



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

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Jane Swift  
Lieutenant Governor

William D. O'Leary  
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Commissioner

**Field Operations Memo 99-27**  
**November 1, 1999**

**TO:** Transitional Assistance Office Staff  
**FROM:** Joyce Sampson, Assistant Commissioner for Field Operations  
**RE:** Interstate Match - Reminder

**Introduction**

The Department matches the DTA Recipient Masterfile with the public assistance records of other states. These matches identify recipients who may be receiving public assistance from both Massachusetts and another state.

When an interstate computer match has been completed, Centralized Eligibility Operations (CEO) staff review the match information to verify that the recipient is still active on PACES. If the recipient is still active, Centralized Eligibility Operations staff will complete an Interstate Match form (ISM-1, Attachment A) listing the name of the recipient(s) who was matched, his or her SSN, category of assistance, and the Transitional Assistance Worker Case Assignment Number (CAN). Copies of the ISM-1 form and the computer match printout(s) are then faxed to the Transitional Assistance Office.

This memo is meant to clarify certain procedures and remind staff of procedures that must be followed in reviewing and acting on Interstate Match cases and inform staff of system changes that have occurred since the implementation of BEACON. This memo obsoletes Field Operations Memo 94-63.

**Transitional  
Assistance  
Worker  
Responsibilities**

The Transitional Assistance Worker must review the case record and determine if there is a closing letter from the other state or any documentation that verifies the recipient is not receiving benefits from the other state.

- I. If the case record contains information regarding the termination of assistance in the matched state, the recipient remains open and the ISM-1 is annotated and faxed to Centralized Eligibility Operations at (617) 348-5479.

**Transitional  
Assistance  
Worker  
Responsibilities  
(cont.)**

- II. If there is no closing letter or other supporting documentation from the matched state, an Interstate Match Appointment Letter (ISMAL, Attachment B) must be sent by the Transitional Assistance Worker to the recipient scheduling an appointment for the recipient to come to the office for an eligibility review.
- A. If the recipient fails to keep the appointment or fails to call to reschedule, close the case using action reason 41 - case closed due to failure to keep an eligibility review appointment or to return an eligibility review form. Annotate the ISM-1 and fax it to Centralized Eligibility Operations.
  - B. If the recipient provides suitable verification or if, after the eligibility review, it is determined that the recipient is not receiving assistance from the matched state, e.g., incorrect SSN, the recipient remains open and the ISM-1 is annotated and faxed to Centralized Eligibility Operations.
  - C. If, at the eligibility review, there is no verification of the closing or the recipient otherwise questions the accuracy of the match data, verification must be obtained. The Transitional Assistance Worker must advise the recipient that he/she may choose one of the following two options.

Option 1: If the recipient chooses to obtain verification, including verification that any cases in the matched state are closed, verification must be provided within seven days of the appointment. The Transitional Assistance Worker must advise the recipient to contact the Transitional Assistance Worker before the end of the seven days and ask for help if he/she is having difficulty obtaining verification from the other state.

- a. If the recipient provides verification within seven days, the recipient remains open. Annotate the ISM-1 and fax it to Centralized Eligibility Operations.
- b. If the recipient does not provide the verification within seven days, follow the steps in C. 2. a. b. and c.
- c. If the recipient fails to submit the required verification(s) or to request assistance within seven days, file the computer match printout in the case record, and close the case using action reason 40- case or household member closed, did not provide required verification(s). Annotate the ISM-1 and fax it to Centralized Eligibility Operations.

Option 2: If the recipient requests assistance contacting the other state, the TAO worker must telephone the matched state agency and verify whether or not the recipient is receiving assistance in the matched state. The TAO worker must take steps to determine if any open case in the matched state involves the same person by comparing dates of birth, names of dependents, and the accuracy of the SSNs. If you are unable to contact

**Transitional  
Assistance  
Worker  
Responsibilities  
(cont.)**

the matched state agency while the recipient is in the office, or if you contact the matched state agency and the case is open, you should have the recipient write and sign the statement described in a. below.

- a. The recipient should sign a statement to the following effect: "If there are any open cases in the state of \_\_\_\_\_, I, \_\_\_\_\_ request that it be closed immediately. I authorize the state of \_\_\_\_\_ to provide verification of closing to the Massachusetts Department of Transitional Assistance."

The Transitional Assistance Worker will fax a copy of this authorization to Sue Mathias at (617) 348-5479. Do not take any further action until instructed to do so by Sue Mathias.

- b. If there is confirmation that the recipient never received assistance in the matched state, the recipient remains open and the ISM-1 is annotated and faxed to Centralized Eligibility Operations.

- c. If there is confirmation that the recipient received assistance in the matched state, but is now closed, request written verification of the closing date, and make a notation of the call, including the date, telephone number, state called and the name of the person confirming receipt of assistance. The recipient remains open. Determine if there was an overpayment and, if yes, complete the AR Referral Folder window in BEACON to indicate that an overpayment has occurred. Annotate the ISM-1 and fax it to Centralized Eligibility Operations.

- D. In order for any case to remain open after an eligibility review, the recipient must continue to be eligible under Department policy, including verification of residency.

**Transitional  
Assistance  
Supervisor's  
Responsibilities**

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The Transitional Assistance Supervisor must review all actions taken by the TAO worker on the case and sign the Interstate Match form (ISM-1) prior to it being faxed to Centralized Eligibility Operations.

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**Where to Send  
the Annotated  
ISM-1 Form**

The Transitional Assistance Supervisor must fax the completed form to:  
Sue Mathias  
Centralized Eligibility Operations - 2nd floor  
600 Washington St.  
Boston, MA 02111  
Fax Number: (617) 348-5479

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**Automated  
Overpayment and  
BSI Referral  
Process within  
BEACON**

When a match results in an overpayment, removal of a recipient from the case or in a case being closed, the Transitional Assistance Worker must complete the AR Referral Folder window in BEACON to indicate that an overpayment has occurred.

The AR Referral Folder consists of a Referral Folder window with tabs to ensure the entry of data onto BEACON. This eliminates the need to complete and mail the Fraud/Overpayment Referral Form (RFI-OP-1) to Central Office and provides quick access to ensure the ability to view key data and determine how to proceed with the overpayment and recoupment process, if necessary.

The overpayment and recovery process is initiated on BEACON as follows:

- Access the AR Referral Search List window. The AR Referral Search List window defaults to an SSN field. Enter either the SSN or click on the “personal” button and enter the Client Name.
- Click on Find. If the client has had other referral(s), the Search for Client window will list the referral, date and status. To access data for an existing client referral, click on the highlighted line or click on the Open button and the AR Referral Folder window will be displayed. Always check existing referrals to ensure duplicate referrals are not being entered.
- If there is not an existing referral after clicking on Find, the message “no match found for search criteria” will be displayed and a new referral must be added.

To create a new referral, click on New and the AR Referral Folder window will appear.

At the AR Referral Folder window, click on the popup search button next to the SSN (do not enter the SSN) and the Search for Client window will appear.

- Enter the grantee’s SSN and click on Find to populate the Search for Client window. (Note: Do not enter a dependent’s SSN.)

Highlight the client and click on Select. The AR Referral Folder window will appear.

The AR Referral Folder window has seven tabs: Referral, Assets, Circumstances, Employer, Obligations, Notes, History.

- Enter all appropriate data to the referral by tabbing to the following windows, as appropriate:

**Automated  
Overpayment and  
BSI Referral  
Process within  
BEACON (cont.)**

Referral - establishes a basic referral, view, add and update basic referral information for an accessed person. If you know the amount of the overpayment and the programs in which the client was overpaid, enter the information in the Program Overpayment section. Multiple programs can be entered on one referral (i.e., TAFDC and Food Stamps). Do not create multiple referrals.

Assets - view, add and update asset information to a referral for an accessed person. To view the details of an asset, select the asset line and click the Select button or double click on the asset line.

Circumstances - view, add and update categorical circumstance information related to a referral for an accessed person.

Employer - view the existing employer(s) on the referral, to update an existing employer, to create a new employer or to link an employer to an accessed person. (Note: If a DOR wage match results in multiple employers, enter only one referral; do not enter a separate referral for each employer.)

Obligations - view a list of the obligations of an assessed person.

Notes - view only the information that is related to a referral entered by the Central Eligibility Unit, Bureau of Special Investigations or to view notes regarding the overpayment agreement.

History - view only the dates that a referral was entered, when the BSI case was opened, when a calculation was requested, when the calculation was completed, category was entered, and when the corresponding obligation was created.

Note: BEACON does not determine the amount of an overpayment. The Transitional Assistance Worker must determine the overpayment amount and enter it onto BEACON. Also be sure the reason for the overpayment is indicated. For example, if the overpayment is due to aid pending an appeal, enter this information and the appeal number in the notes section.

Please provide all the information that is available regarding the referral. If the overpayment amount is being filled in, indicate in the Other Circumstances section how the overpayment amount was determined. This is necessary for any appeals which may be filed.

- Once all information has been entered, click on Save.
- Click on To CEO. This sends the referral electronically to Centralized Eligibility Operations.

**Automated  
Overpayment and  
BSI Referral  
Process within  
BEACON (cont.)**

Note: Once the referral has been sent to Centralized Eligibility Operations, the information on the referral cannot be added to or changed unless CEO rejects the referral and returns it to the sender. The information may only be viewed.

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**Rejected  
Referrals**

The CEO unit screens the referral for completeness. If a referral is incomplete, CEO will reject the referral and return it to the Transitional Assistance Worker via BEACON.

To access a rejected referral:

- access the Rejected referrals from Views,
  - double click on the rejected referral,
  - go to Notes. Read the note as to why the referral was rejected.
  - To correct or add data to the referral, click Reopen Referral. This reactivates the referral.
  - Add the new information in the appropriate section.
  - Click on Save.
  - Click on To CEO. This will send the referral back to CEO for further review.
- 

**Centralized  
Eligibility  
Operations (CEO)  
Responsibilities  
for Overpayments**

CEO must screen the referral for possible fraud. For referrals involving possible fraud, CEO will forward the information to the Bureau of Special Investigations (BSI).

Recovery for nonfraudulent overpayments will be initiated by CEO. CEO notifies the Contracts and Recoveries Unit via BEACON, triggering BEACON to automatically complete and send the Notice of Overpayment/Cash Benefits Form (ORN-C/C, Attachment C) for cash and/or food stamp benefits. The form will specify the type of assistance overpaid, the period of time involved, the amount of the overpayment and the reason for the overpayment. The ORN-C/C form is sent along with the partially completed Cash Benefits/MassHealth Repayment Obligation Form (CRU-OP-1, Attachment D) or the Notice of Overpayment/Food Stamp Benefits Form (ORN-C/FS, Attachment E). The Department will recover overpayments monthly.

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**Closing  
Recipients or  
Cases for Other  
Action Reasons**

If there is another change that affects continuing eligibility, take the appropriate action to reduce or terminate assistance, e.g., voluntary closing, excess income, no longer residing in Massachusetts, or mail returned and whereabouts are unknown.

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**Questions**

If you have any policy- or procedure-related questions, have your Hotline designee call the Policy Hotline at (617) 348-8478.

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# Interstate Match

Transitional Assistance Office \_\_\_\_\_

Fax # (617) 348-5479 \_\_\_\_\_

Duplicating State \_\_\_\_\_

Last Name	First	MI	Social Security #	CAT	CAN	Case Action	Date Sent ISMAL

Attachment A

Case Action Taken Codes: **N** = No Change, Reviewed Verification of Terminated Benefits in Other State  
**D** = Decreased Due to Match Information  
**B** = BSI Referral Due to Match Information  
**I** = Incorrect SSN: Change to \_\_\_\_\_  
**S** = SSN Correct: Verification on File  
**C** = Closed Due to Match Information  
**T** = Terminated Due to Other Information; Specify Closing Reason

Interstate Match Appointment Letter Sent: **Y** = Yes **N** = No

\_\_\_\_\_  
Signature of TAO Supervisor





*Commonwealth of Massachusetts*  
*Department of Transitional Assistance*

**TAO Address**

Name \_\_\_\_\_

Address \_\_\_\_\_

City & ZIP \_\_\_\_\_

Dear \_\_\_\_\_,

The Department of Transitional Assistance has received information from a computer match with the state of \_\_\_\_\_ that you and/or a member of your household may be receiving benefits from that state and also receiving benefits from Massachusetts.

You cannot receive benefits from two states at the same time.

An appointment has been scheduled for you on \_\_\_\_\_ at \_\_\_\_\_  
Day Time

at the above address. If you cannot come in at this time, call your worker immediately to set up a new time when you are able to meet.

The purpose of this appointment is to give you an opportunity to discuss our findings that you are receiving assistance from another state. If you have a closing letter from the other state, or can obtain one before the appointment, please bring it with you. Failure to keep this appointment will result in your case in Massachusetts being closed or reduced.

You will receive a separate notice if your benefits are to be stopped or reduced. Also, you have the right to appeal any action taken by the Department. The appeal form will be on the reverse side of the closing notice.

\_\_\_\_\_  
 Signature of Worker

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



### Notice of Overpayment/Cash Benefits

Last Name		First	MI	Date
Street Address				Social Security Number
City/Town	State	ZIP	Telephone	

The Department of Transitional Assistance has determined that you have been overpaid benefits for the period of \_\_\_\_\_ in the amount(s) of \$ \_\_\_\_\_ \$ \_\_\_\_\_  
TAFDC EAEDC

The reason for this overpayment is \_\_\_\_\_

Your household is now required to pay back this overpayment. Enclosed is the **Cash Benefits/ MassHealth Repayment Obligation** form which explains the repayment options available to you to repay the cash (TAFDC or EAEDC) benefits or MassHealth overpayment. Please review this form, select a repayment plan and sign and date this form. Make a copy of these forms for your records and return the original forms by \_\_\_\_\_ in the enclosed self-addressed envelope to:

**Contracts & Recoveries Unit  
 PO Box 48  
 Essex Station  
 Boston, MA 02112**

If you are a current recipient and fail to sign and return the repayment obligation forms, your grant will automatically be reduced to repay the Department.

If you are a former recipient and fail to sign and return the repayment obligation forms, the Department will begin action to recover this overpayment by any method legally available to the Department, such as wage garnishment or state and/or federal tax refund intercepts.

If you do not agree that you were overpaid or you do not agree with the amount of the overpayment, you may appeal this determination by requesting a fair hearing within 90 days. The enclosed notice explains how to request a hearing. You may wish to contact a local legal services office or community agency for assistance or advice. These agencies may provide advice or representation at no cost. Your local Transitional Assistance Office (TAO) can provide you with information on legal aid.

**Failure to appeal this notice will result in:**

- (1) the establishment of an overpayment in the amount set above;
- (2) the determination that you agree you owe the established amount and agree to repay the Department in full;
- (3) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your wages in a reasonable amount as determined by the Department if you are or become employed;
- (4) a reduction of your grant or food stamp benefits if you are, or at some time in the future become, a recipient of public assistance;
- (5) the right of the Department to intercept your tax refund(s); and/or
- (6) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your unemployment benefits in a reasonable amount as determined by the Department.

If you have any questions about this notice or about the enclosed repayment obligation forms, please call 1-800-462-2607 to speak to a recoupment specialist.



Massachusetts Department of Transitional Assistance

## Cash Benefits/MassHealth Repayment Obligation

Last Name	First	MI	Date
Street Address		Social Security Number	
City/Town	State	ZIP	Telephone

I acknowledge that I received an overpayment in the amount of \$ \_\_\_\_\_.  
 This overpayment occurred from \_\_\_\_\_ to \_\_\_\_\_ because \_\_\_\_\_

Below are the following options you have to repay this overpayment. You must make a minimum monthly payment of \$ \_\_\_\_\_ to repay this overpayment. You must select a repayment option, sign and date this form and return it to the Contracts & Recoveries Unit (CRU) by \_\_\_\_\_.

**If you do not complete this form and return it to CRU by the due date, or if you do not file an appeal, the Department will begin action to recover this overpayment. Your rights and responsibilities are explained on the back side of this form.**

**To Repay Benefits: TAFDC \$ \_\_\_\_\_ EAEDC \$ \_\_\_\_\_ MassHealth \$ \_\_\_\_\_**

Please review and select one of the following options by placing a check mark in the box.

**If you are currently receiving cash (TAFDC or EAEDC) benefits, you may select any of the following options.**

1.  Deduct monthly payments from your assistance grant of \$ \_\_\_\_\_. This amount is subject to the Department policy explained on the back side of this form.

**If you are not currently receiving food stamp benefits, you may select only options 2 through 5.**

**(Do not send cash)**

2.  Total lump sum of \$ \_\_\_\_\_, payment enclosed. Make check payable to Commonwealth of Massachusetts.
3.  Partial lump sum of \$ \_\_\_\_\_ payment enclosed and monthly payments of \$ \_\_\_\_\_. You will receive a bill every month for your payment.
4.  Monthly payments of \$ \_\_\_\_\_. You will receive a bill every month for your payment.
5.  Wage assignment of \$ \_\_\_\_\_ to be deducted from your paycheck.

Employer Name	( )	Area code-Telephone Number
Address	City/Town	ZIP

**I have read and I understand the terms of this repayment agreement and my rights and responsibilities as explained on the reverse side of this form.**

Signature

Date

**I understand:**

- the amount I owe must be paid in full.
- I must notify the CRU of a change in my address.
- signing this agreement waives my rights to a hearing to challenge the overpayment and the amount of the overpayment.
- I have the right to access information compiled at the time this overpayment is established and once a year thereafter.
- if the overpayment involves cash (TAFDC or EAEDC) benefits and/or food stamp benefits received because the Department believes I withheld information or made an intentional misrepresentation, a Department hearing will be held to determine whether I will be disqualified for a period of time from the appropriate program(s). This hearing will be held unless I sign a waiver of the hearings or sign an agreement in which I voluntarily agree to be disqualified from the TAFDC/EAEDC or Food Stamp Program.
- if I have chosen **option one**, the recoupment amount is based on 10% of the TAFDC Payment Standard or EAEDC Standards of Assistance.
- if I am no longer eligible for cash benefits, I must repay the amount of money I still owe. I can repay this money to the Department by either lump sum, by making monthly payments or by wage assignment.
- if I have chosen **option three** or **four** and I fail to repay as agreed, I will lose my option for this payment method. The Department will take the necessary action to recover this overpayment.
- if I become eligible for cash benefits, the Department will deduct monthly payments from my assistance grant in an amount determined by the Department. I will receive a separate notice from the Department if this action is taken.
- if I get a job, the Department will take action to recover this overpayment by wage garnishment. A wage assignment will become effective if I fail to repay as agreed. The Department will contact my employer to have a reasonable amount deducted from my paycheck. I will receive a separate notice from the Department if this action is taken. I have the right to a hearing within 15 days of my request, but only to challenge the existence of the amount of the arrears.
- if I have chosen wage assignment or if my wages are assigned in the future because I failed to repay,

**I must:**

1. notify the Department of the name and address of my employer;
  2. notify the Department of any change in my employment within three days of beginning employment; and
  3. notify my employer or new employer of the existence of a wage assignment.
- that the Department may recover the overpayment by intercepting my tax refund(s) in accordance with state and/or federal laws.
  - that the Department may recover the overpayment by any other method allowed under Massachusetts General Laws.
  - that failure to make payment may result in civil and/or criminal action by the Department and/or the district attorney for the county I live in.

**Contracts & Recoveries Unit**  
**PO Box 48**  
**Essex Station**  
**Boston, MA 02112**

**If you have any questions please call 1-800-462-2607.**

**Return this completed form in the enclosed envelope to:**

**Do Not Write Below This Line**

Preparer (please print)	Title	Date
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BSI Signature	Decision
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Referral # or BSI Case #	CAT	STATUS	REG	TAO #
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Return Date \_\_\_\_\_



### Notice of Overpayment/Food Stamp Benefits

Last Name First MI Date

Street Address Social Security Number

City/Town State ZIP Telephone

The Department of Transitional Assistance has determined that you have been overpaid food stamp benefits for the period of \_\_\_\_\_ in the amount(s) of \$\_\_\_\_\_.

The reason for this overpayment is \_\_\_\_\_

Your household is now required to pay back this overpayment. Enclosed is a **Food Stamp Repayment Obligation** form which explains the repayment options available to you to repay this debt. Please review this form, select a repayment plan and sign and date this form. Make a copy of these forms for your records and return the original forms by \_\_\_\_\_ in the enclosed self-addressed envelope to:

**Contracts & Recoveries Unit  
PO Box 48  
Essex Station  
Boston, MA 02112**

If you are a current recipient and fail to sign and return the repayment obligation forms, your household's food stamp benefits will automatically be reduced to repay the Department.

If you are a former recipient and fail to sign and return the repayment obligation forms, the Department will begin action to recover this overpayment by any method legally available to the Department, such as wage garnishment or state and federal tax refund intercepts.

If you do not agree that you were overpaid or you do not agree with the amount of the overpayment, you may appeal this determination by requesting a fair hearing within 90 days. The enclosed notice explains how to request a hearing. You may wish to contact a local legal services office or community agency for assistance or advice. These agencies may provide advice or representation at no cost. Your local Transitional Assistance Office (TAO) can provide you with information on legal aid.

**Failure to appeal this notice will result in:**

- (1) the establishment of an overpayment in the amount set above;
- (2) the determination that you agree you owe the established amount and agree to repay the Department in full;
- (3) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your wages in a reasonable amount as determined by the Department if you are or become employed;
- (4) a reduction of your food stamp benefits if you are, or at some time in the future become, a recipient of public assistance;
- (5) the right of the Department to intercept your tax refund(s); and/or
- (6) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your unemployment benefits in a reasonable amount as determined by the Department.

If you have any questions about this notice or about the enclosed repayment obligation forms, please call 1-800-462-2607 to speak to a recoupment specialist.