



Argeo Paul Cellucci
Governor

Jane Swift
Lieutenant Governor


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

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 99-2B
February 5, 1999

To: Transitional Assistance Office Staff

From:  Joyce Sampson, Assistant Commissioner for Field Operations

Re: *Thibault v. Department of Transitional Assistance* Lawsuit

Background

As stated in Field Operations Memo 99-2 dated January 7, 1999, a preliminary injunction has been granted in the *Thibault v. DTA* lawsuit. Cases potentially affected by this preliminary injunction have been identified on the RECD Screen with code 99 in the STATESHLD Block. Code 99 prevents the system from accepting negative actions taken on these cases due to the 24-month time limit or failure to meet work program requirements.

This Field Operations Memo obsoletes Field Operations Memo 99-2A dated January 27, 1999. It is being obsoleted due to an error in the February 1, 1999 mailing to recipients identified on the HealthPro TAFDC Cases printout. The mailing contained the following two problems:

- ▶ the multilingual card was not included with the mailing; and
- ▶ recipients whose primary language is Spanish were sent the Spanish EAEDC Disability Supplement instead of the Spanish TAFDC Disability Supplement.

A second mailing will be sent to correct the problems on February 5, 1999 to all active cases included in the February 1, 1999 mailing.

Introduction

This Field Operations Memo:

- ▶ informs Transitional Assistance Workers of the notices that approximately 672 active recipients who are affected by the preliminary injunction will receive;
- ▶ describes the *HealthPro TAFDC Cases* printout and the *Code 99 Removed* printout that Transitional Assistance Workers received during the week of February 1, 1999; and
- ▶ explains Transitional Assistance Workers' responsibilities at this time regarding the preliminary injunction and states that further instructions will be issued.

Second Mailing

On February 5, 1999 notices will be sent to all active TAFDC recipients who:

- ▶ requested a disability exemption between November 1, 1995 and July 30, 1998;
- ▶ were denied a disability exemption for failure to respond to the Initial Appointment for Medical Treatment (IAMT) letter;
- ▶ have not been reviewed by HealthPro or UMASS Disability Evaluation Services (DES) since the IAMT-related denial; and
- ▶ are not currently pending a review by DES.

This mailing will contain a TAFDC Disability Supplement with the following enclosures:

- ▶ the recipient notice with instructions to complete and return the Disability Supplement to Transitional Assistance Offices by March 1, 1999 (see Attachment A); and
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**Second Mailing
(continued)**

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- ▶ a multilingual card; and
 - ▶ the notice shown in Attachment B, explaining the incomplete mailing, to be sent to all recipients receiving an English TAFDC Disability Supplement; or
 - ▶ the notice shown in Attachment C, explaining the incorrect mailing, to be sent to all recipients receiving a Spanish TAFDC Disability Supplement (see Attachment C).

Recipients can fill out the Disability Supplement from either the first or second mailing to reapply for a disability. The only difference is that recipients now have until March 1, 1999, to complete and return the Disability Supplement.

Note: The EAEDC and TAFDC Disability Supplements are consolidated and the only difference between them is the individualized cover letters.

Recipients will also be instructed to call DES at 1-888-497-9890 or their Transitional Assistance Worker if they need assistance in completing the Supplement.

Reminder: The Transitional Assistance Worker is required to assist the recipient in completing the Disability Supplement when requested. Recipients can also be referred to Disability Coordinators in certain Transitional Assistance Offices or can call DES at 1-888-497-9890.

If a recipient communicates to the Transitional Assistance Worker, or the Worker becomes aware, that a recipient has a physical or mental condition that is preventing him or her from utilizing Department services, the worker should contact Judith Subanny, Director of Equal Opportunity at (617) 348-8490. Refer to Field Operations Memo 98-50 for further details.

**Two-Parent
Family Cases**

Transitional Assistance Workers need to pay special attention to two-parent family cases.

The recipient notice in Attachment A has special language for two-parent families and instructs the parent to call the Transitional Assistance Worker if he or she has questions about special two-parent family rules or about which parent should fill out the Disability Supplement.

It is important for Transitional Assistance Workers to explain the following, if the individual has questions about the notice.

- ▶ Which one of the two parents is responsible for completing the Disability Supplement. If the worker cannot determine this after reviewing the case record, have the designee call the Policy Hotline at (617) 348-8478.

Note: When a two-parent family returns a Disability Supplement, make sure that the parent listed on the HealthPro TAFDC Cases printout is the parent who completed the Supplement.

- ▶ If the parent who requested the disability exemption submits a completed Disability Supplement and the other parent is about to become ineligible due to the 24-month time limit, the family will remain eligible until the disability decision is made by DES. Once the decision is received, regardless of a disability approval or denial, the family will be ineligible unless the family requests an extension and is approved, or the other parent also requests an exemption and both parents are approved for an exemption.

**The HealthPro
TAFDC Cases
Printout**

The HealthPro TAFDC Cases printout was distributed to Transitional Assistance Offices during the week of February 1, 1999. This printout identifies all cases sent the recipient notices. These individuals have been instructed to complete and return the Disability Supplement to have their disability reviewed by DES.

Note: These cases will remain identified on the PACES RECD Screen with code 99 in the STATESHLD Block until further notice.

**The HealthPro
TAFDC Cases
Printout
(continued)**

Transitional Assistance Workers must annotate the HealthPro TAFDC Cases printout with the date they receive returned Supplements. If recipients fail to return a Supplement by March 8, 1999, Transitional Assistance Workers must annotate on the printout "Supplement not returned." This information will be used to track whether or not a recipient responded to the notice.

Transitional Assistance Office Directors will ensure completion and fax annotated reports to their Regional Director no later than March 12, 1999.

**Transitional
Assistance
Worker
Responsibilities**

Transitional Assistance Workers must:

- ▶ review all returned Disability Supplements for completeness;

Important: Be sure that information regarding recent or current work has been completed on page 2 of the Disability Supplement. If information according to the case record is incomplete, workers should enter the missing information in the remarks section of the Disability Determination Tracking Form. DES will use this information to help determine the recipient's disability.

- ▶ **write "Thibault Lawsuit" on top of the Disability Determination Tracking Form to identify these cases to DES; and**
- ▶ submit the Supplement, through the normal process, to the TAO DES Liaison who will review and send it to DES (see the Disability Determination Guide for further instructions).

**Additional
Instructions**

Transitional Assistance Workers will receive further instructions on how to process cases that:

- ▶ fail to return a Disability Supplement; and
 - ▶ return a Disability Supplement and DES makes a decision regarding the disability claim.
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**The Code 99
Removed
Printout**

Transitional Assistance Workers received the Code 99 Removed printout listing all cases coded with a 99 that subsequently had the code 99 removed by Systems. This printout was received by Transitional Assistance Offices during the week of February 1, 1999.

The following groups were coded with a 99 in the STATEHSHLD Block on the PACES RECD Screen and have had the code 99 removed:

- ▶ recipients reviewed for disability by HealthPro or DES since the IAMT denial;
- ▶ recipients currently receiving SSI; and
- ▶ recipients currently being reviewed by DES.

Code 99 was removed on these cases because a subsequent disability decision has been made by HealthPro, DES or SSA since their IAMT denial, or a disability review is currently pending with DES.

Transitional Assistance Workers can now submit closings or reductions due to the work program or 24-month time limit for cases listed on this printout, if appropriate. For cases currently being reviewed by DES no action to reduce or terminate due to the work program or 24-month time limit should be submitted until the disability review is completed.

Important: Any transactions for closing or reducing these cases using action reason 27, 73, 29, 52, or 68 that should have been submitted between December 29 to present but were rejected because of code 99 must be resubmitted.

Questions

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



Commonwealth of Massachusetts
Department of Transitional Assistance

February 8, 1999

Important Notice for TAFDC Recipients

Our files show that you asked for a disability exemption between November 1, 1995 and July 1, 1998. You were found not disabled. The reason was you did not fill out and return a letter that was sent to you at that time.

A court has decided that we must look at your case again. This will give you another chance to prove you are disabled. If you want us to look at your case again, you **must** do the following:

Fill Out the enclosed Disability Supplement. If you need help filling out this form, please call Disability Evaluation Services (DES) toll free at 1-888-497-9890 or call your worker.

And

Mail Or Bring the form to your local Transitional Assistance Office by March 1, 1999.

If you do return the form by March 1, 1999, we will **not** lower or stop your TAFDC benefits, either because you do not go to work or because you have used 24 months of cash benefits, until we look at your case again. After we have finished looking at your case, DES will send you a notice with their decision about your disability. We will send you a separate notice about what will happen with your case.

If you do not return the completed form by March 1, 1999, we will assume that you no longer think you are disabled. Then your cash benefits may be lowered or stopped either because you do not go to work or because you have used 24 months of benefits. If your benefits are going to be lowered or stopped, we will send you a notice before it happens.

If you and your spouse or partner both receive TAFDC, there are special rules for your case. Your benefits may be stopped or lowered even if you return the form. Your worker can tell you what the special rules are. If you have questions about who should complete the form, call your worker.

If you have any questions, please call your worker or your local legal services office.



Commonwealth of Massachusetts
Departamento de Asistencia Transicional

8 de febrero de 1999

Aviso importante para los beneficiarios de TAFDC

Nuestros archivos muestran que usted pidió una exención por incapacidad entre el 1 de noviembre de 1995 y el 1 de julio de 1998. Se concluyó que usted no estaba incapacitado. La razón fue que no llenó ni devolvió una carta que se le envió en ese momento.

Un tribunal ha decidido que debemos considerar su caso de nuevo. Esto le dará otra oportunidad de comprobar que está incapacitado. Si quiere que consideremos su caso de nuevo, usted **debe** hacer lo siguiente:

Llenar el *Suplemento de incapacidad* adjunto. Si necesita ayuda para llenar este formulario, llame a *Servicios de evaluación de incapacidades (DES)* al número gratuito 1-888-497-9890 o a su trabajador social.

y

Enviar por correo o llevar personalmente el formulario a su Oficina de Asistencia Transicional local para el 1 de marzo de 1999.

Si usted devuelve el formulario para el 1 de marzo de 1999, **no** reduciremos ni suspendiremos sus beneficios de TAFDC porque no va al trabajo o porque ha usado 24 meses de beneficios en dinero efectivo, hasta que consideremos su caso de nuevo. Después de haber terminado de considerar su caso, DES le enviará un aviso con su decisión sobre su incapacidad. Le enviaremos un aviso por separado sobre lo que sucederá con su caso.

Si usted no devuelve el formulario completo para el 1 de marzo de 1999, supondremos que usted ya no piensa que está incapacitado. Entonces sus beneficios en dinero efectivo pueden ser reducidos o suspendidos porque usted no va al trabajo o porque ha usado 24 meses de beneficios. Si sus beneficios van a ser reducidos o suspendidos, le enviaremos un aviso antes de que suceda.

Si ambos, usted y su cónyuge o compañero(a), reciben TAFDC, hay reglamentos especiales para su caso. Sus beneficios pueden suspenderse o reducirse aun si devuelve el formulario. Su trabajador social puede decirle cuáles son los reglamentos especiales. Si tiene preguntas acerca la persona propia por completar el formulario, llame a su trabajador.

Si tiene preguntas, llame a su trabajador social o a su oficina de servicios legales local.



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February 8, 1999

Dear TAFDC Recipient;

You recently received a notice from us that is like the one attached. Because we did not include the card that is with this letter, we are sending you the notice and form again.

You can fill out either form if you want to reapply for a disability. If you already returned the first form we sent, that is okay. The only difference is that you now have until March 1, 1999, to complete and return the form.

If you have any questions, or if you need help with this, please call your worker or your local legal services office.



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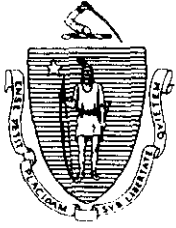
8 de febrero de 1999

Estimado Beneficiario de TAFDC,

Recientemente, usted recibió un aviso de parte nuestra, que es como el que se adjunta. Le dimos el formulario correcto pero la carta de explicación equivocada. Esa carta de explicación habla sobre un reporte médico. **USTED NO NECESITA UN REPORTE MÉDICO.** Ahora solamente necesita llenar el formulario.

Debido a nuestro error, le estamos enviando el formulario otra vez. Si quiere volver a solicitar por incapacidad, puede llenar cualquiera de los dos formularios. Si ya devolvió el primer formulario que le enviamos, está bien. La única diferencia es que ahora tiene hasta el 1 de marzo de 1999 para completar el formulario y devolverlo.

Si tiene alguna pregunta o si necesita ayuda con esto, llame a su trabajador social o a su oficina local de servicios legales.



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Dear Recipient;

You recently received a notice from us that is like the one attached. We gave you the correct form but the wrong cover sheet. That cover sheet talks about a medical report. **YOU DO NOT NEED A MEDICAL REPORT RIGHT NOW.** You only need to fill out the form.

Because of our mistake, we are sending you the form again. You can fill out either form if you want to reapply for a disability. If you already returned the first form we sent, that is okay. The only difference is that you now have until March 1, 1999 to complete and return the form.

If you have any questions, or if you need help with this, please call your worker or your local legal services.