months in the 36-month countable period.

Ms. S's case closes at the end of the certification period (5 months). Ms. S reapplies the following month stating she is unable to work because she was in a car accident. Ms. S submits a completed DHS/FIA 500-A medical form in which the treating source indicates she is unable to work for 12 months. The local department determines Ms. S eligible for TDAP benefits because she now has a medical form verifying a 12-month disability. Ms. S's application is approved.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
DELIVERY OF ASSISTANCE	Section 500	COMAR 07.03.05.11

500.1 Availability

- A. To the extent that resources permit, TDAP pays eligible individuals a benefit amount of up to \$195 a month for FY19 and then up to \$215 a month for FY20, minus any countable unearned income.
1. In calculating eligibility for TDAP, reduce the benefit amount dollar-for-dollar for any unearned income.
 2. Do not prorate the benefit for the initial month.

Examples:

Mr. E applies for TDAP July 17th. He has no income, and meets all other program requirements on August 10th. He is eligible for a full benefit amount of \$195 monthly starting the month of July.

Mr. P applies for TDAP June 25th. He receives \$150 monthly from the Veterans Administration (VA) and meets all other program requirements July 10th. Mr. P is eligible for a benefit amount of \$45 monthly ($\$195 - \$150 = \45), starting the month of July.

Mr. N applies for TDAP. He receives \$150 monthly to sell newspapers. His income is considered earned income and he is therefore ineligible for TDAP.

- B. Terminate TDAP eligibility if the individual:
1. No longer meets the technical eligibility or need requirements, or
 2. Leaves the State for more than 1 month.
- C. Lost or Stolen Benefits.

The local department may not issue replacement benefits when the benefits are issued through the electronic benefits transfer system.

500.2 Payee

- A. A payee is:
1. The eligible individual,
 2. A judicially appointed legal representative, guardian, trustee, or committee, or
 3. A representative payee appointed by the local department.

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
DELIVERY OF ASSISTANCE	Section 500	COMAR 07.03.05.11

500.2 Payee (continued)

- B. An eligible individual may not be the payee if:
 - 1. The medical diagnosis identifies an active medical condition of alcoholism or drug addiction, and
 - 2. The recipient is not actively participating in a treatment program or in remission from active substance abuse.
- C. An individual selected as a representative payee may not be:
 - 1. Family Investment Program staff,
 - 2. An individual with a known substance abuse problem,
 - 3. An entity that deals with eligible individuals for a profit, which would create a conflict of interest, or
 - 4. An individual or religious organization that violates the eligible individual's bona fide religious beliefs and practices.
- D. At each application, appropriate supervisory staff must review and approve initial and subsequent decisions and plans for payments to the representative payee appointed by the local department.
- E. Terminate protective payments when they are no longer required.

Family Investment Administration: TDAP Medical Report Form 500-C

_____ Department of Social Services

The Family Investment Administration is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. If you need assistance or need to request a reasonable accommodation, please contact your case manager or call 1-800-332-6347.

Local District Office: _____ Date: _____

Case Manager: _____ Phone Number: _____

Customer's Name: _____ Customer ID#: _____

The information provided on this form is used to determine eligibility for Maryland's Temporary Disability Assistance Program (TDAP).

A. Patient Information:

Name of Patient: _____ Date of Birth: _____

Address: _____

Health Provider

B. Dates of Examinations: First Visit: _____ Last Visit: _____

C. Information About Impairment:

1. Provide the clinical diagnosis and name of impairment:

2. Does this individual have a substance abuse issue? YES NO
If **yes**, do other medical conditions exist in addition to substance abuse? YES NO

3. Does this individual have a **visual impairment or disease** that limits or interferes with his or her ability to function independently, appropriately and effectively on a continuous basis? YES NO

D. Mental/Emotional Health Status:

1. Does this individual suffer from a mental illness? YES NO
If **yes**, is the mental illness severe enough to prevent the patient from working, participating in a work, training or educational activity. YES NO

2. To the best of your knowledge does the individual have any learning disabilities? YES NO

3. To the best of your knowledge, does the individual exhibit any violent behaviors? YES NO
If **yes**, please provide additional information at the end of this form.

4. Can the individual's impairment be expected to last at least 3 months? YES NO
If **yes**, can the individual's impairment be expected to last at least 12 months or more?
 YES NO

Please give the length of time the patient's impairment is expected to last.

_____/_____/_____ to _____/_____/_____
Month Day Year Month Day Year

Please add comments or clarifications here.

Signature of a health care provider with independent diagnostic authority, who is authorized to evaluate, determine impairment, and independently treat medical, mental and/or emotional disorders and conditions, and who is providing services according to the requirements of the appropriate professional board.

Signature: _____ Print Name: _____

Title: _____ License #: _____

Health Care Practice Name and Address:

Date: _____ Phone _____