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

FROM: NETSANET KIBRET, EXECUTIVE DIRECTOR

RE: TDAP BENEFIT INCREASE

PROGRAM AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM (TDAP)

ORIGINATING OFFICE: OFFICE OF CASH PROGRAMS

Summary

The 2018 Maryland General Assembly passed legislation amending the Annotated Code of Maryland, Human Services Section 5-205 by adding TDAP and setting the maximum grant amount for each fiscal year.

For the state fiscal year 2021, a CARES mass modification will go into effect increasing the Temporary Disability Assistance Program (TDAP) monthly benefit from $215 to $243.

This Information Memo replaces IM #20-01, title “TDAP Increase”; IM 20-01 is now obsolete.

CARES Updates

- CARES increases the maximum TDAP grant to $243 effective July 1, 2020
- All active TDAP recipients will receive a CARES notice of the benefit change.

Attachments

- TDAP Manual Sections:
  - Eligibility Determination
  - 500 Delivery of Assistance

Inquiries
For TDAP policy-related questions, please complete the FIA Policy Information Request Form found on Knowledge Base as shown in the screenshot below.

For CARES/systems related inquiries, please contact fia.bsdm@maryland.gov.

For training inquiries, please contact fia.training@maryland.gov.

c:
FIA Management
Office of Administrative Hearings
DHS Help Desk
FIA Management Staff
Office of Administrative Hearings
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 current monthly allowable benefit for fiscal year 2021 amount is $243.

   • 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.
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 when 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.
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.
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.
500.1 Availability

A. To the extent that resources permit, TDAP pays eligible individuals a benefit amount of up to $243 a month, 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 $243 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 $65 monthly ($243 - $150 = $93), 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.

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.