1000.1 Disability Certification Form, Introduction

Public Assistance to Adults is a monthly payment of State funds to an individual who has been certified for protective living arrangement in a licensed assisted living program, a CARE home, or a Department of Health and Mental Hygiene (DHMH) rehabilitative residence. The Disability Certification Form DHS/FIA 4350 rev 10-2013 serves several purposes.

1000.2 Section I - Representative Payee’s Agreement

A. Complete Section I if the applicant needs a Representative Payee. According to COMAR 07.03.07.09C, protective payments can be made to a representative payee on behalf of a recipient who is unable to handle his or her funds. The representative payee is defined as a responsible and dependable individual who will receive the benefit on behalf of a recipient and will handle the benefit in the best interests of the recipient’s well being.

B. Representative Payees and Authorized Representatives are not the same. An Authorized Representative is defined as “an individual who has been designated in writing by the applicant or recipient to act on behalf of the applicant or recipient” (COMAR 07.03.01.02). While the definition of an Authorized Representative in the general public assistance COMAR is broad and it does not specifically include the handling of money/benefits, PAA COMAR at .09B specifically identifies the representative payee or court-appointed payee as the only party other than the PAA recipient authorized to handle funds.

C. Additionally, COMAR 07.03.07.09D prohibits the assisted living provider, or any entity that deals with the applicant/recipient for profit, from acting as a representative payee. That includes receiving and handling money/benefits prior to payments made to the facility or vendor.

1000.3 Section II - Rehabilitative Residence or CARE Home Certification

Use this section for rehabilitative residence or CARE Home certification. The section also includes information on the agency that approved the placement.

1000.4 Section III - Medical Report

This section must be completed for all assisted living applicants/ recipients. This section also may be used for CARE Home and Rehabilitative Residence applicants when medical documentation of need is not available. Please note that Section III is not necessary for these two types of PAA when the DHS Social Services Administration or the DHMH vendor approves the placement. Value Options is the current DHMH vendor for evaluation of Rehabilitative Residence placements.
Section III includes:

- The question “Is a Protective Living Arrangement necessary?” is answered in Section III. When the response to this question is “Yes,” complete the justification for a protective living arrangement in Section IV of the form.

- In Name of Licensed Professional OR Physician the following health providers are authorized to complete the DHS/FIA 4350 form:
  - Medical doctors, Certified Registered Nurse Practitioners (CRNP) and Physician’s Assistants (PA), or,
  - Psychologists licensed clinical social workers (LCSW) or licensed therapists.

1000.5 Section IV - Visual Limitations and Justification for Protective Living Arrangement

The licensed professional or physician completes the visual limitations section if needed. He or she must write the justification for his or her determination that a protective living arrangement in the last part of this section.

1000.6 General Instructions

Case managers must review the signature section of the Form and the Protective Living Arrangements section to ensure that a valid license number is provided and a Protective Living Arrangement is necessary. When a protective living arrangement is NOT necessary, the customer/recipient is ineligible for PAA. Case managers must provide cash assistance applicants all options, including both PAA and the Temporary Disability Assistance Program (TDAP), in order for customers to make an informed choice about their application. TDAP is an appropriate program for low-income individuals with a disability or impairment who do not require a protective living arrangement.