



William F. Weld
Governor
Argeo Paul Cellucci
Lieutenant Governor

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

Joseph Gallant
Secretary
Claire McIntire
Commissioner

Field Operations Memo 96-29
August 20, 1996

TO: Local Office Staff
FROM: Joyce Sampson, Assistant Commissioner for Field Operations
RE: Expired TAFDC Disability Supplements

Introduction

The process that will automate mailing of TAFDC disability supplements is being developed. Since, for some recipients, the length of time the Disability Review Unit (DRU) expected the recipient to be disabled has already passed, or is about to pass, local offices must mail disability supplements to these recipients. This manual process will continue until the automated process begins.

HealthPro has changed its name to United HealthCare. In the future the HealthPro Liaison will be referred to as the DRU Liaison.

Central Office Actions

Central Office has identified recipients whose disability period expired or will expire during the months of January through September 1996. A list of these recipients by local office will be sent to local offices. The list contains the names of recipients (either the case head or the other adult dependent), their SSNs, and the date they were due to be reviewed by DRU. All local offices except Nantucket will receive a list.

**Local Office
Checks Case
Record**

Local office workers must check the case record to determine the current status of the case; if closed, no action is required. If the individual on the list is not the case head, the worker must make an inquiry on FMCS to determine the case head. Do this by selecting function "R" from the FMCS Application Inquiry Menu. If the case has transferred to another office, the director or designee should contact the current office, which is responsible for the follow-up activities.

If local office workers have already requested an updated disability supplement from the recipient, then it is not necessary to send another at this time. However, workers should follow the instructions contained in this memo regarding the follow-up activities.

**Attachments
A and B**

If the case is open, workers need to determine what notice (see Attachments A and B) to send to the recipient with a disability supplement.

The notice provided in **Attachment A** must be sent to a recipient in a two-parent (CAT TYPE I) case when:

- only one parent is disabled; or
- both parents are disabled and both have been determined disabled by DRU and have a duration.

The notice provided in **Attachment B** must be sent to a recipient when the recipient:

- is a single grantee and is exempt because he or she is disabled;
- is in a two-parent (CAT TYPE I) case and both parents are disabled but only one has been determined disabled by DRU and has a duration; or

- is in a two-parent (CAT TYPE U) case and is exempt because he or she is disabled.

The notices must contain the name of the recipient (the case head or the other adult dependent) and the date that the recipient must respond by. This date is 10 calendar days from the day the notice and disability supplement are mailed.

On the notice provided in Attachment B workers must check off either one or both of the exemptions.

Copies of the notices should be given to the DRU Liaison for control and maintenance purposes.

Since these notices will not be issued through the regular distribution process, local offices are responsible for making copies.

Local Office Mailing

Local office workers must send to each identified recipient a:

- notice explaining the mailing (either Attachment A or B):
- TAFDC Disability Supplement; and
- multilingual notice.

File a copy of the notice in the case record and give a copy to the DRU Liaison.

Recipient Follow-up

If the recipient *returns* the completed disability supplement within 10 days with all the required information, the worker should forward it to DRU in the usual manner. Refer to Field Operations Memo 95-39 and Fax 96-5 for information relating to DRU referrals.

If the recipient *fails to return* the disability supplement and the recipient was sent the notice on *Attachment A*, the worker needs to check to determine if the other parent qualifies as an incapacitated parent or if either parent meets the unemployed parent criteria.

- If the other parent qualifies as an incapacitated or unemployed parent, the worker must schedule an eligibility review to discuss the change in status and the work program requirements. At the interview explain that the parent who failed to return the disability supplement must have his or her status changed to nonexempt and the case is subject to the rules concerning the reduced need and payment standards. An updated Exempt/Nonexempt Status Notice (TAFDC-5) must be given to the recipient.
- If the other parent does not qualify as an incapacitated parent and neither parent qualifies as unemployed parent, the case is ineligible and should be closed using AR 40.

If the recipient ***fails to return*** the disability supplement and ***Attachment B*** was sent, the worker must schedule an eligibility review to discuss the change in status and the work program requirements. At the interview explain to the recipient that his or her status must be changed to nonexempt and the case is subject to the rules concerning the reduced need and payment standards. An updated TAFDC-5 must be given.

**Be Sure Coding
Is Correct**

Workers are reminded of the importance of correct coding for all cases. The Program Code (Block 44), the Case Action Reason (Block 33), the Save Code (Block 43) and the Dep Action Reason (Block 89) must all be correct.

For the correct Program Code, Action Reason, Save Code and EP Code entries, refer to the *Systems User's Guide*, Volume 1: PACES. For examples of the use of specific Program Codes and Action Reasons see Field Operations Memo 95-31, Attachment A, pages 13-16.

EP Code

The EP Code (Block 40) is entered by the local office worker and represents the month that DRU expects the recipient's disability to expire. It must be checked for accuracy. If found to be incorrect or outdated, it must be corrected at the time DRU responds with a new disability duration. If the case contains an adult member who is disabled and a referral to DRU is not required, the EP Code should be "S." *The future automated mailing of TAFDC disability supplements depends on the correct entry in the EP Code.*

Questions

If you have any questions, have your Hotline Designee call the Policy Hotline at (617) 348-8478.



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96-29
Attachment A

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Local Office

Re: Returning an Up-To-Date Disability Supplement

Dear _____,

Your family is on TAFDC because you have a disability. The disability supplement in your TAFDC file is out of date. We need a new disability supplement to see if your family can continue to receive TAFDC due to your medical problem. We are sending a new disability supplement for you to complete and return to this office by the date specified below.

To make sure you can continue to receive TAFDC benefits, you must:

- (1) complete the disability supplement; and
- (2) return the completed disability supplement to this office at the address above by _____.

Be sure to follow the instructions on the first page of the disability supplement.

If you are not sure of what you are supposed to do, or if you need help, please call your worker at _____.

Important: We must have this up-to-date disability supplement to keep your case open. If we do not get it, or do not hear from you, we may close your case. You will receive a separate notice if your TAFDC benefits are going to stop.

Thank you for your cooperation in this matter.

Worker Signature

Date



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 Oficina local

Asunto: Entrega de Expediente de Incapacidad Actualizado

Estimado(a) _____,

Su familia está recibiendo beneficios del programa de TAFDC debido a su incapacidad. Los datos del expediente de incapacidad en su archivo del programa de TAFDC no han sido actualizados. Nuestra oficina necesita los datos actualizados en su expediente de incapacidad a fin de determinar si su familia puede seguir recibiendo beneficios del programa de TAFDC debido a su problema médico. Adjunto a la presente, se le está enviando un nuevo expediente de incapacidad para que lo complete y envíe a esta oficina antes de la fecha especificada a continuación.

Para que usted continúe recibiendo beneficios del programa de TAFDC, debe:

- (1) llenar el expediente de incapacidad; y
- (2) enviar el expediente de incapacidad lleno a esta oficina a la dirección arriba indicada antes del _____.

Asegúrese de seguir las instrucciones señaladas en la primera página del expediente de incapacidad.

Si no está seguro de lo que debe hacer o si necesita ayuda, sírvase llamar a su trabajador al _____.

Importante: Es necesario que recibamos su expediente de incapacidad actualizado para que su caso continúe abierto. Si no lo recibimos, o si no se comunica con esta oficina, podemos cerrar su caso. Usted recibirá una notificación por separado si sus beneficios del programa de TAFDC van a ser suspendidos.

Agradecemos su colaboración al respecto.

 Firma del Trabajador

 Fecha



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96-29
Attachment B

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Local Office

Re: Returning an Up-To-Date Disability Supplement

Dear _____,

You are exempt from: _____ the reduced need and payment standards
_____ the work program requirements

because you have a disability. The disability supplement in your TAFDC file is out of date. We need a new disability supplement to see if you are still exempt because of your disability. We are sending you a new disability supplement for you to complete and return to this office by the date specified below.

To make sure you remain exempt, you must:

- (1) complete the disability supplement; and
- (2) return the completed disability supplement to this office at the address above by _____.

Be sure to follow the instructions on the first page of the disability supplement.

If you are not sure of what you are supposed to do, or if you need help, please call your worker at _____.

Important: We must have this up-to-date disability supplement for you to remain exempt. If we do not get it, or do not hear from you, we may close your case. You will receive a separate notice if your TAFDC benefits are going to stop.

Thank you for your cooperation in this matter.

Worker Signature

Date



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 Oficina local

Asunto: Entrega de Expediente de Incapacidad Actualizado

Estimado(a) _____,

Usted está exento de: _____ la necesidad reducida y normas de pago
 _____ los requisitos del programa de trabajo

debido a que usted se encuentra incapacitado. Los datos del expediente de incapacidad en su archivo del programa de TAFDC no han sido actualizados. Nuestra oficina necesita los datos actualizados en su expediente de incapacidad a fin de determinar si usted todavía está exento por su incapacidad. Adjunto a la presente, se le está enviando un nuevo expediente de incapacidad para que lo complete y envíe a esta oficina antes de la fecha especificada a continuación.

Para que usted siga exento, debe:

- (1) llenar el expediente de incapacidad; y
- (2) enviar el expediente de incapacidad lleno a esta oficina a la dirección arriba indicada antes del _____.

Asegúrese de seguir las instrucciones señaladas en la primera página del expediente de incapacidad.

Si no está seguro de lo que debe hacer o si necesita ayuda, sírvase llamar a su trabajador al _____.

Importante: Es necesario que recibamos su expediente de incapacidad actualizado para que pueda permanecer exento. Si no lo recibimos, o si no se comunica con esta oficina, podemos cerrar su caso. Usted recibirá una notificación por separado si sus beneficios del programa de TAFDC van a ser suspendidos.

Agradecemos su colaboración al respecto.

 Firma del Trabajador

 Fecha