800.1 REQUIREMENTS

A. The Family Investment case manager screens TCA adults and children at application and recertification to determine if a disability is claimed by an adult or child in the assistance unit and if the disability will limit access to employment, daily routine activities, or educational opportunities.

B. If the customer claims an impairment, the case manager gives the customer Medical Evaluation Forms DHR/IMA 402-B and 402W to be completed by a licensed health care practitioner that shows the diagnosis and the expected length of the disability

1. A disability is not a technical eligibility requirement for TCA

2. If a customer does not return a medical form certifying a disability refer the customer to a work activity if not otherwise exempt

C. If the applicant has no medical coverage or does not have the resources to obtain a medical report to verify the disability, the case manager may use the Purchase Authorization and Invoice DHR/IMA 312 to pay physicians $60 for an examination and up to $40 for lab work.

**Note:** Applicants or recipients with Medical Assistance (MA) can take the medical forms to their respective Managed Care Organizations (MCO) for verification of a disability. It is more cost effective to have the customer use their MA card than to issue a voucher. Include this activity as part of the Independence Plan with deadlines for returning the medical information.

D. Case managers refer TCA customers with a disability of 12 months or more or expected to result in death, to the Social Security Administration (SSA) to apply for Supplemental Security Income (SSI) benefits and Social Security Disability Insurance (SSDI) if they do not already have a pending claim or an appeal filed on a denial or termination.

   ▪ It is a technical factor of eligibility that customers must apply for all benefits they may be entitled to

E. The following TCA individuals are mandatory for a referral to SSA and the case is State-funded when:

1. The medical form shows a disability of 12 months or more or the customer has an impairment that will result in the individual’s death

2. Consecutive medical reports equal 12 months of disability
NOTES:

- When a disabled individual is in State-funded TCA solely because that individual is an immigrant who is not eligible for federally funded assistance, do not refer that person to SSA because that person is also not eligible for SSI.

- A non-parent caretaker relative with no natural or adopted children of his or her own in the unit, is not in the assistance unit and is not mandatory (but should be encouraged) to be referred to SSA.

F. The case manager must advise a disabled TCA customer, that he or she is mandatory to apply for SSI and SSDI and must:

1. Sign an Interim Payment Reimbursement form (DHR/IMA 340) to allow the State to recover TCA benefits paid on behalf of the disabled individual that are concurrent with the period covered by an SSI lump sum payment

2. Cooperate with SSA and provide all information in the SSI and SSDI process

Note: Interim assistance cannot be recovered from Social Security Disability Insurance. Apply TCA lump sum policies.

3. Cooperate with and participate in vocational rehabilitation services, if required by the local department and services are available, and

G. Failing to comply with the requirements may result in the TCA being closed

H. The disabled individual referred to SSA remains in State-funded TCA:

1. While pursing the SSI/SSDI application at SSA, until the eligibility decision is made, or

2. As long as the denial for SSI/SSDI is being appealed
Customers may pursue SSI/SSDI on their own, or through a representative, such as a lawyer. However, they must still cooperate with SSA. If they are non-compliant with the requirements they may be sanctioned. See the information in Section H below.

I. If the mandatory individual (or in the case of a child, the adult caretaker) fails to meet any of the requirements for a disabled customer, deny the application or impose a full-family sanction on an active case.

1. Initiate a 30-day conciliation period when an individual in an active case is not cooperating.

   a. The family is entitled to one conciliation period

   b. The case manager must look into the reasons for not cooperating prior to imposing any sanctions

      i. If good cause is established, do not impose a sanction

      ii. Examples of good cause include hospitalization or an inability to obtain needed appointments

2. Lift the sanction when the individual begins to cooperate

   **Note:** Do not refer disabled TCA individuals to the State Review Team (SRT). They are already entitled to federal medical assistance as TCA customers.

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800.2 OTHER ELIGIBILITY CRITERIA

A. The families with a disabled family member in a State-funded TCA program are:

1. Exempt from TCA work requirements and time limits

   **Notes:** If the disabled individual wants to work, the case manager must screen the person and make referrals to work programs even if the work programs must make special accommodations

   Denying an individual of the opportunity to work or access training because of a disability is in violation of the Americans with Disabilities Act of 1990 (ADA)

2. Required to meet all other technical and financial TCA requirements
3. Entitled to:
   a. Separate 30-day conciliation periods for not cooperating with child support and with substance abuse screening and treatment requirements
   b. Federally funded Medical Assistance
   c. The same TCA benefit amounts as federally funded TCA cases

B. These eligibility criteria apply to all members of the assistance unit, not just the disabled individual

800.3 REFERRAL PROCESS

A. The customer must sign an Interim Payment Reimbursement Authorization (IAR) (DHR/FIA 340 – Revised 10-2001)
   1. Give the Goldenrod copy to the customer;
   2. Batch the Yellow copy to your LDSS finance office;
   3. Retain the Pink and White copy in the permanent section of the case record, and

B. The case manager codes CARES with the disability dates and IAR date on the DEM2.
   1. The IAR date is the date the customer signed the 340 form
   2. IAR information is electronically submitted to SSA over night

C. Allow the customer no more than 30 days to contact SSA and begin the application process
   1. Customers must provide proof they filed an application for SSI or they have an existing claim pending a decision.
   2. If the customer has submitted a 402b stating they have a 12 month disability and provides proof they tried to apply and SSA could not give them an appointment within the 30-day application processing time:
      i. Approve the TCA case for 12 months.
      ii. Complete a mandatory CARES 745 alert to follow up within 3 months to ensure that the customer has filed a claim with Social Security.

D. If the customer does not comply during the 745 follow up process, initiate a 30 day conciliation period. If customer fails to comply during the conciliation period, send the notice of adverse action on the 20th day of the conciliation period and close the case at the end of the 10 day adverse action period
800.4 Monitoring Status

A. Case managers must monitor all customers
   1. Set a 745 Alert to follow up every 3 months
   2. Review the SDX and SOLQ system files for status

B. When SSA denies or makes an unfavorable decision the customer has 60 days to appeal the decision.

C. If the customer does not follow through to the next step at SSA, the case manager takes one of the following actions:
   1. Contacts the customer to verify appeal status
      - SSA has numerous steps in the review/appeal process when an SSI application has been denied or found unfavorable
      - For FIA purposes, we refer to it as the appeal process
   2. Contacts the customer and implements conciliation and sanction if the customer does not respond or has not gone to the next step in the process
      a. Allow the 30-day conciliation period for the first instance of non-cooperation
      b. Investigates the reasons for non-cooperation any time the customer is not cooperating
      c. Do not impose a sanction if good cause is established
   3. Removes the individual only from the TCA case if the individual is approved for SSI or both SSI and SSDI
      a. Code CARES for the individual’s SSI or SSI/SSDI income, SSI approval date and approval source to remove the individual from the TCA assistance unit:
         i. If there are no other disabled individuals in the family, the remaining assistance unit members will be in federally funded TCA
         ii. Disregard the current income and retroactive lump sum payments of the SSI or a customer with combined SSDI and SSI when calculating the TCA grant for the remaining assistance unit members

Even if the customer receives only one dollar of SSI, the SSDI income is disregarded when calculating the TCA grant for the remaining assistance unit members.
b. Add the new income for the Food Supplement Program case

c. Close the individual’s TCA Medical Assistance and open SSI Medical Assistance

4. Calculates the TCA benefit using SSDI income if the customer is approved for SSDI only – see SSDI Lump Sum in this section

   a. The individual remains in the assistance unit and all income is counted

   b. In many instances (if not most) the individual will receive a lump sum which will cause the TCA case to be ineligible for at least one month

### 800.6 INTERIM ASSISTANCE LUMP SUMS

A. When the Form 340 is in effect at the Social Security Administration (SSA), the retroactive lump sum SSI benefits are sent to the local department’s finance office in a single payment if the amount is less than 12 times the Federal Benefit Rate (FBR) Installment payments or if the amount is more than 12 times the FBR

1. The first payment is 12 times the FBR

2. The second payment is the remainder, not to exceed the first installment

3. The third payment is made if there is any remainder

B. SSA sends the local department finance office the SSI Income Notice of Interim Assistance Reimbursement (SSA-L8125-F6), which provides a monthly breakdown of the customer’s retroactive payment

C. The finance office sends an Alert 804 with the message, “SSI Approved- Check possible closure/adjustment” to the case manager, who removes the individual from the TCA assistance unit

D. The finance office retains from the lump sum the amount of TCA paid for that individual for each month for the period beginning with the month that person applied for SSI and ending with the month the SSI payment began

   1. If the initial month of the TCA payment was prorated, the amount of SSI recovered for that month is also prorated

   2. If the individual is not SSI eligible for each month, only TCA payments made for concurrent months of eligibility are recovered

   3. SSI cannot be recouped prior to July 1, 1999, which is the effective date of the Disability Entitlement Advocacy Program (DEAP). (DEAP ended June 30, 2010.), the SSI reimbursement continues
4. The finance office sends the SSI customer the remainder of the lump sum payment within 10 working days of receipt of the lump sum.

**Note:** If the individual dies before SSI eligibility is determined or the excess lump sum is distributed, the state can retain an amount equal to the interim assistance. The excess is returned to SSA.

### 800.8 SSDI LUMP SUM

**A.** When the customer is eligible only for SSDI, that individual remains in the assistance unit, and any retroactive lump sum payment is treated like other unearned income lump sum.

1. To determine the period of ineligibility:
   a. Add the lump sum amount to other income (gross income) received in the month.
   b. Divide the total by the maximum benefit amount for the assistance unit size to get the number of months of ineligibility.
   c. Disregard any remainder.

2. The period of ineligibility begins with the month following the end of the adverse action notice period.

**Example:**

Ms. Watts receives TCA of $565 for herself and 2 children. She received a $700 SSDI lump sum and on-going monthly benefits of $100. $700 + $100 = $800

- $800 / $565 = 1 month with $235 remaining
- The family is ineligible for 1 month, disregard the $235

**B.** If the customer is eligible for both SSI and SSDI:

1. The Fiscal Office recovers the TCA interim assistance payments from the SSI.
2. The case manager removes the customer from the assistance unit.
3. The case manager disregards the SSI excess and SSDI lump sums when determining TCA benefits for the remaining household members.
800.9 CASE MANAGEMENT TIPS

A. If an individual with less than a 12-month disability fails to provide another medical report at the end of that period, the individual loses the good cause reason for non-participation in work activities.

B. If an individual who has a disability that lasts 12 months or longer does not provide another medical after the specified time:
   - Require the individual to participate in work activities as there is no longer an exemption.

EXAMPLES

Example 1. Ms. Blue applied for assistance for herself and her 3 children because she is disabled with a degenerative disease. She applied for SSI, but was denied. Ms. Blue provided a medical report (402B and 402W) confirming that she is permanently disabled.
   - The case is State funded TCA
   - Ms. Blue must complete and sign all appropriate forms and cooperate with SSA.

Example 2. Mr. and Mrs. Green have received assistance for themselves and their son, Gregg for 6 months. Mr. Green has brought in his 2nd consecutive medical report stating that he is not able to work for 6 months. Mrs. Green is in a training course, which will be completed in 10 months.
   - The case is now State funded TCA because Mr. Green’s consecutive medical reports equal 12 months.
   - Mr. Green must complete and sign all appropriate forms and cooperate with the SSA process for the case to remain active.
   - Mrs. Green is required to participate in a work activity (her training course), but it not in the WPR because the case is State funded TCA.

Example 3. The Redd family received TCA through the State-funded TCA program from January – November. Ms. Redd was approved for SSI in November.
   - Ms. Redd was removed from the TCA case effective December 1, after she was sent an adverse action notice and the adverse action period expired.
   - The remaining family members continue to be eligible for TCA.
• CARES automatically adjusts the Food Supplement benefit because of the decrease in TCA income and the case manager enters the SSI income on the CARES UNIC screen for Ms. Redd

• Ms. Redd’s Medical Assistance case is closed in TCA/MA and reopened as SSI/MA

• The Fiscal Office in the local department will retain Ms. Redd’s portion of the TCA grant from January – November from the SSI lump sum and send her the remainder

Example 4. Ms. Orange received assistance for herself and 2 children. During the application process, she provided a medical report confirming that she was unable to work for 7 months. During the recertification process, she said she still was not able to work, but did not return medical verification.

• The first seven months, Ms. Orange’s case was not State paid TCA, but Ms. Orange had good cause for non-participation in work requirements

• After the seven months Ms. Orange is required to participate in work activities as she no longer has good cause because of a disability

Example 5. Ms. Purple received TCA in the State-funded TCA program from February – November for herself and 6 children. On November 10th, she was awarded $100 of SSI and $400 of SSDI per month for herself. Each of her 6 children was awarded $50 per month of SSDI, for a monthly total of $300. Ms. Purple received a $4,000 SSDI lump sum and a $1,000 SSI lump sum for herself. The children together received a $3,000 SSDI lump sum. The following action is taken:

• Ms. Purple is removed from the TCA assistance unit, closed in TCA/MA and opened in SSI MA

• The Fiscal Office retains Ms. Purple’s portion of the TCA grant for the February – November period from the SSI lump sum only

• The children’s eligibility is redetermined using the lump sum policy for their SSDI lump sum benefits. Ms. Purple’s lump sum income was not considered because she is an SSI customer

  • $3000 lump sum + $300 monthly benefit = $3,300

  • $3,300 / $600 (maximum benefit for 6 – example purposes only) = 5 months with $300 remainder
• The children are ineligible from December (after adverse action) through April

Example 6. Mrs. Haze provided a 12-month medical report during the application process and the case was certified as State-funded TCA. Mrs. Haze did not keep the original or rescheduled recertification appointments. When she was finally seen, during the last month of her certification period, she did not have a new medical report verifying a continued disability. She stated she did not need help getting the verification. The report had still not been submitted by the end of the certification period.

• Mrs. Haze has no proof that she is currently disabled and no longer qualifies as State funded TCA
• Mrs. Haze is now required to participate in work activities
• The case manager changes the coding on CARES to show that Mrs. Haze no longer has a disability

Example 7. Ms. Parker received assistance for herself and her 8 children in the State funded TCA program from January – August. On July 25th, Ms. Parker was notified that she is eligible for SSDI of $600 per month and her children will receive a total of $200 per month or $25/child. She received a lump sum of $4800 for herself and $1600 for her children.

• The state cannot recoup from SSDI
• The lump sum policy is applied using all the lump sum income and since Ms. Parker is not SSI, she remains in the unit.
  • $4800 + $1600 + $800 monthly benefit = $7200
  • $7200 / $1100 (Maximum benefit for 9 = example purposes only) = 6 months ineligible
• The case is ineligible from September (month after adverse action period expired) through February

Example 8. Ms Parker applies for TCA again in April. The family members’ income is the same.

• Ms Parker and her children are eligible for a monthly grant of $300, which is $1100 maximum benefit minus $800 monthly SSDI