DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY CASH ASSISTANCE MANUAL	
CORRECTIONAL FACILITIES AGREEMENT (DPSCS) 1310	COMAR 07.03.03.04	SUPPORTIVE SERVICES 1300

## 1310.1 REQUIREMENTS

- A. An agreement between DHR and the Maryland Department of Public Safety and Correctional Services (DPSCS) created a mechanism to assist inmates who are terminally ill or chronically mentally ill to access benefits prior to their release date
- B. Inmates who qualify for services under the agreement:
  - 1. Will reside in Maryland upon release
  - 2. Have a projected release date at least 6 weeks in the future
  - 3. Do not have detainers from other jurisdictions that would result in another incarceration, and
  - 4. Have one of the following conditions:
    - a. AIDS/HIV+ and in need of treatment
    - b. Are terminally ill
    - c. Chronically mentally ill, requiring inpatient care upon release
- C. The local department receives the application and all needed verifications before the inmate is released

## 1310.2 DIVISION OF CORRECTION RESPONSIBILITIES

- A. Identify potentially eligible inmates and complete a needs assessment
- B. Develop release plans indicating living arrangements upon release
- C. Make referrals to the local department within 45 60 days of the expected release date with:
  - 1. An application
  - 2. A release plan
  - 3. All verifications
- D. Conduct the face-to-face interview (done by social work staff at the correctional facility)
- E. Forward the application to the local department serving the area where the inmate will live upon release along with:

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- 1. The address and type of living arrangements upon release
- 2. Verification of Social Security number
- 3. Income verification, and if no income, documentation of how living expenses will be paid
- 4. Verification of resources
- Completed DHR/FIA #402-B and DHR/FIA/DEAP 334-B medical forms and DHR/IMA 340 Interim Payment Reimbursement form
- 6. Verification that all potential resources have been applied for and the current status of those applications
- 7. Any other pertinent information
- F. Call the local department to:
  - 1. Alert them to the coming application
  - 2. Provide the name and number of the correctional staff contact person

## 1310. 3 LOCAL DEPARTMENT RESPONSIBILITIES

- A. Provide correctional facilities with necessary applications and forms upon request
- B. Provide local department contact name and telephone number
- C. Complete the following actions upon receipt of the application:
  - 1. Date stamp the application
    - The actual release date is the filing date
  - Assign the application to a case manager for review, who will:
    - Request additional information from the correctional staff if needed

**Note:** Do not make a referral to the State Review Team (SRT) since those receiving TCA also have federally funded Medical Assistance.

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- D. Take action to finalize the case when notified that the inmate has been released by:
  - 1. Entering the case on CARES using the release date as the filing date, or adding the individual to an existing TCA case
  - 2. Making an eligibility decision within 10 days if all the information has been provided, or
  - Requesting additional information from the applicant, if needed, using a DHR/FIA 1052
    - a. If the information is not received in 15 days (30 days if additional time is requested):
      - i. Deny the application, or
      - ii. Close the case if the inmate is required to be in an existing assistance unit
    - b. Make the eligibility decision within 10 days of receiving the information
  - 4. Sending a copy of all decisions and requests for information to the Department of Corrections social worker
- E. Keep a log of all incoming applications, case managers assigned, and case dispositions

## 1310.4 ADDING THE INMATE TO A TCA CASE

- A. When the inmate has no income and is otherwise eligible, add the needs of the inmate to the existing grant effective the month after the month of application (release)
- B. When the inmate has income and is otherwise eligible, add the inmate to the assistance unit and then add the income (This is a CARES requirement.)
  - 1. If the grant increases, the change is effective the month after the month of application
  - 2. If the grant decreases or the case closes, the change is effective the month after the expiration of the adverse action notice

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- C. Prior to July 1, 2000, if the inmate was convicted of a felony that occurred after August 22, 1996 and involved a controlled substance, that person cannot be in the assistance unit
  - 1. The inmate who is a parent is coded on CARES as an ineligible parent and a prorated share of the inmate's income is applied to the assistance unit
  - 2. If the inmate parent had no income, the grant would not change
  - 3. The inmate who is a convicted drug felon is eligible for Medical Assistance from the first day of the month of application
- D. Effective July 1, 2000, the inmate who was convicted of a drug-related felony that occurred after August 22, 1996 is eligible if the inmate:
  - 1. Will be a custodial parent upon release
  - 2. Agrees to comply with drug testing and treatment requirements, and
  - 3. Was not convicted after July 1, 2000 while receiving TCA, WAG or Emergency Assistance except as stated in E below
- E. Custodial parents who are <u>convicted of</u> a drug related felony on or after July 1, 2000 <u>while receiving</u> TCA, WAG, or Emergency Assistance are ineligible for one year <u>from the date of the conviction</u>
  - 1. After one year, the parent may reapply and agree to comply with drug testing and treatment
  - 2. If the inmate was convicted on or after July 1, 2000 while receiving cash benefits and is released within a year of the conviction, the inmate is technically ineligible and cannot be included in the assistance unit until one year from the date of conviction
  - 3. The inmate is eligible for Medical Assistance from the first day of the month of application whether or not one year has passed since the conviction

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