



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

Argeo Paul Cellucci  
Governor

Jane Swift  
Lieutenant Governor

FAX 99-152

William D. O'Leary  
Secretary

Claire McIntire  
Commissioner

**Field Operations Memo 99-10 L**  
**December 7, 1999**

**To:** Transitional Assistance Office Staff  
**From:** Joyce Sampson, Assistant Commissioner for Field Operations  
**Re:** *Smith v. McIntire* Lawsuit

**Background**

The Department of Transitional Assistance **has been ordered by the court** to take action on certain former recipients impacted by the *Smith v. McIntire* lawsuit whose requests for reinstatement were denied.

**Overview**

The Department must:

- reschedule appointments using a special appointment letter (Attachment A) for former recipients previously denied for failure to keep an appointment. This letter informs former recipients that their request for reinstatement of benefits may be denied if the appointment is not kept (there are approximately 150 of these cases statewide);
- send a notice (Attachment B) to former recipients who were denied for withdrawing their request for reinstatement, informing them of their right to have the request reinstated if they make the request to the Legal Division at Central Office *by December 24* (there are approximately 50 of these cases statewide); and
- review for accuracy applications denied due to excess income and, if appropriate, reinstate those cases where the earned income disregards were not applied (there are approximately 75 of these cases statewide).

**Legal Division  
Responsibilities**

The Legal Division will:

- compile lists of the three groups described on the previous page;
  - fax the lists in conjunction with this Field Operations Memo to the appropriate Transitional Assistance Offices;
  - send the notice (Attachment B) to former recipients who withdrew their application, receive any requests for reinstatement resulting from the mailing of Attachment B and inform Transitional Assistance Offices about these requests for reinstatement.
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**Transitional  
Assistance  
Worker  
Responsibilities**

The Transitional Assistance Worker must:

- review the list(s) of affected former recipients for accuracy and completeness;
  - **for former recipients denied because of a failure to keep appointments, by December 17** schedule a new appointment **using Attachment A** to reprocess their request for reinstatement.
    - If the former recipient keeps the appointment, process their request according to existing procedures found in Field Operations Memo 99-10 G.
    - If the former recipient does not keep the **new** appointment, see 106 CMR 701.440 for regulations regarding this situation, the rescheduling of appointments and the reinstatement of benefits for those who complete the reinstatement process within 30 calendar days of the date of denial. If the former recipient does not keep the appointment and does not call the Transitional Assistance Worker or does not keep the second scheduled appointment, deny the request for reinstatement with an *NFL-5* using the following language:  
“Your request for reinstatement is denied because you failed to keep appointment(s) scheduled by the Department to review your eligibility. If you reschedule your appointment and submit necessary verification within 30 days of this notice, your application for benefits will be reinstated.”  
The manual citations to use are 106 CMR 701.440 and 702.240.
  - **for former recipients denied because of excess income**, review the case for accuracy by performing a recalculation on the PACES CALC Screens using the income that caused the denial. Compare that recalculation to information in the case record (e.g., PACES Worksheet, PACES Denial Notice) to determine if the appropriate earned income disregards were used in the original calculation.
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**Transitional  
Assistance  
Worker  
Responsibilities  
(continued)**

- If the appropriate earned income disregards *were* applied, annotate the list, print the PACES CALC Screens and submit the information to the Transitional Assistance Supervisor for review.
- If the appropriate earned income disregards *were not* applied, recalculate eligibility for the request using the earned income received for the time period of the initial request and the appropriate earned income disregards. If eligible, cases must be established either retroactive to May 13 (for former recipients who previously filed an extension request) or the original date of their request for reinstatement (for former recipients who did not previously file an extension request). See Field Operations Memo 99-10 G Page 3 for clarification. Copy the PACES Worksheet and the resulting PACES notice, annotate the list and submit the information to the Transitional Assistance Supervisor for review.

***NOTE:** For these cases, some requests will not have the earned income disregards applied due to not passing the 185% Test of Eligibility.*

**For former recipients who have withdrawn their original request and who inform the Legal Division that they want that request reconsidered**, the Legal Division will put the eligibility date for the request on the form, fax the form to the Transitional Assistance Office and notify the Transitional Assistance Office that an appointment must be scheduled **using Attachment C**. These appointments must be scheduled *within ten days* of the Legal Division's receipt of the request for reconsideration.

- If the former recipient keeps the appointment, process the request according to existing procedures found in Field Operations Memo 99-10 G.
- If the former recipient does not keep the **new** appointment, see 106 CMR 701.440 for regulations regarding this situation, the rescheduling of appointments and the reinstating of benefits for those who complete the reinstatement process within 30 calendar days of the date of denial. If the former recipient does not keep the appointment and does not call the Transitional Assistance Worker or does not keep the second scheduled appointment, deny the request for reinstatement with an *NFL-5* using the following language:  
 "Your request for reinstatement is denied because you failed to keep appointment(s) scheduled by the Department to review your eligibility. If you reschedule your appointment and submit necessary verification within 30 days of this notice, your application for benefits will be reinstated."  
 The manual citations to use are 106 CMR 701.440 and 702.240.

**Transitional  
Assistance  
Supervisor  
Responsibilities**

The Transitional Assistance Supervisor must:

- review the list(s) of affected former recipients for accuracy and completeness;
  - review, if appropriate, the new PACES Worksheets for accuracy prior to their being data-entered;
  - review the original PACES Worksheets and PACES notices for accuracy prior to faxing them to the Legal Division; and
  - monitor timeliness of appointment letters being sent.
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**Transitional  
Assistance  
Director  
Responsibilities**

The Transitional Assistance Office Director must:

- for former recipients denied due to excess income who are being reviewed as a result of this Field Operations Memo, confirm in writing to the Legal Division the action taken on these cases by *December 17*;
  - review for accuracy all lists and documents to be faxed to the Legal Division; and
  - annotate the lists and fax them as action is taken on the case with all appropriate documentation to the Legal Division at (617) 348-5108 ATTN: Smith Lawsuit.
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**Former  
Recipients Now  
Active**

Currently active recipients may appear on these lists. They must be processed according to these procedures and issued retroactive benefits, if appropriate.

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**Supply of  
Attachments A  
and C**

Because a supply of Attachments A and C will **not** be sent from Schrafft, copies must be made at each Transitional Assistance Office. Be sure to include the local Transitional Assistance Office address at the top of the notice.

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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**

**Appointment Letter**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Dear \_\_\_\_\_

Because of a recent court order in the Smith v. McIntire lawsuit, we must reschedule an appointment to process your request for reinstatement of TAFDC benefits.

I have scheduled an appointment with you on \_\_\_\_\_ at \_\_\_\_\_ in the \_\_\_\_\_ DTA office at \_\_\_\_\_ so that we can review your application for reinstatement of your TAFDC benefits.

When you come for your appointment, please bring the verifications checked off on the enclosed VC-1.

If you cannot keep this appointment, call me at \_\_\_\_\_ before the day of the appointment. (telephone number)

**Your application for reinstatement of TAFDC benefits may be denied if you do not keep this appointment or call me before the day of the appointment to reschedule. You will receive a separate notice if your application for reinstatement of TAFDC benefits is going to be denied.**

\_\_\_\_\_  
Worker

## Citación

Fecha: \_\_\_\_\_

Nombre \_\_\_\_\_  
Dirección \_\_\_\_\_  
Ciudad/Estado/Código postal \_\_\_\_\_

Estimado \_\_\_\_\_

Debido a una orden judicial reciente en el juicio Smith contra McIntire, tenemos que volver a programar una cita para tramitar su solicitud de reinstalación de beneficios de TAFDC.

He programado una cita con usted el \_\_\_\_\_ a las \_\_\_\_\_ en la oficina \_\_\_\_\_ de DTA localizada en \_\_\_\_\_ para poder revisar su solicitud de reinstalación de sus beneficios de TAFDC.

Cuando asista a su cita, traiga las verificaciones marcadas en el documento VC-1 adjunto.

Si no puede asistir a esta cita, llámeme al \_\_\_\_\_ antes del día de la cita.  
(número de teléfono)

**Su solicitud para la reinstalación de beneficios de TAFDC puede ser negada si no asiste a esta cita o si no me llama antes del día de la cita para volver a programarla.** Usted recibirá un aviso por separado si su aplicación de reinstalación de beneficios de TAFDC va a ser negada.

\_\_\_\_\_  
Trabajador Social



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**Attachment B**

**IMPORTANT NOTICE REGARDING THE SMITH V. MCINTIRE LAWSUIT**

DATE:

You previously applied for reinstatement of your TAFDC benefits in response to a notice informing you of the Superior Court's orders in the Smith v. McIntire lawsuit. You then withdrew that application for reinstatement. If you wish to have the Department of Transitional Assistance consider your withdrawn application for reinstatement of your TAFDC benefits, you must send the Department a written request by December 24, 1999. You may use the form at the bottom of this notice.

If you have any questions regarding this notice, please feel free to call Recipient Services at 1-800-445-6604 or the Massachusetts Law Reform Institute at 1-800-717-4133.

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I would like the Department of Transitional Assistance to reinstate the Application for Reinstatement of TAFDC benefits that I previously withdrew.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 (Optional)

This request should be sent by December 24, 1999 to:

Department of Transitional Assistance  
 Legal Division, 4th Floor  
 600 Washington Street  
 Boston, MA 02211

**AVISO IMPORTANTE SOBRE EL JUICIO SMITH CONTRA MCINTIRE**

Fecha:

Anteriormente, usted solicitó la reinstalación de sus beneficios de TAFDC como respuesta a un aviso con información sobre las órdenes del Tribunal Superior en el juicio Smith contra McIntire. Entonces, usted retiró la solicitud de reinstalación. Si desea que el Departamento de Asistencia Transicional considere la solicitud de reinstalación de sus beneficios de TAFDC que usted retiró, usted debe enviar una solicitud por escrito al Departamento para el 24 de diciembre de 1999. Puede usar el formulario en la parte de abajo de este aviso.

Si tiene preguntas sobre este aviso, llame a Servicios del Beneficiario al 1-800-445-6604 o al Instituto de Reforma de Ley de Massachusetts al 1-800-717-4133.

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Me gustaría que el Departamento de Asistencia Transicional reinstale la Solicitud de reinstalación de beneficios de TAFDC que retiré anteriormente.

Nombre (impreso):

Firma: \_\_\_\_\_

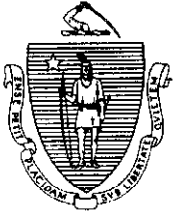
Número de Seguro Social:

Número de teléfono: \_\_\_\_\_  
Opcional

Esta solicitud debe enviarse para el 24 de diciembre de 1999 a:

Department of Transitional Assistance  
Legal Division, 4<sup>th</sup> Floor  
600 Washington Street  
Boston, MA 02211





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**Attachment C**

**Appointment Letter**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Dear \_\_\_\_\_

I have scheduled an appointment with you on \_\_\_\_\_ at \_\_\_\_\_ in the  
 \_\_\_\_\_ DTA office at \_\_\_\_\_ so that we  
 can process your request for reinstatement of TAFDC benefits.

When you come for your appointment, please bring the verifications checked off on the  
 enclosed VC-1.

If you cannot keep this appointment, call me at \_\_\_\_\_ before the day of the  
 appointment. (telephone number)

**Your application for reinstatement of TAFDC benefits may be denied if you do not keep  
 this appointment or call me before the day of the appointment to reschedule. You will  
 receive a separate notice if your application for reinstatement of TAFDC benefits is going to  
 be denied.**

\_\_\_\_\_  
 Worker

## Citación

Fecha: \_\_\_\_\_

Nombre \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad/Estado/Código postal \_\_\_\_\_

Estimado \_\_\_\_\_

He programado una cita con usted el \_\_\_\_\_ a las \_\_\_\_\_ en la oficina \_\_\_\_\_ de DTA localizada en \_\_\_\_\_ para poder tramitar su solicitud de reinstalación de beneficios de TAFDC.

Cuando asista a su cita, traiga las verificaciones marcadas en el documento VC-1 adjunto.

Si no puede asistir a esta cita, llámeme al \_\_\_\_\_ antes del día de la cita.  
(número de teléfono)

**Su solicitud de reinstalación de beneficios de TAFDC puede ser negada si no asiste a esta cita o si no me llama antes del día de la cita para volver a programarla.** Usted recibirá un aviso por separado si su solicitud de reinstalación de beneficios de TAFDC va a ser negada.

\_\_\_\_\_  
Trabajador Social