

DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE MANUAL
CHAPTER II: APPLICATION	COMAR 07.03.05.04
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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 concerning the following:

1. **Medical Evaluation** – Medical Report form (DHR/FIA 402B)

Except individuals who are currently certified for MA based on a disability determination by SRT, the customer must provide, on the required State form DHR/FIA 402B, medical findings to support the application for assistance. Give a DHR/FIA 402B for each of the customer's treating providers.

Note: Individuals who are certified for MA based on age only must provide a 402B that demonstrates a disability, since age is not considered a disability 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, or a disability that is expected to last for 12 months or more to meet one of the eligibility requirements for TDAP Type 2.

- (a) Explain that a licensed physician, psychiatrist, psychologist, chiropractor, nurse practitioner, or licensed health practitioner must complete the form.
 - (b) Encourage the individual to collect and submit any supporting medical documentation of their disability with the completed DHR/FIA 402B form.
 - (c) The local department may:
 - Contract with an entity to provide the necessary medical findings to verify the impairment; and
 - Require individuals applying in that local department, as a condition of eligibility for assistance, to use that entity to provide those necessary medical findings.
2. **Purchase Authorization and Invoice form** (DHR/FIA 312)
 - (a) Give the customer the DHR/FIA 312 when the customer does not have the resources to obtain the necessary verification of impairment.
 - (b) Authorizes payment to the Physician completing the DHR/FIA 402B.
 - (c) Payment may not exceed \$60 for an examination that is provided on a completed DHR/FIA 402B, and \$40 for testing when test results or other

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diagnostic evaluation are provided with the completed DHR/FIA 402B, or date provided when results will be available (testing includes laboratory work).

4. **Authorization for Release of Information to a Personal Physician, Hospital or Clinic** (DHR/FIA 161) form - Used to obtain supporting medical documentation from the applicant's treating physicians:
 - (a) Complete a form for each of the applicant's treating physicians.
 - (b) Have the applicant sign and date each form.

5. **Vocational, Educational, and Social Data form** (Form 4204)
 - (a) Inform the applicant that the information from this form is used in the disability determination.
 - (b) Complete the form with the individual.
 - (c) Get clear and concise information.
 - (d) If the individual has applied for SSI, indicate clearly the date and status of the SSI application.
 - (e) Indicate any information that is unknown or not applicable.
 - (f) Completed forms must have the signature and date of both the applicant and the case manager.

6. **The State Review Team (SRT)**
 - (a) A unit that consist of physicians, including specialists
 - (b) Responsible for making disability determinations on all applicants for TDAP when the 402B indicates a disability that is expected to last for 12 months or more.
 - (c) Uses same criteria as the Social Security Administration for making disability determinations.
 - (d) Forward the 402B, 4204, and all supporting medical documentation to the SRT unit for a medical disability determination.

7. **The State Review Disability or Blindness Determination Transmittal** (DHR/FIA 707) form – Used by the SRT to inform the local department of its findings. When it is returned from SRT:
 - (a) Review the DHR/FIA 707 form to determine if the individual is certified as disabled by the SRT.
 - (b) Review the form for re-examination date.

8. **The Disability Entitlement Advocacy Program (DEAP)**

DEAP assists the customer with the requirement to apply for potential benefits, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

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- (a) A State program that assists Public Assistance cash recipients in obtaining SSI and SSDI
- (b) DEAP will initiate the filing of the application for SSA benefits.
- (c) Explain to the customer the requirement to see the DEAP Client Advocate and that a referral will be made when a DHR/FIA 402B form indicates the customer is disabled from working for 12 months or more, or will result in death, (If less than 12 months) is received by the local department.
- (d) DEAP is a free representation service provided by the State for the initial filing of the customer's Social Security benefit claim
- (e) . Explain that whether DEAP, he/she or someone else is their representative, the customer must cooperate with DEAP. That cooperation includes:
 - Keeping scheduled appointments with DEAP, or rescheduling when required.
 - Providing DEAP with information and verification when requested.
 - Keeping scheduled appointments regarding their Social Security benefit claim(s).
 - Identifying a representative for their Social Security benefit claim, which may be anyone of their choosing including self-representation
- (f) Verify the ongoing status of the individual's application for SSDI/SSI benefits using the State Verification Eligibility System (SVES), State Data Exchange (SDX), or State On Line Query (SOLQ).

9. **Authorization for Interim Assistance Reimbursement (IAR) DHR/FIA 340 form.** The agreement signed by the customer that when determined eligible for SSI benefits, 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 TEMHA/TDAP benefits the State paid to the individual.

Explain the requirement to reimburse the State if determined eligible for SSI benefits

Note: DEAP is responsible for completing the DHR/FIA 340 form with the customer and distributing copies of the form to the local case manager, local finance officer, and the customer and maintaining a copy in the DEAP file.

10. **The Appointment of Representative (SSA-1696-U4) form**
- (a) Indicate who the customer appoints as their representative for the SSDI/SSI application process.
 - (b) The customer may appoint anyone of their choosing including self-representation.
 - (c) When appointing someone other than DEAP the customer must provide to DEAP:

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- The name, telephone number of their representative
- When required, verification of their representative's continuing pursuit of the SSA claim.

Note: DEAP is responsible for completing with the customer or having the customer get completed (when the customer selects someone other than DEAP or him or herself as the representative) the SSA 1696 U 4 form and for distributing copies of the form to SSA, the local case manager, the DEAP file and a copy to the customer or representative when the representative is not DEAP.

11. The Primary Adult Care (PAC) program

- Applicants approved for TDAP who are not (yet) eligible for MA may receive medical coverage and assistance in obtaining prescription medication under the PAC program.
- The PAC program is limited to outpatient services and does not provide coverage for hospitalization.
- Give applicants the PAC brochure with contact numbers.

12. Rehabilitation Requirements

As a condition of eligibility for benefits, the local department may require that the individual:

- Participate in appropriate medical treatment as determined by the local department consistent with the medical findings on the medical report form (DHR/FIA 402B);
- Participate in screening for substance abuse by a certified addictions specialist to:
 - Determine the need for substance abuse treatment; and
 - If found to be in need of substance abuse treatment to participate in appropriate treatment when available, and must
- Inform the customer that failure to comply with this requirement without good cause will result in denial or termination of benefits.

13. The Request for Information to Verify Eligibility form (DHR/FIA 1052) – is used to list the additional information that is needed to determine the individual's eligibility.

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

14. Required Verifications:

- Citizenship status
- Social Security number (SSN)

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- Use SDX, SVES, or SOLQ to verify the individual's SSN
 - When the customer does not have an SSN, have the individual apply for one and provide a receipt from SSA verifying it.
- (c) Resources and/or assets reported by the customer or that become known to the local department.
- (d) Income, including gross income of a spouse or sponsor.
- (e) Any information that is unclear or questionable.