



**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

William D. O'Leary  
Secretary

Claire McIntire  
Commissioner

**Field Operations Memo 2000-4**  
**February 1, 2000**

**To:** Transitional Assistance Office Staff

**From:**  Joyce Sampson, Assistant Commissioner for Field Operations

**Re:** 2000 Social Security/SSI COLA Update and 2000 COLA Reports for TAFDC, EAEDC, SSI and the Food Stamp Program

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**Introduction**

Effective January 2000, Social Security benefits and SSI payments increased by 2.4 percent; the Patient Paid amounts (PPAs) increased by \$12 for SSI rest home cases; the base level Medicare Part B premium did not increase.

This memo:

- transmits procedures for updating the 2000 Social Security/SSI COLA; and
- provides information concerning the reports used to monitor and track the 2000 Social Security/SSI COLA updates.

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**PACES Actions**

PACES updated ongoing cases with 2000 Social Security (Type A) and/or SSI (Type 1) income.

The January Social Security (Type A) amounts on PACES were automatically updated using the following method:

If the Type A amount on BENDEX was greater than or equal to the PACES amount, then PACES was updated with the BENDEX income amount and the associated Medicare premium amount and code.

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**PACES Actions  
(cont.)**

If the PACES amount was greater than the BENDEX amount, or the BENDEX amount was not available, the Type A amounts on PACES were increased by 2.4 percent and the associated Medicare premium, if any, was updated.

SSI amounts for food stamp cases were updated from the SDX files of both the Department and the Massachusetts Commission for the Blind (MCB).

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**PACES Actions  
Category 2, 4**

For all non-Monthly Reporting cases, this update may have resulted in a grant change or case closing effective the first benefit cycle in February and/or adjusted February food stamp benefits. Normal pend periods and PACES notices were used.

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**PACES Actions  
MR Cases**

Cases on Monthly Reporting (MR) were not automatically updated. Update these cases when you receive the MR for February. Use the BENDEX inquiry screens to verify the new amounts.

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**PACES Actions  
Client 50**

Cases with client number 50 were not automatically updated. Update these cases at the next eligibility review and enter the appropriate income amounts onto PACES.

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**PACES Actions  
Category 9**

This update may have resulted in adjusted February food stamp benefits. PACES notices were used to notify these cases. Category 9 cases with status code 0 were not adjusted. Category 9 cases containing both food stamp (FS) members (status code 1 or 2) and State Supplemental Food Stamp (SSFSP) members (status code 6 or 7) were not adjusted due to the need to prorate income.

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**PACES Actions  
SSI Rest Homes**

PACES calculated new PPAs for SSI rest home cases and automatically updated MMIS with the new amounts. A notice was sent to each recipient (Attachment A).

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**MCB Cases**

The MCB SDX information is not displayed on the SDX Inquiry Screen. Each Transitional Assistance Office will receive a list of food stamp cases updated from the MCB SDX file.

If a recipient questions the amount of his or her SSI payment, use the Social Security/SSI Verification Request Form, which is described on pages 3 and 4 of this memo.

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**Cases Requiring  
AU Manager  
Action**

Since most cases were automatically updated, the number of cases requiring AU Manager review, correction or reinstatement should be minimal. If a recipient questions the amount of his or her cash grant and/or food stamp benefits, or files a timely appeal, check the appropriate report and the BENDEX (Social Security) or SDX (SSI) Inquiry Screens. If the Social Security and/or SSI amount(s) on PACES are different from what is on the BENDEX or SDX Inquiry Screen, or are not available, follow the normal process to request verification and correct the income information on file, if appropriate.

Note: Enter Social Security amounts on the PACES Worksheet as (Type A) income.

Enter SSI amounts on the PACES Worksheet as (Type 1) income.

Enter each recipient's income amount separately, using the appropriate recipient number on the PACES Worksheet.

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**Requesting  
Verification**

In certain situations, PACES must be updated from information displayed on the Social Security/SSI Verification Request Form.

*The Social Security/SSI Verification Request Form (Attachment B)*

- If the amounts do not match or are not available, a Social Security/SSI Verification Form (Attachment B) must be sent or given to the recipient to verify the Social Security and/or SSI benefit amounts.
  - If a form is sent to a recipient, a multilingual card must also be inserted.
  - To receive a printout from the Social Security Administration of the current income amount(s), the recipient may either call a special automated toll-free number, 1-800-772-1213, displayed on Attachment B, or bring the form to the appropriate local Social Security Administration office.
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**Requesting  
Verification  
(cont.)**

- After the Social Security/SSI Verification Request Form is returned by the recipient, PACES must be updated with the correct amount(s), if appropriate.
  - Use of these forms is no longer restricted only to the COLA Project. Therefore, any remaining forms must not be destroyed at the end of this project. Refer to Field Operations Memo 98-53 for further information.
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**Use of Code 18  
and Code 38  
Timely Appeal  
Filed**

The following specialized procedures are to be followed for the 2000 Social Security/SSI Project only when a timely appeal is filed and either food stamp benefits or State Supplemental Food Stamp benefits are owed to a recipient. Complete an FSP-14A, the Automated Food Stamp Benefit Request Form.

To issue food stamp benefits only:

- Write V-18 COLA (under the V-16 Reason) and write COLA 1/00 in the top right corner of the form.
- Complete a PID by entering Code 18 in Block 60 and the amount of food stamp benefits owed to a recipient in Block 61.

To issue State Supplemental Food Stamp benefits only:

- Write V-38 COLA (under the V-16 Reason) and write COLA 1/2000 in the top right corner of the form.
- Complete a PID by entering Code 38 in Block 60 and the amount of State Supplemental Food Stamp benefits in Block 61.

Follow all applicable procedures currently in effect for issuing FS benefits and SSFSP benefits. Refer to Field Operations Memo 98-8 for further information concerning automated proration of income.

**Important: Use of Code 18 to issue food stamp benefits or Code 38 to issue State Supplemental Food Stamp benefits because a timely appeal was filed will be allowed only for the months of February and March 2000.**

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**Reports**

The 2000 Social Security/SSI COLA for TAFDC, EAEDC and Food Stamps was completed in January. Six reports were generated.

This section of the memo defines the purpose of each report, the actions to be taken and the report fields.

The first three reports are for informational purposes only. The last three reports require worker action. Since the first three reports contain the same data elements, the data elements and definitions will be displayed once. Since the last three reports contain different data elements, the data elements and definitions will be displayed for each report.

**2000 Social Security/SSI COLA Listing For CAT 2, 4, 9 Case/Recipient Updates (Informational Only)**

Purpose: Lists all cases or recipients updated on PACES, including calculated Social Security amounts and updates from the MCB SDX file.

Action: This report is for reference only.

Data Element: Definition:

Case Name Head of AU.

Cat Category of assistance.

Case SSN 9-digit social security number of casehead.

Dep Num 2-digit recipient number updated from BENDEX and/or SDX.

Old Soc Sec Old amount of Social Security on PACES.

New Soc Sec New amount of Social Security on PACES.

Old SSI Old amount of SSI on PACES.

New SSI New amount of SSI on PACES.

**2000 Social Security/SSI COLA Listing For CAT 2, 4, 9 Calculated Case/Recipient Updates (Informational Only)**

Purpose: Lists all cases or recipients updated with a calculated Social Security amount on PACES. Reasons for the calculation include: no BENDEX record or use of the new Social Security amount before the COLA.

Actions: This report is used primarily for reference if a recipient questions the amount of Social Security. Use the BENDEX Inquiry Screen to verify Social Security amounts.

**2000 Social Security/SSI COLA Listing For CAT 2, 4, 9 Calculated Case/Recipient Updates (Informational Only) (cont.)**

Check the manual list of cases using the new Social Security amounts with the report (see Field Operations Memo 99-35). Using the new RSDI amount before the COLA may have resulted in a calculation. Complete a PACES Worksheet, if necessary.

The following Transitional Assistance Office will not receive this report:  
**Nantucket**

**2000 MCB/SSI Update For CAT 2, 4, 9 (Informational Only)**

Purpose: Lists all cases or recipients updated on PACES using the MCB SDX file.

Reminder: Recipients receiving SSI from MCB do not appear on the SDX inquiry screens.

Actions: This report is for reference only.

The following Transitional Assistance Offices will not receive this report.  
**Nantucket, Oak Bluffs, Orleans.**

**2000 SSI Not Known For CAT 2, 4, 9 (Action Required)**

Purpose: Lists all cases or recipients with a Type 1 (SSI) amount on PACES for which there is no current SDX record.

Actions: Review all cases on the report.

Perform a PACES inquiry of the DEPD and GRT1 Screens to see what income type and to whom Social Security/SSI income is attributed.

Perform an FMCS inquiry (WA) for each case listed by looking at the BENDEX (H) and SDX (D and E) Screens to verify the actual type and amount of Social Security/SSI for each recipient.

Compare the income types and to whom the income is attributed with the result of the PACES inquiry.

Complete a PACES Worksheet to attribute the income to the correct recipient and to remove incorrect income types and amounts.

**2000 SSI Not  
Known For CAT  
2, 4, 9 (Action  
Required)  
(cont.)**

Data Element:	Definition:
Case Name	Head of AU.
Cat	Category of assistance.
Case SSN	9-digit social security number of casehead.
Dep Num	2-digit recipient number updated from. BENDEX and/or SDX.
Old SSI	Old amount of SSI on PACES.

The following Transitional Assistance Offices will not receive this report:  
**Nantucket, Oak Bluffs.**

**Cases With  
More Than Six  
Amounts Of  
Social  
Security/SSI For  
CAT 2, 4, 9  
(Action  
Required)**

**Purpose:** Lists all cases where there are no more than six BENDEX or SDX records. These cases must be manually updated by the AU Manager.

**Actions:** Review all cases on the report.

Perform a PACES inquiry of the DEPD and GRT1 Screens to see what income type and to whom Social Security/SSI income is attributed.

Perform an FMCS inquiry (WA) for each case listed by looking at the BENDEX (H) and SDX (D and E) screens to verify the actual type and amount of Social Security/SSI for each recipient.

Compare the income types and to whom the income is attributed with the results of the PACES inquiry.

Complete a PACES Worksheet to attribute the income to the correct recipient and to remove incorrect income types and amounts.

**Reminder:** Block 1 of the PACES Worksheet has space for only six entries. Therefore, Social Security amounts for cases with more than five dependents must be combined to make sure that the total Social Security/SSI case income is contained in Block 1.

Data Element:	Definition:
Case Name	Head of AU.
Cat	Category of assistance.
SSN	9-digit social security number of casehead.

**Cases With More Than Six Amounts Of Social Security/SSI For CAT 2, 4, 9 (Action Required)(cont.)**

The following Transitional Assistance Offices will not receive this report: **Boston Family Housing, Fall River SSI, Framingham, Greenfield, Hyannis, Milford, Nantucket, NewMarket Homeless, North Adams, Northampton, Oak Bluffs, Orleans, Pittsfield, Plymouth, Revere SSI, Roslindale SSI, Springfield SSI, Taunton, Worcester SSI.**

**Category 9 Cases Containing Both FS and SSFS Household Members (Action Required)**

Purpose: Lists all category 9 cases containing AU members receiving FS benefits (dependent status 1 or 2) in combination with AU members receiving SSFSP benefits (dependent status 6 or 7). These cases must be manually updated by the AU Manager.

Action: Review all cases on the report.

The SSI and/or Social Security income of the SSFSP member(s) must be prorated to determine how much will be countable to the FS AU. Prorate the income of the SSFSP member in accordance with current instructions contained in Field Operations Memo 98-8.

Data Element: Definition:

Case Name	Head of AU.
Cat	Category of assistance.
Case SSN	9-digit social security number of casehead.
FS Household Size	Number of AU members in food stamp (FS) AU.
SSFS Household Size	Number of AU members in state Supplemental Food Stamp (SSFSP) household.

The following Transitional Assistance Offices will not receive this report: **Athol, Centralized TAFDC, Fall River SSI, Falmouth, Nantucket, North Adams, Oak Bluffs, Orleans, Revere SSI, Roslindale SSI, Springfield SSI, Wareham, Worcester SSI.**

**Questions**

Policy questions should be directed by your Hotline designee to the Policy Hotline at (617) 348-8478. Systems questions should be directed to the Customer Service Center at (617) 348-5290.





**Commonwealth of Massachusetts • Department of Transitional Assistance  
SSI Recipients Residing in Rest Homes or Community Support Facilities (Level IV)**

As you are an SSI recipient residing in a rest home or community support facility, your monthly income will increase on 1/1/2000 due to the effect of the federal cost-of-living adjustment in your SSI benefits. In most instances, this increase will amount to \$12 in your monthly income. By law, whenever your monthly benefit increases, your share of the monthly bill for board and care, the patient paid amount (PPA), must increase by the same amount. See the enclosed card for your old and new PPA. Your personal needs allowance of \$60 per month will remain the same.

**(Medical Assistance Policy Manual Citation: 130 CMR 520.026)**

Fair hearings will not be granted if the sole issue you wish to appeal regards the validity of the federal or state law or policy requiring this action. However, if you wish to question the correctness of the computation of your share of your monthly bill, you may obtain a fair hearing before a referee of the Department of Transitional Assistance by filing a request within 30 days of receipt of this notice. A form for this purpose is available at any Transitional Assistance office.



Date \_\_\_\_\_

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

\_\_\_\_\_  
Name (Grantee)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name (Other Household Member)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

Dear \_\_\_\_\_:

You or a member of your household is listed on the Department's files as receiving one or more of the following benefit types: Social Security and/or Supplemental Security Income (SSI).

This may affect your eligibility and the amount of your cash and/or food stamp benefits since the income from the programs listed above is counted when determining your eligibility.

To determine your continuing eligibility and the amount of your cash and/or food stamp benefits, you must provide written proof of the current Social Security and/or Supplemental Security Income (SSI) to your Transitional Assistance Worker.

**Call 1-800-772-1213 to request a computer printout of the gross Social Security and/or Supplemental Security Income for the household member named above or go to the local Social Security Administration office to request a printout of the current gross income.**

This proof must be sent or brought to me by \_\_\_\_\_.

If you cannot send or bring the proof by that date, please contact me at \_\_\_\_\_.

Failure to provide the requested proof of income or failure to contact me by the date indicated above is grounds for termination of your cash and/or food stamp benefits.

\_\_\_\_\_  
Transitional Assistance Worker