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Field Operations Memo 97-25
April 16, 1997

To: Local Office Staff

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

Re: TAFDC Eligibility Reviews & Notice of Transitional Time Limit Status/Update

Introduction

This memo provides instructions for completing an eligibility review and introduces the Transitional Status Report (TER-TAFDC (Rev.4/97)). The emphasis of an eligibility review for a nonexempt assistance unit must be on the 24-month time limit and the steps for the recipient to take to prepare for the end of the 24-month time limited benefits.

This memo also introduces the Notice of Transitional Time Limit Status/ Update (See Attachment A). It must be used at the time of application, eligibility review and other appropriate recipient contacts for all assistance units.

Local office workers should be familiar with the time-limited benefits regulations detailed in 106 CMR 203.200 and with the training programs available in their areas. Workers should discuss the availability of child care with recipients: (1) in training programs; (2) who are working and their case closes and (3) who are working and remain TAFDC eligible but request their case be closed to "bank" some of their 24 months of eligibility.

Purpose of the Review

The purpose of the eligibility review is to: (1) document that all recipients have been informed about the 24-month time limit; (2) record the number of months remaining in the 24-month time limit total and review it with nonexempt recipients; (3) provide information on job search and training programs; (4) inform recipients of the availability of child care services;

Purpose of the Review (cont.)

(5) inform recipients of the availability of transitional medical assistance and (6) make certain that recipients continue to be TAFDC eligible. Adult recipients in a nonexempt assistance unit must be aware that they are expected to support their families at the end of the 24-month time limit, when TAFDC benefits will stop.

Priority Eligibility Reviews

Workers should conduct reviews for nonexempt cases with the youngest dependent child between age two and mandatory full-time school age as soon as possible in accordance with their available time. The reviews may be done with a single recipient or with a group when the office schedules presentations from day care, job training, supported work and FEP providers.

Each month the LISTING OF CAT 2 ACTIVE WITH YOUNGEST CHILD TURNING 2 YEARS OLD printout is sent to local offices identifying cases in which the youngest dependent child is turning age two.

Review of nonexempt cases with the youngest dependent child of mandatory full-time school age should be done on a regular basis. Cases for review may be identified by performing an ARTS query.

Notice of Transitional Time Limit Status/Update

The Notice of Transitional Time Limit Status/Update (TAFDC-TLN (4/97)) should be used at the time of application, eligibility review and other appropriate recipient contacts. Quarterly contact, at a minimum, should be done with all nonexempt recipients to complete this form.

Review and complete Part I and Part II with both exempt and nonexempt applicants and recipients. The reverse of the form should be completed with (1) nonexempt applicants and recipients; and (2) exempt applicants and recipients nonexempt in the past who have less than 24 months of their 24-month time limit total remaining.

Refer to pages 3 - 5 of this memo for more information on the use of this form.

**Scheduling
the Review**

Send the recipient an appointment letter (AL-1 (8/96)) to schedule an office visit for the eligibility review.

- If the recipient fails to keep the eligibility review appointment without good cause, process the case termination using AR 41.
 - If the individual has good cause for not keeping the appointment, reschedule it as soon as possible.
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**Conducting the
Review**

Conduct the eligibility review interview by completing the Transitional Status Report (TER-TAFDC (Rev. 4/97)) and the Notice of Transitional Time Limit Status/Update.

Time Limit

When reviewing the Notice of Transitional Time Limit Status/Update at the time of application, eligibility review or other appropriate recipient contact:

- Review the exemption reasons with the applicant or the recipient in case the status of the case now warrants a change in exemption status. See 106 CMR 203.100.
- Review the 24-month time limit requirements making sure the nonexempt applicant or recipient has been informed that:
 - he or she is subject to the 24-month time limit;
 - he or she knows how many months of TAFDC benefits remain (Workers need to stress what this means to an applicant or recipient; for example, if a recipient has 18 months remaining, a worker should inform the recipient that this means he has only 36 payment periods left.);
 - he or she is expected to find a job during this period;

**Time Limit
(cont.)**

- the Department will help with finding a job including help with job search, education and training services (Workers need to be familiar with the programs and providers in their area.); or

referral to another Employment Services Program (ESP) component;

- the calculation of the cumulative 24-month period may be suspended in certain circumstances but will resume when the condition that caused the suspension no longer exists. See 106 CMR 203.200 (A) (1)(c) and (d); and

NOTE: Explain that a recipient may request his or her case be closed to "bank" some of his or her 24 months of eligibility.

- that he or she may be called into the local DTA office periodically for a review of his or her progress in finding a job.
- Complete the reverse side of the Notice of Transitional Time Limit Status/Update with (1) a nonexempt applicant or recipient; and (2) an exempt applicant or recipient nonexempt in the past who now has less than 24 months of his or her 24-month time limit total remaining.

Indicate which "Worker Actions" you reviewed with the applicant or recipient by recording the date of the interview. Also record the months remaining in the 24-month time limit total and have the applicant or recipient sign the appropriate box to indicate understanding of what was discussed.

NOTE: Months when the recipient is exempt or not receiving TAFDC for the entire calendar month do not count toward the 24-month time limit total.

If the applicant or recipient refuses to sign this form or refuses any help offered, be sure to note that on the form. Sign and date it. Give the original to the applicant or

**Time Limit
(cont.)**

recipient and keep a copy for the case record. The case record copy can be used the next three times you discuss the months remaining in his or her 24-month time limit.

- Discuss the applicant's or recipient's job-finding history and efforts, such as, but not limited to:
 - what steps he or she has taken to find a job or increase his or her hours if currently working;
 - what skills he or she has acquired;
 - what the barriers may be that prevent him or her from getting a job; and
 - whether he or she wants to participate in Employment Assistance Services (EAS).

Child Support

Ensure the information on the absent parent is accurate and up to date, and that a referral to DOR is made. Be sure to ask questions such as "Is there anything different you can tell us now about him or her?" or "Have you seen him or her lately?". Child support will be a valuable resource to the recipient at the end of the 24-month time limit.

If the absent parent information *has changed*, submit new A-34/36 and CA/CS forms to DOR with a current recipient signature and date unless good cause exists. If the absent parent information *has not changed*, review the "old" CA/CS for completeness and accuracy and write on the form "**no new information.**" Sign and date it and submit the form to DOR.

On each CA/CS show that the case has been reviewed by checking the change box and writing "**review**" after the word "change." Keep a copy for the case record.

For cases in which a child is deprived of support by the death of a parent, be sure to attach to the CA/CS a copy of the verification of death. See 106 CMR 203.510.

Reminders

Remind the recipient about the following:

- he or she has a Family Cap date (See 106 CMR 203.300);
 - the Department may be able to help with child-care and transportation expenses;
 - the Department can provide transitional child-care (TCC) (See 106 CMR 207.210(A)(3)) to employed former recipients for up to 12 months after a case closes and transitional medical assistance (TMA) (See 106 CMR 205.100(F));
 - the Department of Public Health administers the Children's Medical Security Plan. This plan provides access to primary health care services for uninsured children under age 19 who are not eligible for Medicaid. For recipients who go to work, it may be a valuable resource after their TMA ends. Refer to Field Operations Memo 97-6.; and
 - an earned income credit (EIC) may be available as a payroll deduction or an income tax refund.
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Check the Codes

At the conclusion of the interview, ensure that the TAFDC program coding on PACES is correct and the ESP/MIS codes are updated and accurately reflect the ESP activity, as necessary. **This is critical as we prepare for implementation of PRISM II and the new Beacon Employment Services Program.** In addition, information about the caseload is derived from the data on PACES and ESP-MIS and made available to the public and media as requested.

Teen Parents

Complete the Supplement for Teen Parent Cases (Page 6 of the Transitional Status Report) for a teen parent who is either the grantee or a dependent child in the parent's TAFDC assistance unit.

Noncitizens

If the case being reviewed contains a noncitizen, refer to the instructions for noncitizen eligibility in Field Operations Memo 96-42, Field Operations Memo 97-3 and Field Operations Memo 97-26.

**Confidentiality
of Case Record
Information**

If a recipient reports circumstances showing the need to increase confidentiality safeguards, such as domestic violence, offer the opportunity to safeguard information by utilizing a special PACES "Confidentiality Alert" code (Code H entered in the Multiple Address field (Block 16)). Refer to Field Operations Memo 97-15. Confidential labels are available to be placed on the case folder.

Questions

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



Massachusetts Department of Transitional Assistance

Notice of Transitional Time Limit Status/Update

(Form must be completed for each grantee)

Name _____

SSN _____

Part I

All adults who do not have an exemption and members of their Transitional Aid to Families with Dependent Children (TAFDC) household(s) are limited to receiving cash assistance for a total of 24 months within a continuous five year (60-month) period.

The 24-month time limit rule does not apply to you, if you meet one of the following exemptions:

- a. You are disabled.
- b. You must take care of a disabled family member who lives with you. This disabled member could be your child, spouse, parent, grandparent or the parent of the child.
- c. You are in your last four months of pregnancy.
- d. Your youngest child receiving TAFDC or SSI benefits is under two years of age.
- e. Your youngest child not receiving TAFDC benefits is under three months of age.
- f. You are a teen parent under 20 years of age and attending school full-time (school may not be beyond high school level); or participating in a full-time GED program and a training program for 20 hours per week; or meeting special rules for teen-structured living requirements.
- g. You are not included in the TAFDC assistance unit and you do not have a legal obligation to support the child for whom you are receiving benefits or you cannot work because of your alien status.
- h. You are 60 years of age or older.

In two-parent households, each parent must meet a specific exemption reason, or the 24-month time limit will apply to the entire household.

If you do not have one of the above exemptions, you and your household are limited to receiving TAFDC assistance for a maximum of 24 months in a continuous 60-month period. Months when you are exempt or not receiving TAFDC for the entire month do not count toward the 24-month time limit total.

Part II

Current Status Nonexempt Exempt Reason _____

Do you think that you meet one of the above exemptions? yes no

If yes, what is the exemption that you meet? _____

If you claim disability as your exemption and the Disability Review Unit (DRU) determines that you are not disabled, the time it took to make the disability determination will count toward your 24-month time limit total.



Transitional Time Limit Update

60-Month Start Date ____/____/____

Date	Date	Date	Date	Worker Actions
				Explained Time Limit rule and number of months remaining
				Reviewed Work Requirement rules
				Referred to Employment Assistance Services
				Referred for Education and/or Training Program
				Discussed Child Care and transportation support services
				Explained eligibility for one year of Transitional Child Care and 6-12 months of MassHealth
				Provided handouts on available earned income credits and how income is figured when recipient becomes employed
				Informed recipient of the Full Employment Program
				Explained Voter Registration

I have had the 24-month time limit rule explained to me and I am aware that my cash benefits may stop after receiving benefits for 24 months. The Employment Services Program and available support services have also been explained to me.

<p style="text-align: center;">Enter Remaining Months</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p><input type="checkbox"/> I do</p> <p><input type="checkbox"/> I do not want services at this time.</p> <hr/> <p>Recipient/Applicant's Signature _____ Date _____</p> <hr/> <p>Worker's Signature _____ Date _____</p>	<p style="text-align: center;">Enter Remaining Months</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p><input type="checkbox"/> I do</p> <p><input type="checkbox"/> I do not want services at this time.</p> <hr/> <p>Recipient/Applicant's Signature _____ Date _____</p> <hr/> <p>Worker's Signature _____ Date _____</p>
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