Field Operations Memo 98-9
March 23, 1998

TO: Transitional Assistance Office Staff

FROM: Joyce Sampson, Assistant Commissioner for Field Operations

RE: BEACON Pre-Conversion Cleanup Reports

Overview

To prepare for the conversion of ESP-MIS data to BEACON, three reports must be reviewed to ensure that data are accurate prior to conversion. Specifically, these reports are:

- ESP Participation Report;

- Child Care Masterfile Report; and

- Work Required Cases without Work Activity - Detail Report.

This memo:

- describes the purpose of the reports;

- identifies the data elements that must be reviewed on each report;

- provides facsimiles of the reports and copies of the ESP-MIS screens associated with each report; and

- discusses the action to be taken for each report.

ESP-MIS will be the source for creating the Employment Development Plan and related ESP Service Activities in BEACON.

Therefore, it is very important that the information conveyed by these reports be verified to ensure that the ESP to BEACON conversion activities are completed

Overview (cont.)   accurately and to ensure overall data integrity in
BEACON.

ESP Participation Report   Overview

The ESP Participation Report (Attachment A) identifies all
recipients coded on ESP-MIS as participating in one or more ESP
component(s). The component(s) needs to be reviewed to
determine if the recipient is currently participating in the
component(s). If recipient is not participating in the component,
then the component should be closed. The ESP Participation
Report contains key fields that must be reviewed together to
properly monitor and track recipient participation in the ESP
component(s) of the Employment Services Program.

Transitional Assistance Worker Action

Transitional Assistance Workers must review specific data on
the ESP Participation report to ensure that a case is correctly
coded on ESP-MIS. The data changes resulting from review of
the ESP Participation report are to be entered on the Client
Maintenance Activity screen (Attachment B). Appendix A:
Occupational/Interest/Employment Codes and Appendix B: ESP
Component/Activity/Unscheduled Codes of the *Systems User's
Guide,* Volume 8: *ESP-MIS User's Guide* provide a list of the
valid entries for each field. Listed below are the specific data
fields that must be reviewed.

Interest Code
Reference Code (Ref Cd)
Activity Code (Actv Cd)
Standard Hours (Std Hrs)
Code Date
Follow-up Date
End Code (End Cd)
End Date
Primary Code/Secondary Code (P/S)
Resource Number

Transitional Assistance Workers must verify, and continue to
verify when appropriate, entry of the correct Interest Code on the
Client Maintenance Activity screen and make sure that the
proper Employment Code, if the recipient is employed,

ESP Participation Report (cont.)   has been obtained from the Client Entered Employment Maintenance screen (Attachment C). It is important to make sure that the proper data for the participant's EDP have been entered onto ESP-MIS. If no Interest Code is entered, then BEACON will default to the clerical code. If this is not the proper code for the participant, then a new EDP must be completed.

In addition, Transitional Assistance Workers should also verify Entered Employments since the last assessment if the assessment was before March 1, 1998.

Child Care Masterfile Report

Overview

The Child Care Masterfile Report (Attachment D) identifies all participants with active Child Care Authorizations. This report is now sorted alphabetically by the last name and sorted by Case Assignment Number within each Transitional Assistance Office.

The BEACON conversion process will create Child Care Assistance Units from the Child Care Tracking system for all recipients with an active child care authorization who are in an *eligible active component, currently employed* or in a *closed TAFDC assistance unit*. All participants with active child care authorizations but who are not in any of these three situations will be displayed on a discrepancy report, which is in development, for Transitional Assistance Worker review and follow-up. These participants will not be converted.

The Authorization for Child Care screen (Attachment E) can be reviewed for active child care authorizations. Transitional Assistance Workers must ensure that participants requiring transitional child care are properly entered onto the Child Care Authorization - Entry screen (Attachment F). Procedures for Child Care Authorizations can be found in *Systems User's Guide, Volume 7: ESP Child Care Authorization User's Guide, Chapter II: Data Entry & Retrieval.*

Transitional Assistance Worker Action

Transitional Assistance Workers must use this report to confirm that the participants identified on the report are eligible to receive child care, have an active authorization on file and verify that the information to be converted to BEACON is accurate.

Child Care Masterfile Report (cont.)

Transitional Assistance Worker Action

Reference to these codes can be found in *Systems User's Guide,* Volume 8: *ESP-MIS User's Guide,* Appendix B: ESP Component/Activity/Unscheduled Codes.

The following is a list of the data fields on the Authorization for Child Care screen (Attachment E) that must be reviewed prior to conversion to BEACON.

Authorization Number
Service Code (Ser Cd)
Start Date
End Date
Full/Half
Child Name (Ch Name)
Child Date of Birth (Ch DOB)
Child Number (Ch No)

Work Required Cases without Work Activity - Detail Report

Overview

The Work Required Cases without Work Activity - Detail Report (Attachment G) identifies all TAFDC nonexempt recipients coded on PACES as mandatory work required and who do not have a work activity entered on ESP-MIS.

Transitional Assistance Worker Action

Transitional Assistance Workers must use this report to confirm that all work required recipients are participating in a work activity. The Client History Activity screen (Attachment H) can be reviewed for information regarding the participant's activities in ESP-MIS.

If the participant is work required and is not participating in an ESP-MIS component, then the Transitional Assistance Worker must schedule a meeting with the participant. Participants who are mandatory work required must either work or do community service. If a participant refuses to comply with the mandatory work requirement, then that participant can be placed in community service. If the participant still refuses to cooperate, then that participant must be sanctioned and closed with the appropriate action reason.

Work Required Cases without Work Activity Report (cont.)

Transitional Assistance Worker Action (cont.)

The following is a list of the data fields on the Client History Activity screen (Attachment H) that must be reviewed prior to conversion to BEACON.

Reference Code (Ref Cd)
Activity Code (Actv Cd)
Client Status (CS)
Code Date
End Code
End Date
Primary Code/Secondary Code (P/S)
Resource Number

Transitional Assistance Office Director Responsibilities

The Transitional Assistance Office Director is responsible for:

- the distributing of these reports.

- ensuring that the appropriate action(s) have been completed.

Questions

If you have any policy or procedure related questions, have your Hotline designee call the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Customer Support Services at (617) 348-5290.

Office: 004-ADAMS　　　　　　　　　　　ESP Participation Report
Worker:　　　　　　　　　　　　　　　　　Report Month 12/97

Name	Cat	ACTV Code	Mt/Yr	SchHr	ActHr	%	ChCareAuth &	Comments
SSN	St	Code Date					Start Date	
Case SSN (Dif)	Date	Fl-Up Date					End Date	
Telephone	AR	P/S					Serv Code	
Zip Code	D/F	Standard Hours					Auth Type	
ESP CAN/CAN	Rpt Cd	Prov/Empl					Num Dpdts	
Language	Prog Cd	Target Pop					S M T W T F S	
DOB	TLA	Interest Cd						

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	2	301	12/97	0	0	0		
		12/15/97						
000-00-0000	/ /	01/01/98						
000-000-0000		P						
01247		20						
802/		BERKSHIRE FOOD					* * * * * * *	
		*						
00/00/00		0						

　　　Total For 301 =　　　1

```
MC1212N  M1              CLIENT MAINTENANCE ACTIVITY              03/05/98  11:36:57
**********************************************************************************
Client SSN        :                        Case SSN      :
Last Name         :         ------------   First Name    :         ----------
Address           :         ----------     City          :         --------
State/ZIP         : MA / : 01801 - 0000    Lang/Priority: ENG /  1
Off/Cat/Literacy: 351 /  2 /               Race/Sex/DoB  : 5 / F /
Targ Pop/Will     : 05 -- -- -- -- -- /  1  Telephone No.:      -      -
Interest Code     : --                     M\U St/Worker: M / 211
==================================================================================

     Ref Actv  C  Std     Code    Follow-Up   End   End         P   Resource
No   Cd  Cd    S  Hrs     Date      Date      Cd    Date        S   Number
-    -   203   -   --   11 28 97   12 28 97   101  12 28 97     P   --------
-    -   204   -   --   12 28 97   05 27 98   ---  -- -- --     P   --------
-    -   040   Y   25   02 02 98   03 01 98   ---  -- -- --     S   10010004
-    -   ---   -   --   -- -- --   -- -- --   ---  -- -- --     -   --------
-    -   ---   -   --   -- -- --   -- -- --   ---  -- -- --     -   --------
-    -   ---   -   --   -- -- --   -- -- --   ---  -- -- --     -   --------


**********************************************************************************
[  ]  [   ]  [   ]  [    ]__  [   ]__  [   ]__  [   ]__  [   ]____  [    ]____
HELP  PRIOR  EXIT  RESOURCE  CANCEL  UPDATE  INQUIRY  CHILD CARE  EMPL PLAN
```

```
ME1220N  M2        CLIENT ENTERED EMPLOYMENT MAINTENANCE         03/05/98
***************************** Client Information *****************************
Client SSN    :                        Case SSN           :
Last Name     :                        First Name         :
Category      : 2                      Office             :
ESP Spec.     : 211                    Languages          : ENG
Interest Code : 00                     EE Component       : 11
Target Pop.   : 05 00 00 00 00 00      EE Type            : 103

********************* Entered Employment Information *********************
Employer Name : RAMADA PLAZA------------- Employer No:
Street Address: RT. 38                  City/State : WOBURN        /  MA
ZIP Code      : 01801 - 0000            Telephone  : 000 - 000 - 0000
JOB Title     : WAITRESS/BARTENDER--

********************* Event File Information *****************************
Empl Start Date :    /    /             Employ Code : 31
Insurance Code  : Y                     Wage Rate   : 8.50--
Insurance Amount: 0.00--                Hours       : 25
Full Year       : Y                     # of Weeks  : 52

**********************************************************************************
    HELP     PRIOR     EXIT     CANCEL     UPDATE
```

COMMONWEALTH OF MASSACHUSETTS DEPARTMI   OF PUBLIC WELFARE

CHILD CARE MASTERFILE
MONTH OF DECEMBER
LOCAL OFFICE - ADAMS   004
(* = DUPLICATE AUTHORIZATION ON FILE TO CLOSE OUT)

CLIENT NAME	CASE ET CAN	CAN	CLIENT SSN	GRANTEE SSN (IF DIFF)	CASE CAT	CASE STATUS	CASE A.R.	START/ CLOSE	ET CODE	TIC DATE	C.C. TYPE	AUTH. NO.	NO. DEP	AUTHORIZATION PERIOD
					2	5	61	12/16/96	905	00/00/00	V	1184205	001	12/16/96-12/15/97
					2	1	06	11/07/97	041	98/03/31	V	1225099	001	12/04/97-04/01/98
					2	4	39	11/13/97	204	98/05/07	V	1225115	002	12/04/97-02/04/98
					2	5	61	10/03/97	204	98/03/03	V	1220335	001	10/21/97-10/02/98
					2	5	61	09/30/97	905	00/00/00	V	1222313	002	11/06/97-09/29/98
					2	2	13	12/14/97	040	98/02/28	V	1227535	001	12/30/97-02/28/98
					2	1	06	09/26/94	040	98/01/05	V	1221430	001	10/27/97-04/27/98
					2	1	16	08/13/97	020	97/10/11	V	1215261	001	09/02/97-12/31/97
					2	3	13	01/02/97	040	97/11/08	V	1217780	001	09/08/97-03/31/98
					2	5	61	11/24/97	204	98/05/07	V	1221478	001	10/30/97-12/31/97
					2	2	06	07/10/91	203	98/01/28	V	1227193	002	12/29/97-02/28/98
					2	4	67	05/13/97	905	00/00/00	V	1200855	002	05/28/97-05/12/98
					2	2	13	05/23/97	203	97/12/17	V	1169205	001	07/02/96-01/31/98
					2	5	61	08/10/97	905	00/00/00	V	1217365	001	09/25/97-08/09/98
					2	5	65	12/18/97	204	98/06/15	V	1226677	001	12/18/97-12/17/98
					2	2	06	06/02/97	040	98/01/08	V	1213878	001	09/02/97-03/02/98
					2	1	06	05/15/97	040	98/01/13	V	1209521	001	08/11/97-03/04/98
					2	1	06	05/03/96	216	98/03/12	V	1170050	002	08/13/96-02/13/98
					2	2	13	12/10/97	040	98/07/0)	V	1216429	001	09/15/97-03/15/98
					2	1	06	01/06/92	012	98/02/22	V	1221479	001	10/30/97-01/31/98
					2	2	06	10/03/97	041	98/04/30	V	1220559	001	10/30/97-04/30/98
					2	2	06	02/25/97	023	98/06/01	V	1213585	001	09/02/97-12/23/97
					2	5	61	01/12/98	204	98/06/15	V	1222265	001	11/04/97-02/04/98
					2	1	13	01/08/97	040	97/12/03	V	1218711	001	09/07/97-02/28/98
					2	5	61	05/02/97	905	00/00/00	V	1203068	001	06/16/97-05/01/98
					2	1	13	09/06/97	901	00/00/00	V	1222913	002	11/10/97-01/10/98
					2	2	13	04/07/97	204	98/03/30	V	1210849	002	08/21/97-02/21/98
					2	2	06	12/27/94	041	97/11/12	V	1195486	001	05/11/97-01/21/98
					2	2	13	06/09/97	204	98/04/30	V	1215354	001	09/15/97-03/15/98
					2	5	61	05/09/97	905	00/00/00	V	1206639	002	07/15/97-05/08/98
					2	2	13	11/17/96	025	98/06/22	V	1213676	001	09/03/97-06/30/98
					2	2	06	01/13/93	204	98/04/30	V	1216995	002	09/25/97-02/25/98
					2	2	06	09/04/96	041	98/06/01	V	1213858	003	09/08/97-03/08/98
					2	1	13	10/20/94	023	98/05/23	V	1214827	001	09/03/97-01/31/98
					2	2	06	04/11/96	216	98/07/18	V	1178557	001	10/11/96-01/11/98
					2	4	67	12/31/97	216	97/07/31	V	1210526	002	08/20/97-01/20/98.
					2	1	06	11/03/95	040	98/06/11	V	1209501	001	08/11/97-03/01/98
					2	1	13	11/09/95	041	98/06/01	V	1220613	001	10/27/97-12/21/97
					2	2	16	12/13/97	216	98/07/18	V	1216988	001	09/22/97-08/20/98
					2	2	06	06/13/95	204	98/06/01	V	1221973	003	11/04/97-03/04/98
					2	2	06	04/02/90	216	98/07/05	V	1204266	001	06/30/97-12/30/97
					2	1	06	08/18/97	204	98/04/30	V	1213948	001	09/09/97-03/09/98
					2	5	61	04/01/97	905	00/00/00	V	1217809	001	09/30/97-03/30/98

ETLN1140 M1   Authorization for Child Care   03/06/98
                                                   Number: 1225024

```
+--------------------------------------------------------------------+
| Cat/Client SSN: 2 /              Off/Reg/CAN   : 351/5 /            |
| Last Name    :                   SerCd/Targ Pop: 1D    /  05        |
| First Name   :                   ESP Date/Code : 12/28/97 204       |
| Street       : _                 Follow Date   : 05/27/98           |
| City/ST/ZIP  : WOBURN     MA 01801  Start Date  : 12/01/97          |
| Telephone    : .                 End Date      : 01/31/98           |
| Client DOB   : 11/17/62          EE or Close Dt: 12/01/97           |
| Resource Name :                  -------F=Full---H=Half-------      |
| Lang/Ethnic   : ENG / 5          | Sun Mon Tue Wed Thu Fri Sat      |
| Mth Gt/Oth Inc: 477.00  / YES    |     F   F   F   F.  F             |
|--------------------------------------------------------------------|
| Ch Name/DOB/No :       _         / /  02                            |
|                                                                    |
|                                                                    |
|    YOU MUST REPORT CHANGES TO YOUR INCOME OR ACTIVITY WITHIN 10 DAYS|
|  Present this authorization to your Child Care Resource Agency to obtain a|
|  voucher. NO PROVIDER WILL RECEIVE PAYMENT WITHOUT A VOUCHER FROM THE CCRA.|
| Client Signature    :_____  Date :__ / __ / __      |
| Worker Signature    :_____  Date :__ / __ / __      |
+--------------------------------------------------------------------+
```

```
 ETLN1110 M1                Child Care Authorization - Entry        02/14/97
--------------------------------------------------------------------------
  Cat/Client SSN  :              Last Name        :
  Region/Office   :              First Name       :
  Monthly Grant   :              Street           :
  Other Income    :              City/ST/ZIP      :
  Client DOB      :              Telephone        :
==========================================================================
  Service Code    :                        Daily Authorizations
  Start Date      :              ------------------------------------------
  End Date        :              | 'F'=Full | Sun Mon Tue Wed Thu Fri Sat |
  EE or Close Dt  :              | 'H'=Half |                             |
  Dependent Nos.  :              ------------------------------------------


    Enter the First Name and Birth Date of Children not on the Dependent File
  1)                              2)
  3)                              4)
  4)                              6)


Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
       EXIT   PRIOR UPDAT        MAINT DEPEN
```

004   ADAMS

Wkr	Case Soc Sec Num	Case Name	Pgm Cd	Dep Fact	Serv Cd	Client Soc Sec Num	Client Name	Dep Stat	Dep A/R	ESP Code	End Date	Wrk Cat
			2	U	U			2	6	300		IP
			2	U	U			2	6	3		OT
			6	A	Z			2	6	24		OT
			2	U	P			2	6	2		OT
			2	U	P			1	6	301		WA
			1	U	Z			1	6	12	12/22/97	OT
			6	A	S			2	6	906		OT
			6	A	Z			2	6	12		OT
			2	U	P			2	6	3		OT
			2	U	Z			2	6	301		WA
			2	U	Z			2	6	3		OT
			2	U	Z			1	6	0		OT

```
                        CLIENT HISTORY ACTIVITY
************************************************************************
  CLIENT SSN      :                        CASE SSN
  CLIENT NAME     :                        SDA/LWO
  CAT/ACTION REAS :                        FMCS STATUS
  CHILD CARE/TRANS:                        WORKER
  DATE OF BIRTH   :                        CAN
========================================================================

     REF ACTV C SCH ACT  CODE    FOLLOW-UP  END    END     P  RESOURCE  V
  NO CD  CD   S HRS HRS  DATE      DATE     CODE   DATE     S  NUMBER    C
  == === ==== = === === ======== ========= ==== ======== = ========= =




************************************************************************
PF1 HELP PF2 PRIOR PF3 EXIT PF4 CLIENT INQ PF9 CC PF10 T/SER PF11 EP PF12 EXT
```