



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2007-48
September 25, 2007

To: Transitional Assistance Office Staff
From:  John Augeri, Assistant Commissioner for Field Operations
Re: TAFDC - Automated Mailing of TAFDC Caring for the Disabled Cases

Overview

The Department automated procedures to re-verify the TAFDC Exemption, Caring for the Disabled, effective September 25, 2006 with Increment 2.1.20.

Beginning the week of October 1, 2007, BEACON will send out notices and a revised *Verification of Caring for the Disabled (TAFDC-4)* (Attachment A) form to re-verify the exemption. This mailing will occur daily. Automating this process is intended to reduce work for AU Managers and will ensure that the Department knows which individuals are being cared for and ensure that verification is returned timely. These mailings had been temporarily suspended with Field Operations Memo 2007-36 A.

Purpose of Memo

Field Operations Memo 2007-36 introduced the automated Caring for the Disabled re-verification process. The purpose of this memo is to highlight two changes to this process:

- an additional appointment letter must be sent to the client if he or she does not keep the first scheduled appointment; and
 - the period for a client to verify the disabled person's status has been extended from six months to twelve months.
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Obsolete Field Operations Memo

This Field Operations Memo obsoletes Field Operations Memo 2007-36 and Field Operations Memo 2007-36 A.

**AU Manager's
Responsibilities:
The Automated
Mailing Process**

Once the Department has approved a "Caring for the Disabled" exemption, clients must verify the disabled person's status every twelve months. *For the initial automated mailing beginning the week of October 1, 2007* the group will include *any* client whose first "Caring for the Disabled" exemption period has ended; is ending *within* forty-five days or whose first "Caring for the Disabled" exemption period is ending *in* forty-five days. This will ensure that any client who received the mailings during the weeks of October 2, 2006 – January 26, 2007 (see Field Operations Memo 2006- 41) are included in this automated process.

After the initial automated mailing beginning the week of October 1, 2007, the mailing will occur daily and will be sent to clients whose twelve-month period is ending *in* forty-five days. The automated mailing process is as follows:

- Forty-five days before the twelve-month period ends, the *Returning an Up-to-Date Verification of Caring for the Disabled form* and a TAFDC-4 will be mailed to the client caring for the disabled person. Clients must return the completed TAFDC-4 within 21 days to the AU Manager.
 - Once the form is sent, the following will be automatically added to the Narratives tab on BEACON: "Caring for Disabled Verification Form was sent. The client has 21 days to return the form."
 - If the form:
 - ✓ is returned timely, within five days of its receipt the AU Manager must enter the information on the Caretaker window and update the Education window following procedures on page 4 of this memo.
IMPORTANT: AU Managers must ensure that the form has been filled out to reflect the information on the *disabled person* and that the "Yes/No" answers have been circled.
 - ✓ is not returned by the 21st day (or not entered within five days of its receipt), BEACON will send out a warning notice (Attachment B) and another TAFDC-4.
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**AU Manager's
Responsibilities:
The Automated
Mailing Process
(continued)**

- Once the warning notice and form are sent, the following will be automatically added to the Narratives tab on BEACON: “Caring for Disabled Warning Notice was sent. The client has ten days to return the form.”
 - If after the warning notice is sent the form:
 - ✓ is returned before the end of the ten day period, the AU Manager must enter the information on the Caretaker window and at the same time, update the Education window following procedures on the next page.
 - ✓ is not returned within ten days from the date the warning notice is sent (this information is found on the “Caring For Disabled Reports” Actuate Report), the AU Manager must send an Appointment Letter (the paper AL-1) to the client scheduling an interview to:
 - confirm his or her current exemption; or
 - determine whether there is another exemption; or
 - determine if the client is now work program required.
 - **Note:** If the case is an *exempt* two-parent case, both parents should be asked to attend the appointment to ensure both understand how the change could affect the case.
 - If the client fails to keep the first appointment, the AU Manager must send a second Appointment Letter (the paper AL-1), to ensure the client has every opportunity to confirm his or her current exemption and meet with the AU Manager.
 - If the client fails to keep the second appointment, the entire case should be closed for failing to keep an appointment for a review. The client cannot continue as exempt without verifying an exemption.
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Entering the Information on the Caretaker and Education Window

When entering information in BEACON as the result of a returned TAFDC-4 and the “Person Under Care” remains disabled, the AU Manager must go to the Caretaker window.

On the Caretaker window, the AU Manager should:

- select “Essential to Care” in the “Caretaker Role” field for the client;
Note: Once the “Essential to Care” role exists, the AU Manager must highlight and select the most recent “Essential to Care” record to update the information on BEACON.
- click the “Yes” radio button in the “Role Exists” field;
- enter the correct name of the disabled person in the “Caretaker/Person Under Care” field;
IMPORTANT: In the Caretaker window, if there is more than one person needing care, the AU Manager should select the person who would meet the exemption (under 6 or over 18). If both meet the exemption, then they should select the younger of the two (if both under 6) or the older of the two (if one under 6 and one over 18).
- enter the date in the “Form Return” field that the form was received by the AU Manager; and
Note: To ensure dates are correctly entered in the “Form Return” field, edits have been added. Effective with BEACON Increment 2.1.22 (April 2, 2007), the “Form Return” field no longer accepts a date in the past that was earlier than the “Form Mailing Date” or any date later than the current date.
- Go to Interview Wrap-up to authorize all changes.

Additionally:

- If the Person Under Care is a child between the ages of 6 and 18 and receiving benefits, the Education window will be set to “Requires re-edit” to allow the AU Manager to enter the full-time school status.
Note: If the person under care is between the ages of 6 and 18 and ineligible (for example, he or she is receiving SSI), there is no prompt to enter information in the Education window. The AU Manager must go to the Education window to enter information on this person.
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Entering the Information on the Caretaker and Education Window (continued)

- If the “Person Under Care” is no longer disabled according to the medical professional who completed the form, change the “Role Exists Yes/No” radio button for the “Essential to Care” role from “Yes” to “No.” The AU Manager must send an Appointment Letter (the paper AL-1) to the client scheduling an interview to:
 - ✓ determine whether there is another exemption; or
 - ✓ determine if the client is now work program required.
 - If the client fails to keep the first appointment, the AU Manager must send a second Appointment Letter (the paper AL-1), to ensure the client has every opportunity to determine whether there is another exemption and meet with the AU Manager.

Note: If the case is an *exempt* two-parent case, both parents should be asked to attend the appointment to ensure both understand how the change could affect the case.
 - If the client fails to keep the second appointment, the entire case should be closed for failing to keep an appointment for a review. The client cannot continue as exempt without verifying an exemption.
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Special Instructions: Person Under Care is Basic Person

If the Person Under Care is a Basic Person:

- add this person on the Household window, if not already identified there;
- enter the information for the Basic Person on the windows marked “Requires Reedit.”

Once the basic person is designated on the Caretaker Window as the person under care and the basic person is between 6 and 18, a “Full Time School” Yes/No radio button will appear on the Caretaker window for selection.

**TAFDC Caring
for Disabled
Actuate Report**

An Actuate Report entitled “Caring for Disabled Reports” was developed to assist AU Managers in tracking clients through this automated process. The Actuate Report is located in the “Field_Ops_Staff_TAO_Reports” folder. Instructions for accessing Actuate can be found in Field Operations Memo 2007-7. The “Caring for Disabled Reports” will be updated daily and will contain the following information:

- Report Date (the Run Date of the Report);
 - Office;
 - AUM Name;
 - Total (AUs);
 - AU Name;
 - AU SSN;
 - AP Name;
 - AP SSN;
 - Caring for Disabled Form Sent;
 - Caring for Disabled Return by Date (shows when the Caring for Disabled form should be returned);
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**TAFDC Caring
for Disabled
Actuate Report
(continued)**

- AU Manager Entry Date (last date that the AU Manager can enter the returned TAFDC-4 onto the Caretaker window prior to the Warning Notice being issued);
- Warning Notice Sent Date (Caring for Disabled Form mailed simultaneously);
- Warning Notice Due Date (shows when the Caring for Disabled form should be returned);
- No Activity (marked when no action has been taken 30 days or greater from the end of the twelve-month period; action must be taken on the case *immediately*).

Clients will no longer be listed on the “Caring for Disabled Reports” report when one of the following occurs:

- the client or the case closes;
- the work program exemption status changes from “No” to “Yes”;
- the work program exemption reason changes from “Caring for the Disabled” to another exemption reason; or
- the “Form Returned” date entered is later than the latest “Caring for Disabled Form Sent” date.

**One-time MIS
Data-fix**

Current cases with an established six-month “Caring for the Disabled” exemption period will have the period extended to one year by MIS to ensure that they receive the mailing timely. No AU Manager action is needed.

Questions

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

LANGUAGE WITH VARIABLE TEXT (ENGLISH)

{BEACON_USER_STREET_ADDRESS}
{BEACON_USER_CITY, STATE, ZIP}

Important Notice - Read Carefully
Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

{CAREGIVER_NAME}
{RECIPIENT_MAILING_ADDRESS}
{RECIPIENT_CITY/TOWN, STATE, ZIP}

{CAREGIVER_SSN}
{BEACON_USER_OFFICE_NAME}

{MM/DD/YYYY}

RE: Returning an Up-to-Date Verification of Caring for the Disabled form

Dear {CAREGIVER_NAME}:

Your current TAFDC Work Program exemption is based on your need to be in your home to provide essential care for {CARE_RECEIVER_NAME}. It is time to verify that you are still needed to provide this care.

We are enclosing a Verification of Caring for the Disabled form to be completed by the disabled person's doctor.

This completed form must be returned to this office.

To continue to be exempt from the Work Program, you must:

- Give the disabled person's doctor the enclosed Verification of Caring for the Disabled form for completion; and
- Mail the completed Verification of Caring for the Disabled form to the above address no later than {RETURN_DATE}.

We will use the Verification of Caring for the Disabled form to review your continuing eligibility for the TAFDC Work Program exemption.

If you have any trouble finding a doctor to complete your Verification of Caring for the Disabled form, or if you have any questions about this notice, you should call {WORKER_PHONE_NUMBER} and ask for your worker {WORKER_NAME}.

When complete, please send this to: {BEACON USER OFFICE NAME}
{BEACON USER STREET_ADDRESS}
{BEACON USER CITY, STATE, ZIP}

Verification of Caring for the Disabled

{MM/DD/YYYY}
Date ____/____/____

To _____

Re {CAREGIVER_NAME} _____ {CAREGIVER_SSN} _____
Grantee's Name Social Security Number
{CAREGIVER_ADDRESS} _____
Street Address
{CAREGIVER_CITY_TOWN_STATE_ZIP} _____
City/Town ZIP

_{CAREGIVER_NAME} _____ has told this Department that he or she is required in the home to provide essential care for {CARE_RECEIVER_NAME} _ { CARE_RECEIVER_DOB } _ who resides in the grantee's home. Name of Patient D.O.B. of Patient

Is the above named person disabled? Yes No Diagnosis: _____

If the patient is a child, specify the severity of the child's disability and the extent of care the child requires:

and, if the child attends school full-time, or is otherwise out of the home, does the child have disability-related needs during the day and/or night which require care by the grantee that prevents the grantee from seeking, obtaining or maintaining full-time employment? Yes No Explain: _____

Does the child attend school full time? Yes No.
Is the child otherwise out of the home? Yes No. Where? _____

If the patient is an adult, please provide the reason the above-named person is essential to care: _____

and does the patient have disability-related needs during the day and/or night which require care by the grantee that prevents the grantee from seeking, obtaining or maintaining full-time employment? Yes No Explain: _____

Print Doctor's Name () _____
Area Code — Telephone Number

Address Doctor's Signature

Please return this completed and signed form to {WORKER_NAME} _____ at the address
Worker's Name

above. () {WORKER_PHONE_NUMBER} _____

Area Code — Telephone Number

LANGUAGE WITH VARIABLE TEXT (ENGLISH)

{BEACON_USER_STREET_ADDRESS}

Important Notice - Read Carefully

{BEACON_USER_CITY, STATE, ZIP}

Este Mensaje Es Importante - Lea Cuidadosamente

Massachusetts Department of Transitional Assistance

{CAREGIVER_NAME}

{CAREGIVER_SSN}

{CAREGIVER_ADDRESS}

{BEACON_USER_OFFICE_NAME}

{CAREGIVER_CITY/TOWN, STATE, ZIP}

{MM/DD/YYYY}

Dear {CAREGIVER_NAME}:

The Department recently sent you a letter telling you that you must verify that you are still needed in the home to provide essential care for {CARE_RECEIVER_NAME}. Our records indicate you are currently exempt from the Work Program requirements because you provide essential care for {CARE_RECEIVER_NAME}.

We are enclosing a Verification of Caring for the Disabled form to be completed by the disabled person's doctor.

This completed form must be returned to this office.

To continue to be exempt from the Work Program, you must:

- Give the disabled person's doctor the enclosed Verification of Caring for the Disabled form for completion; and
- Mail the completed Verification of Caring for the Disabled form to the above address no later than {RETURN_DATE}.

We will use the Verification of Caring for the Disabled form to review your continuing eligibility for the TAFDC Work Program exemption.

If you have any trouble finding a doctor to complete your Verification of Caring for the Disabled form, or if you have any questions about this notice, you should call {WORKER_PHONE_NUMBER} and ask for your worker {WORKER_NAME}.