



**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

FAX 99-104

**Field Operations Memo 99-10 G**  
**July 27, 1999**

**To:** Transitional Assistance Office Staff

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

**Re:** **Smith v. McIntire Lawsuit - Case Processing due to Additional Court Order**

**Background**

Field Operations Memos 99-10 F informed Transitional Assistance Office Staff of an additional court order in the *Smith v. McIntire* lawsuit.

It also informed TAO staff of a mailing to recipients potentially impacted by this additional court order and that instructions for processing these cases would be issued shortly.

Approximately 1700 recipients were sent this mailing. The following groups referenced in Field Operations Memo 99-10 C, Attachment E were sent this mailing:

- Active Extension Cases Receiving a Reduced Grant;
- Extensions Denied and Cases Closed Due to Excess Income Since 4/20/99;
- Case Closed Extension Request Denied Due to Excess Income Prior to 4/20/99 (AR 61 or 65); and
- Earned Income at Time of Closing, No Extension Request (AR 52).

**Because this mailing was sent to current extension recipients whose grants have already been corrected and those recipients reopened as a result of instructions given in previous Field Operations memos, these recipients may contact the Transitional Assistance Office with questions about this mailing. Have these recipients contact Recipient Services at 1-800-445-6604. This contact *must* be noted in the case record.**

**Processing  
Cases From the  
July 21 Mailing**

Recipients who were sent this mailing were instructed to return the form included in the mailing (Attachment A) to the Department's Legal Division if they wanted to have their TAFDC benefits reinstated. Once the Legal Division receives the form, they will date-stamp it and fax it to the Director of the appropriate Transitional Assistance Office.

Once the Transitional Assistance Office Director receives the fax from the Legal Division, the appropriate Transitional Assistance Office Worker must schedule an appointment for an eligibility review ***no later than 10 business days from the date of the Legal Division's receipt of the request.***

If any of these recipients return the form to the Transitional Assistance Office, it must be date-stamped and faxed **immediately** to the Legal Division at (617) 348-5108. **The Transitional Assistance Office Worker must schedule an eligibility review appointment for these recipients *no later than 10 business days from the date the recipient returned the form to the office.***

**Prior to any of these cases being established or denied, the case action must be signed off by the Transitional Assistance Worker and the Transitional Assistance Office Supervisor. The case record must be annotated by the Transitional Assistance Office Director or designated manager.**

The appointment should be scheduled using the *AL-1*. The Transitional Assistance Worker must check off the box next to "Discuss" on the *AL-1* and write in "Your request for reinstatement" on the line provided. The Transitional Assistance Worker must also include a Verification Checklist (*VC-1*) with the *AL-1* listing all verifications needed to complete the eligibility review. Eligibility must be determined in accordance with 106 CMR 702.200- 702.340 (except that eligibility must be determined *within 10 business days from receipt of the recipient's request, unless the verification(s) is not provided or the recipient reschedules*).

**A copy of the completed *AL-1* and *VC-1* must be faxed to the Legal Division at (617) 348-5108, ATTN: Smith Lawsuit.**

*If the former recipient does not keep the appointment without good cause, deny the case with an *NFL-5* using the following language:*

*"Your request for reinstatement is denied because you did not keep your appointment."*

The manual citations to use are: 106 CMR 702.240 and 701.440.

**This case action and notice must be signed off by the Transitional Assistance Worker and the Transitional Assistance Office Supervisor. The case record must be annotated by the Transitional Assistance Office Director or designated manager.**

**Processing  
Cases From the  
July 21 Mailing  
(continued)**

*If the former recipient keeps the appointment, do an eligibility review using the TAFDC Status Form (TER-TAFDC). If any additional verifications are required to determine eligibility, give the former recipient a VC-1 with a deadline of ten days to return verification(s).*

- *If the recipient has all verification(s) at the eligibility review appointment or returns the verification(s), determine TAFDC eligibility immediately.*
- *If the recipient does not return the verification(s), deny the case with an NFL-5 using the following language:  
“Your request for reinstatement is denied because you did not return verification. Specifically, you did not provide...”  
give the specific verification(s) not provided.  
The manual citation to use is: 106 CMR 702.310.  
**This case action and notice must be signed off by the Transitional Assistance Worker and the Transitional Assistance Office Supervisor. The case record must be annotated by the Transitional Assistance Office Director or designated manager.***
- *If the case is ineligible for TAFDC, deny the case with an NFL-5 using the following language:  
“Your request for reinstatement is denied because you do not meet eligibility requirements for TAFDC. Specifically...”  
use the specific reason why they are ineligible and the appropriate manual citation.  
**NOTE:** If the recipient has income, the Transitional Assistance Worker must do an online calculation to determine financial eligibility. **This case action and notice must be signed off by the Transitional Assistance Worker and the Transitional Assistance Office Supervisor. The case record must be annotated by the Transitional Assistance Office Director or designated manager.***

For recipients who previously filed an extension request, if the case is TAFDC eligible, establish the case *effective May 13, 1999*.

For recipients who did *not* previously file an extension request, if the case is TAFDC eligible, establish the case *as of the date of the date-stamped returned form*.

**These case actions and notices must be signed off by the Transitional Assistance Worker and the Transitional Assistance Office Supervisor. The case record must be annotated by the Transitional Assistance Office Director or designated manager.**

**Processing the  
Extension  
Request**

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The extension request should now be processed for cases determined to be TAFDC eligible.

- If the case has an extension request on file, determine eligibility for the extension, *based on that request*. Follow the procedures in *The TAFDC Procedural Guide*, Chapter 19 to process the extension request.
- If the case does not have an extension request on file, give or mail the recipient a *24-Month Extension Request (24 EXR)* form. Give or mail the recipient a *VC-1* telling the recipient he or she has 30 *calendar* days to complete and return the extension request.
  - ▶ If the *24-Month Extension Request (24 EXR)* form is not returned, close the case with an AR 52 and close the food stamp benefits using a T8 in the food stamp section and an X in block 59. This will generate a *PACES* notice informing the recipient that:
    - the case is closing because the 24-month time-limited benefits have ended;
    - an extension was not requested; and
    - food stamp benefits, if applicable, will be recalculated using a zero PA grant amount, the case will Dever to Category 9 for one month and the NPA food stamp case will continue to be the current Transitional Assistance Worker's responsibility, with his or her CAN maintained on the NPA case.
  - ▶ If the *24-Month Extension Request (24 EXR)* form is returned, determine eligibility for the extension. Follow the procedures in *The TAFDC Procedural Guide*, Chapter 19 to process the extension request.

**BEACON Impact**

Once a TAFDC case is reopened on PACES, the information is “bridged” to BEACON. BEACON establishes a TAFDC Basic AU or TAFDC Extension AU. Once the AU is established, BEACON applies the ESP level of participation rules to the case.

If the TAFDC Basic AU has a total of fewer than 20 hours entered on BEACON or the TAFDC Extension AU has a total of fewer than 35 hours entered on BEACON, BEACON will send a Sanction transaction to PACES. This will cause PACES to begin the sanction process or, in the case of an Extension AU, to close the case.

*It is very important, once any of these cases are established on PACES, for the Transitional Assistance Worker to check the following Views daily on BEACON:*

- *Documents Sent Overnight;*
- *Clients with Pending Sanctions; and*
- *Clients with Sanctions.*

If any of these cases appear in these Views, the Transitional Assistance Worker should review and follow the instructions in the *BEACON NEWS*, Issues 05 and 07, if appropriate.

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**Special  
Instructions for  
Transitional  
Assistance Office  
Directors**

Transitional Assistance Office Directors are instructed to keep copies of all documents (*AL-1, VC-1, PID, PACES Worksheet, NFL-5 and approval notices*) associated with these cases for future follow-up inquiries from Central Office.

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**Questions**

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

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COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT  
CIVIL ACTION  
No. 99-1044C

ELIZABETH SMITH, et al.  
Plaintiffs

vs.

CLAIRE McINTIRE, as she is Commissioner  
of the Department of Transitional Assistance,  
Defendant

**APPLICATION FOR REINSTATEMENT OF TAFDC BENEFITS**

\_\_\_\_\_ My application for an extension of TAFDC benefits was denied. I wish to have my benefits reinstated while the Department reconsiders my application.

\_\_\_\_\_ I did not apply for an extension of TAFDC benefits when my benefits were terminated after 24 months. I wish to have my benefits reinstated while I apply for an extension.

I understand that the Department may require that I undergo an eligibility review prior to my benefits being paid.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_  
[Your signature]

Date: \_\_\_\_\_

Please mail or bring this form to:

The Department of Transitional Assistance  
Legal Division, Room 4119  
600 Washington Street  
Boston, MA 02111