



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
 600 Washington Street • Boston, MA 02111


DEVAL L. PATRICK  
 Governor

JUDYANN BIGBY, M.D.  
 Secretary

TIMOTHY P. MURRAY  
 Lieutenant Governor

JOHN A. WAGNER  
 Commissioner

**Field Operations Memo 2007-8**  
**February 6, 2007**

**To:** Transitional Assistance Office Staff  
**From:**  John Augeri, Assistant Commissioner for Field Operations  
**Re:** Department Obligations Under the Americans With Disabilities Act (ADA)

**Introduction**

The Department has certain obligations towards applicants and recipients under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Section 504 makes it illegal for public agencies receiving federal funds to discriminate against individuals with disabilities. Title II of the ADA prohibits discrimination on the basis of disability by states and government entities. Generally, the Department must provide an individual equal opportunity to participate in or benefit from its programs. The Department's ADA regulations can be found at 106 CMR 701.390 for the cash assistance and Emergency Assistance programs, and 106 CMR 360.250 for the Food Stamp program.

**Purpose of Memo**

The purpose of this memo is to remind TAO Staff about:

- current ADA policies; and
- **TAO Accommodation Teams** used for handling and reviewing ADA-related issues including requests for **ADA accommodations**.

This memo should reinforce and add to information TAO staff have received in mandatory ADA training.

**Obsolete Memo**

This memo obsoletes Field Operations Memo 2005-45.

**ADA Definition  
of Disability**

ADA defines disability as:

- a physical or mental impairment that substantially limits one or more major life activities;
- having a record of such an impairment; or
- being regarded as having such an impairment.

Major life activities include caring for oneself, walking, performing manual tasks, seeing, hearing, breathing, learning and working.

Disability under the ADA can include “hidden” disabilities such as learning disabilities or psychological impairments.

**Note:** A person may be qualified for an ADA accommodation without qualifying for a disability exemption for a Department program. The ADA has different standards for determining disability than the standard used to determine exemption eligibility.

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**ADA and  
Reasonable  
Accommodation**

DTA must provide ADA accommodations to “qualified individuals with disabilities” allowing them to meet Department requirements and to utilize Department services. Examples of ADA accommodations could be:

- arranging to hold an administrative hearing in a wheelchair-accessible room for a recipient with mobility limitations;
- providing special learning aids in an ESP training program for an individual with a learning disability; or
- waiving face-to-face interviews for individuals whose disabilities prevent traveling.

To be protected under the ADA, applicants and recipients must be “qualified individuals with disabilities,” which means being able to meet all of the **essential** eligibility requirements for the Department’s programs and services, either with or without an ADA accommodation. ADA accommodations should not fundamentally alter the nature of services or activities of the affected programs.

For example, a recipient whose disability has resulted in a foster placement for her only child will **not** meet one of the essential elements of TAFDC which requires that the dependent child live with the parent. Nor would it be an ADA accommodation to entirely waive the housing search requirement for a disabled EA recipient, because to waive housing search would fundamentally alter the EA program by changing it from a temporary emergency shelter program to a permanent housing program.

**Note:** Agencies that contract with the Department such as shelters or ESP providers also have ADA obligations. If an AU Manager feels that the contractor is not meeting its obligations, that issue should be raised to the TAO Accommodation Team.

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**TAO  
Accommodation  
Teams**

TAO Accommodation Teams are in charge of handling all aspects of ADA requests including helping the applicant or recipient submit an ADA request, assisting with verifications, if necessary, consulting with colleagues on how to handle requests, approving or denying ADA requests, etc. Each TAO has a TAO Accommodation Team composed of three members. There are two fixed members per office, usually the TAO Director and a Supervisor and a revolving member (usually the AU Manager assigned to the applicant or recipient requesting the ADA accommodation). TAO Accommodation Teams will meet on a case-by-case basis whenever necessary and appropriate.

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**Recognizing an  
ADA  
Accommodation  
Request**

AU Managers should be alert to situations where it appears an applicant or recipient is having difficulty with a Department service, activity, rule or requirement because of a disability. If such a situation arises, they should inform the individual of the opportunity to request an ADA accommodation. They should not, however, assume an individual has a disability unless the condition is obvious, for example, an individual uses a wheelchair, or the individual has informed the AU Manager of the disability.

If an applicant or recipient communicates to the AU Manager that the applicant or recipient has a physical or mental disability that prevents meeting Department requirements or from utilizing Department services, that individual may be requesting an ADA accommodation. There are no “magic words” a recipient needs to use to identify an ADA accommodation; any such communication should be acted upon.

Accordingly, requests for ADA accommodations can be made either orally or in writing to the AU Manager, TAO Accommodation Team or Director of Equal Opportunity. An ADA accommodation may be requested at **any time**.

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## The Accommodation Process

Each ADA accommodation request must be considered individually as the decision to approve or deny the request is based upon the particular facts of each case. If an ADA accommodation is warranted, deciding the particular accommodation is usually an interactive process between the applicant or recipient, the applicant's or recipient's authorized representative, the Department and possibly the applicant's or recipient's medical providers. AU Managers are encouraged to discuss ADA accommodations with the Director of Equal Opportunity prior to making a determination if help is needed.

AU Managers are responsible for completing the **ADA-1** accommodation request form (**Attachment A**) as well as ensuring approved accommodations are implemented. Once a decision is reached, document it on the ADA-1 and send copies to the TAO Accommodation Team, the Director of Equal Opportunity and retain the original in the AU record.

If a requested ADA accommodation is something the AU Manager would and could do regardless of whether a disability exists, then the AU Manager does not need to submit the request to the TAO Accommodation Team for approval, but should, alone or with the supervisor, implement the accommodation, complete the ADA-1 and place it in the AU record. A copy of the ADA-1 must still be forwarded to the TAO Accommodation Team so it can be documented in their records as well.

**Example:** An applicant requests an afternoon appointment so she can attend therapy for her back disability in the morning. As the AU Manager would and could approve this request for a reason unrelated to disability, it should be approved without referring the applicant to the TAO Accommodation Team.

If a requested ADA accommodation is something the AU Manager would not normally do, or if no accommodation readily presents itself, then the AU Manager must submit the request on the ADA-1 to the TAO Accommodation Team to determine an appropriate response.

If the TAO Accommodation Team approves an ADA accommodation, then the AU Manager must document it on the ADA-1, inform the applicant or recipient and implement the approved accommodation as soon as possible.

**Example:** A recipient says she needs more than ten days to provide documentation needed to verify her continuing TAFDC eligibility because her depression has incapacitated her. Because she is requesting a modification of the Department verification policy, this request should be referred to the TAO Accommodation Team. The AU Manager should also offer to assist the recipient in obtaining these verifications while the ADA request is pending.

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**The  
Accommodation  
Process  
(continued)**

If the ADA accommodation is denied or a different accommodation is approved than the one requested, the applicant or recipient must receive **written** notice in the form of the completed ADA-1 which informs him or her of the TAO Accommodation Team's decision as well as the right to contact their AU Manager to request reconsideration of the decision. AU Managers must also send the applicant or recipient a multi-lingual notice with the completed copy of the ADA-1.

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**Reconsideration  
of  
Accommodation  
and Appeal  
Rights**

If the TAO Accommodation Team denies the ADA accommodation request, or offers an ADA accommodation different from the original request, the individual can request reconsideration by the Central Office Accommodation Appeal Committee. The AU Manager must ensure a copy of the completed ADA-1 is faxed to the Assistant Commissioner for Field Operations at (617) 348-5659 to begin the reconsideration process.

If the Central Office Accommodation Appeal Committee approves the applicant or recipient's original ADA accommodation request, then implementation of the ADA accommodation must begin immediately.

If the Central Office Accommodation Appeal Committee upholds the denial or upholds the ADA accommodation the applicant or recipient originally refused, **written** notice in the form of the **ADA-2 (Attachment B)** must be sent by a Central Office representative to the applicant or recipient stating the denial and the individual's right to a Fair Hearing. The ADA-2 also informs the individual of his or her right to file a claim with the Massachusetts Commission Against Discrimination and/or the Office for Civil Rights of the U.S. Department of Health and Human Services and must be accompanied by a multi-lingual notice.

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**Request for  
Modification**

If, after implementing an ADA accommodation, a request for modification of the accommodation is made, it must be (re)submitted to the TAO Accommodation Team for approval. A new ADA-1 must be completed indicating the applicant or recipient is requesting a modification of the initial ADA accommodation request. The procedures used for requesting modification of an ADA accommodation are the same used for requesting an ADA accommodation.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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Attachment A

REQUEST FOR AN ADA ACCOMMODATION

- Initial Request
- Modification of Initial Request

\_\_\_\_\_  
TAO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Recipient Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Street Address/City/ZIP

**Reason for ADA Accommodation Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested ADA Accommodation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant/Recipient Signature**

**Date**

\_\_\_\_\_  
**AU Manager Signature**

**Date**

**Decision:**  **Approved**  **Denied**

Approved Accommodation (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This decision was reached \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: If you disagree with the decision reached by the TAO Accommodation Team you have the right to reconsideration by the Central Office Accommodation Appeal Committee. Please see the reverse.**

\_\_\_\_\_  
**Department Representative Signature**

\_\_\_\_\_  
**Date**

**REQUEST FOR AN ADA ACCOMMODATION RECONSIDERATION**

I disagree with the decision on the reverse and request the decision be reconsidered.

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

**Return to:**

**Director of Equal Opportunity  
Equal Opportunity Unit  
Department of Transitional Assistance  
600 Washington Street  
Boston, MA 02111**

**IMPORTANT: If the Central Office Accommodation Appeal Committee upholds the TAO Accommodation Team decision, you have the right to a Fair Hearing.**

*Massachusetts Department of Transitional Assistance*  
**CENTRAL OFFICE ACCOMMODATION APPEAL  
COMMITTEE REVIEW FORM**

**Attachment B**

\_\_\_\_\_  
TAO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Recipient Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Street Address/City/ZIP

**This is to inform you that the Central Office Accommodation Appeal Committee has reviewed your request for a Reasonable Accommodation and have:**

Approved your request for an ADA Accommodation.

Denied your request for an ADA Accommodation.

**If the ADA Accommodation request was denied or a different ADA Accommodation was granted than the one requested, the reason for this decision is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you disagree with the decision reached by the Central Office Accommodation Appeal Committee you have the right to a Fair Hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice. You also have the right to file a claim with the Massachusetts Commission against Discrimination and/or the Office for Civil Rights of the U.S. Department of Health and Human Services. You may also contact your local legal services office for more information about your rights.**

\_\_\_\_\_  
Accommodation Team Representative Signature

\_\_\_\_\_  
Date



Notice of Request for a Fair Hearing  
**Massachusetts Department of Transitional Assistance**  
Division of Hearings  
P.O. Box 167, Boston, Massachusetts 02112-0167

**YOUR RIGHT TO APPEAL:** If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 21 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

**HOW TO APPEAL:** If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 120167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311.** Please keep the copy for your own records.

**IF YOU ARE CURRENTLY RECEIVING ASSISTANCE, READ THIS BLOCK:** Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, DTA can recover from you the assistance to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received assistance will count toward your time-limited benefits. If you do not wish to continue to receive assistance during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

**WHEN THE HEARING WILL BE HELD:** You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the hearing impaired), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

**YOUR RIGHT TO BE ASSISTED AT THE HEARING:** If you cannot speak English or understand it well or if you are hearing impaired and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost. You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

**NONDISCRIMINATION NOTICE FOR CLIENTS:** Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5599 for the hearing impaired).

I, \_\_\_\_\_, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.

The reason I wish to request a fair hearing is \_\_\_\_\_

Your Name (Print) \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/ZIP \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_

My authorized representative is: Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_