

DEPARTMENT OF HUMAN SERVICES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY CASH ASSISTANCE MANUAL	
DISABLED TCA APPLICANTS AND RECIPIENTS 800	COMAR 07.03.03.08	TCA FOR THE DISABLED 800

800.1 REQUIREMENTS

- A. Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 require all state and local agencies administering a federal program to attempt to identify disabilities and provide reasonable accommodations or program modifications where applicable. ADA compliance is part of providing good customer service.
- B. ADA and Section 504 of the Rehabilitation Act outline three key requirements that protect the rights of customers with disabilities. They are:
1. Ensuring equal access to all programs. The local department must offer appropriate services that allow people with disabilities to receive individualized treatment.
 2. Modifying practices and procedures. Adjust, to the extent possible, the application process and procedures, training and education programs, work activities and other factors to ensure equal opportunities.
 3. Providing non-discriminatory program administration. Ensure that employees, vendors and service providers are experienced and skilled in working with individuals who have disabilities.
- C. 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. The screening process can also reveal a potential exemption from work requirements if the adult is needed at home to care for a disabled household member. While adults with a long term disability are exempt from work requirements under state law¹ and COMAR², they have the right to participate voluntarily in TCA work activities. They are not exempt under federal law.
- This is important because, effective October 1, 2015, long term disabled TCA recipients were moved from solely state funded to federally funded TCA and therefore count toward the work participation rate.
- D. If the customer claims impairment, the case manager provides the customer a **Medical Evaluation Form DHS/FIA 500** to be completed by a licensed health care provider showing the diagnosis and the expected length of the disability.
- A licensed health provider includes, but is not limited to any of the following:

¹ Human Services Article §5-308(b)(2)(ii)

² COMAR 07.03.03.07-1D(2)

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Physician –medical doctor	Podiatrist –medical doctor specializing in diseases and care of the foot.	Licensed Clinical Social Worker -A social worker trained in <u>psychotherapy</u> who helps individuals deal with a variety of <u>mental health</u> and daily living problems to improve overall functioning.
Psychiatrist - medical doctor specializing in the diagnosis, prevention and treatment of mental or emotional illnesses	Psychologist - a professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists can only use talk therapy as treatment. They are not medical doctors and may not write prescriptions.	Registered Nurse Practitioner –a licensed health care provider. May or may not be in a specialized field and may or may not be under the supervision of a medical doctor.
Certified Nurse Mid-Wife -a licensed individual specializing in prenatal care and delivery of a baby.	Physician’s Assistant - a licensed health care provider who usually, but not always, works under the supervision of a medical doctor. May or may not be in a specialized field.	Ophthalmologist -a medical doctor specializing in medical diseases, anatomy and care of eyes.

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
 3. Do not delay a reasonable accommodation decision because a DHS/FIA 500 disability form is not in the program participant's case record
- E. 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 DHS/IMA 312** to pay physicians \$60 for an examination and up to \$40 for lab work.

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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. The supervisor can sign the DHS/IMA 312 only **after** services have been provided.

F. Case managers must 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 previous denial or termination.

- It is a technical factor of eligibility that TCA customers must apply for all benefits for which they may be entitled. Customers who do not apply for potential benefits are ineligible for assistance.

G. The following TCA individuals are mandatory for a referral to SSA 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 total 12 months of disability and the customer **cannot** work.

NOTES:

- When a disabled individual is in State-funded TCA 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 included in the assistance unit and is not mandatory to be referred to SSA, but should be encouraged to apply for SSI/SSDI.

H. Children being cared for by relatives, other than their parents receive a TCA room and board payment that is one person higher than the number of children when there is a needy caretaker. Case managers treat the case the same as if the needy caretaker was included in the TCA, except the caretaker is not required to go to SSA,(for themselves), participate in a work activity and is not subject to substance requirements. The case manager must advise a disabled

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TCA customer, that he or she is mandatory to apply for SSI and SSDI and must provide proof that he or she did so.

1. Make sure there is an **Interim Payment Reimbursement form (DHS/IMA 340)** that allows the State to recover TCA benefits paid before October 1, 2015 on behalf of the disabled individual that are concurrent with the period covered by an SSI lump sum payment, if appropriate
 - The Finance Department at DHS Central manages the 340 process for TCA cases prior to October 1, 2015 and completes the SSI reimbursement transaction with SSA.
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
- E. Failing to comply with the requirements may result in the TCA being denied or closed
- F. The disabled individual referred to SSA remains in TCA:
1. While pursuing 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 must pursue SSI/SSDI through the Disability Advocacy Program if offered, 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.

- G. If the mandatory individual (or in the case of a child, the adult caretaker), after being supplied with reasonable accommodation, fails to meet any of the requirements for a disabled customer without good cause, 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

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- 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.

800.2 OTHER ELIGIBILITY CRITERIA

A. The families with a disabled member in the TCA program are:

1. Exempt from TCA work requirements and the 60 month lifetime limit through a hardship exemption if the disabled family member has a long term disability and is cooperating with the SSI requirement

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) and Section 504 of the Rehabilitation Act of 1973.

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 TCA and Medical Assistance

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

800.3 REFERRAL PROCESS

A. Allow the customer no more than 30 days to contact SSA and begin the application process

1. Refer the customer's information to the Disability Advocacy Program.

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2. Customers must provide proof they filed an application for SSI or they have an existing claim pending a decision.
 3. If the customer has submitted a 500 form 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.
 - In LDSS offices that operate under the Business Process Model, the LDSS must develop a procedure to ensure that after 90 days the case is reviewed to ensure the customer applied for SSI.
- B.** If the customer does not comply during the 745 follow up process, the Disability Advocacy Program or the process developed by the LDSS, 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.
- The closing is because the customer failed to follow through on obtaining all potential income he or she may be entitled to.

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
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For FIA purposes, we refer to it all as the appeal process
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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

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- 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. Remove 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.
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- b. Add the new income for the Supplemental Nutrition Assistance Program case
 - c. The case manager must 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 an SSDI lump sum which will cause the TCA case to be ineligible for at least one month
 5. DHS centralized the IAR process for collection of the SSI reimbursement including TCA customers who signed the 340 form prior to October 1, 2015.
 - Budget and Finance created the central unit to work with SSI and supply the needed information to them including the signed 340 form when the customer is approved for SSI.
 - The unit tracks the receipt of the reimbursement funds as they come into DHS and also any funds that are not able to be reimbursed.

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- After October 1, 2015 TCA customers did not have to sign the 340 and Maryland is not eligible for an SSI reimbursement for new TCA applicants after that time.

800.5 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 (manual calculation):
 - 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
 2. Disregard any remainder
 3. The period of ineligibility begins with the month following the end of the adverse action notice period

Example:

Ms. Watts receives TCA of \$636 for herself and 2 children. She received a \$700 SSDI lump sum and on-going monthly benefits of \$100. $\$700 + \$100 = \$800$

- $\$800 / \$636 = 1$ months with \$164 remaining
- The family is ineligible for 1 month, disregard the \$164
- Once the lump sum ineligibility period is over, count the \$100 SSDi as unearned income.

- 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

800.6 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

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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 (DHS/FIA 500) confirming that she is permanently disabled.

- The case is federally 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 federally 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), Example 3. The Redd family received TCA through the 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. The remaining family members continue to be eligible for TCA.
- CARES automatically adjusts the Supplemental Nutrition Assistance Program benefit because of the decrease in TCA income and when the case manager enters the SSI income on the CARES UNIC screen for Ms. Redd

Example 4. Ms. Orange received assistance for herself and 2 children. During the application process, she provided a DHS/FIA 500 medical report signed by her medical doctor confirming that she was unable to work for 7

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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 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 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. 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 / \$971 (maximum benefit for 6) = 3 months with \$387 remainder
 - The children are ineligible from December (after adverse action) through February

Example 6. Mrs. Haze provided a 12-month medical report during the application process and the case was certified as 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