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Department of Transitional Assistance
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Operations Memo 2011-43
September 12, 2011

To: Department of Transitional Assistance Office Staff

From:  **Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations**

Re: **SNAP - Annual Reporting Process Phase Two: The Interim Report Process**

Overview

Effective September 12, 2011 the Interim Report, phase two of the Annual Reporting (AR) process (see Operations memo 2011-31: SNAP – Annual Reporting Process), has been programmed into BEACON. Beginning 45 days before the end of the sixth month of the AR period, the Interim Reports will be sent to NPA households currently on AR. Changes reported on the Interim Report (IR) must be acted on and the recalculated benefit level will be used for the remaining six months of certification; however no interview is required unless the information provided is questionable or contradictory to prior information reported by the household. These cases are subject to timely case closing. Interim reporting rules do not apply to NPA cases with an associated TAFDC or EAEDC case and a full review must be completed for these households.

MIS has identified a small number of households that will begin receiving their Interim Reports during the week of September 12th. Some of these cases were changed to AR with an AR reevaluation start date in April. To assist case managers, beginning the week of September 12th these households will show up on the Reevaluation Report of Actuate Viewer and will be identified as IR households with a “Y” under the heading IR Indicator.

Purpose of the Memo

This Operations Memo:

- informs Department staff of the Interim Reporting process;
- describes case manager responsibilities during the process;
- introduces the new No Change Functionality on the Reevaluation page of BEACON; and
- transmits the Interim Report form (Attachment A).

Interim Report and Case Manager Responsibilities

IRs will be mailed to the client forty-five (45) days before the end of the sixth month of the AR certification period. The IR form has two sections: Current Household Information and Change Report. The Current Household Information section is pre-populated with:

- household composition information;
- earned and unearned income information; and
- shelter expense and other expense information.

In the box provided, the client must indicate whether there is a change or no change to the information on file. If the client fails to check either answer the information is considered incomplete and the household must be contacted. If there are no changes, the client will sign, date and return the complete form.

If there is a change to report, the client must check the change box and make the change on the Change Report section of the IR. The client will sign, date and return the complete form to the appropriate TAO.

The IR form includes appointment availability information, penalty warnings and serves as a notice of expiration if the client fails to return the report. In an effort to provide the case manager extra time to process any reported changes, the IR displays a return-by date, which is fifteen days from the sent date. The household is not required to return the form until 15 days before the BEACON release date (four to five days before the end of the sixth month).

Once the IR is received, and two days after a reevaluation is initiated, BEACON will send a *Thank You for Returning the Interim Report* notice to the household, unless the Interim Reporting Reevaluation is pending authorization or pending release on the Interview Wrapup page.

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If a reevaluation has not been initiated in BEACON within nineteen days of the IR being sent, a warning notice explaining that the IR has not been received will be sent to the client.

The household will be automatically closed for Failure to Complete an Interim Report if by the BEACON reevaluation release date (four to five days before the end of the sixth month) the:

- Interim Report has not been returned to the office;
- case manager has initiated but not completed the Interim Report evaluation process;
- client has not returned the IR form in time to complete the process; or
- client has not returned required verifications in time to complete the process.

Upon receipt of the Interim Report form in the TAO, the clerk or designated staff must initiate a reevaluation in the reevaluation workflow. Case managers must review the entire IR to ensure that the information provided is complete, and must enter any reported changes in BEACON. The form may be returned by the client with any or all of the following:

- no changes;
- changes in known earned or unearned income;
- newly reported earned or unearned income;
- gross income that exceeds the maximum gross income limit for the HH size;
- a change of address;
- changes in household composition;
- changes in expenses and deductions.

To assist case managers in the tracking of the Interim Report process, cases subject to IR will appear on the *Reevaluation Report* in Actuate Viewer with a “Y” under the heading IR Indicator. Cases closed for failure to complete the IR process will appear under the *Initiated Cases Closed for Failure to Recertify View Detail Report* and identified with a “Y” under the heading IR Indicator in Actuate viewer. Two new BEACON views have also been added. They are:

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✓ **Reevaluations Due - Interim Report**

Added to the Appointments to be Scheduled view. This view identifies when an Interim Report is due within 60 days; **and**

✓ **Reevaluations in Progress - Interim Report**

Added to the Daily Priority Actions view. This view indicates the status of the case in the Interim Reporting process.

Interim Report with No Changes

If the household reports no changes, to the pre-filled information the case manager must:

- indicate that there are no changes by checking the new No Change field on the Reevaluation page of BEACON;

Note: The No Change field is available only during the interim reporting period for cases on AR. There is also a new field on the Reevaluation page that advises the case manager of the current status of the interim reporting process, such as, “Interim Report Reevaluation Initiated.”

- submit the reevaluation on the Reevaluation page;
- save the completed reevaluation and the Interview Wrapup page is set to requires reedit;
- wrap-up the case by selecting the Reevaluation items on the Selection page (satisfy any outstanding “requires reedit” and/or any outstanding verifications), calculate the EBC results and authorize the request.

BEACON will send the *Interim Report Change* notice, thanking the client for returning the Interim Report and advising that the benefits have been recalculated with the information provided.

Note: EBC results may show a decrease of SNAP benefits, even if the client reported no change. This will happen when reported changes or batch information have been added to the case record during the first six months of the certification period and would have caused a decrease in benefits but were not acted upon due to Annual Reporting rules.

Interim Report with Changes

If the household returns the IR with changes to the pre-filled information the case manager must:

- if not already initiated, initiate a reevaluation in the Reevaluation Workflow of BEACON;
-

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- enter the reevaluation workflow;
- complete only the BEACON pages where changes have been reported. The only page to be set to requires reedit for an IR reevaluation is Interview Wrapup;
- satisfy any outstanding requires reedit, due to information entered by batch, and/or outstanding verifications before BEACON will allow the reevaluation to be wrapped up.
- complete the data collection and verification processes before going to Interview Wrapup.

Note: All IR changes must be wrapped up and must be pending to release on or before the BEACON reevaluation release date (four to five days before the end of the sixth month), or benefits will be terminated automatically.

**No verification
required**

BEACON will automatically verify information being saved for NPA only households provided that the information is already known to BEACON and the change causes a decrease or no change in the monthly SNAP benefit.

A reported decrease in earned or unearned income which causes an increase in SNAP benefits, is automatically verified if:

- an earned income (excluding self-employment income which must be verified) decrease less than \$100; or
- an unearned income decrease is less than \$50;

Important: If on the IR, the household reports a new source of income and/or expenses, the addition of a household member(s) or a change of address, the case manager must visit the appropriate page(s) to add the information so that a verification request is created on the Verification tab.

**Verification
required**

With the exception of adding a new member, where the SSN must be verified, and an address change, where residency must be verified, verification is required **only** if the change causes an increase in benefits as follows:

- earned income (excluding self-employment income which must be verified) decreases \$100 or more;
 - unearned income decreases \$50 or more; and
 - any new income types and/or new or increased expenses are reported.
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Third party verifications should be requested **only** if the information provided is incomplete or considered contradictory or questionable based on prior statements made by the client.

Case managers are reminded that if missing verifications are optional verifications, the case must be processed without those changes (see October 2005 *Transitions: Processing Unverified Food Stamp Deductions*). Also, dependent care, shelter and utility expenses can be self-declared. Any reported change to the self-declared information must be used without additional verification unless the information is questionable or contradictory.

Once all missing mandatory verifications have been provided, the case manager must :

- submit the reevaluation;
- wrap-up the case by selecting the IR reevaluation items on the Selection page along with any other appropriate items;
- calculate EBC results; and authorize the request.

Note: BEACON will automatically pre-fill the 12 months of the AR certification period in the Reevaluation Start and End date fields on the EBC results page.

BEACON will send the *Interim Report Change* notice showing the recalculated SNAP benefit or a closing notice if the total gross income exceeds the maximum gross income level for household's size.

The household will automatically close if, by the BEACON reevaluation release date (four to five days before the end of the sixth month), a VC-1 has been generated but verifications are still outstanding on the Verification tab. BEACON will send the household the *Failure to Provide Required Interim Report Verifications* notice.

Important: The certification period cannot be changed during the Interim Reporting period. If the household indicates that they no longer have income or they are now self-employed, the case manger must make the changes and wrap-up the case for the remaining months of the certification. The case can be removed from Annual Reporting only at the recertification of benefits.

Reinstatement

If the case has closed for failure to complete the IR process, the IR reevaluation can be completed within 30 days of the termination by completing the Reinstatement and Revaluation workflows and submitting the reevaluation to reopen the household. All of the special IR processing features are applicable to the Reinstatement process.

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If the household closes for more than 30 days the household must reapply for SNAP benefits.

Changes between months 7 and 12 of the AR Certification Period

Changes in household composition, income and/or expenses are entered into BEACON during months 7-12 by either the case manager or through batch jobs such as BENDEX, SDX and DEFRA. EBC rules for AR cases calculated during the certification period are as follows.

- If the total gross income exceeds the maximum gross income level for the households size, or if someone enters the household causing the income to exceed the maximum gross income level, the household is terminated.
- If the calculation results in a benefit increase, the information used in the calculation is released and the increased benefit amount is paid to the client.
- If the calculation results in a benefit decrease, the information used in the calculation is released, but the decreased benefit will not take effect. The Department will continue to pay the current benefit for the remainder or the AR period.

Note: Certain mass changes in a SNAP COLA result in a decrease.

Forty-five days before the end of the AR certification period, a new pre-filled AR is mailed to the household and the recertification process begins again. Households that no longer qualify for the AR process, such as households that no longer have income or are now self-employed, can be removed from AR at this time. On the EBC Results page the case manager must select recertification as the *Reevaluation Type* and assign the household a one year certification period in the Reevaluation Start and End date fields.

Questions

If you have any questions please have your Hotline designee call the Policy Hotline.

BEACON FORM/NOTICE
LANGUAGE WITH VARIABLE TEXT (ENGLISH)

{Form_Notice_Title}

{TAO_Address_CAN}
{TAO_City_State_ZIP}

Massachusetts Department of Transitional Assistance

{Recipient_Name}
{Recipient_Mailing_Address}
{Recipient_City_State_Zip}

Agency ID: {AP_ID}
Recipient SSN: {XXX-XX-####}
{BEACON_USER_OFFICE_NAME}

Date: {DOC_Creation_Date}

IMPORTANT
Please Read Before Completing

This document is called an Interim report. It consists of two sections: **Current household Information and Change Report**. Please complete, sign and return this entire Interim Report by {Return_by_Date} to continue receiving your SNAP benefits without interruption. Sending it in late might result in a delay in receiving your {Benefit Month} benefits; **failure to return this Interim Report will result in your benefits ending {Six-Month_Cert_Date}**. You may mail, fax or drop off the entire report to your local Transitional Assistance Office.

Make Sure You:

- Review all the information in the “Current Household Information” section of this report.
- If the information listed is correct indicate there is **No change in the box provided** and **check off “No Changes”** in the boxes at the **bottom of the Current Household Information Page**. **Sign, date and return by {Return_by_Date}** to your local Transitional Assistance Office.

If you have changes to the information in the **Current Household Information**:

- indicate there is a **change in the boxes provided** and **make the change on the appropriate section of the Change Report form**; and
- **Sign** the last page of the **Change Report Form** and **return the entire report and required verifications by {Return_by_Date}** to your local Transitional Assistance Office.

Reading and following the instructions in each section will help prevent delays in processing your Interim Report. **Pay careful attention when reporting changes to see when verifications are required.**

If you have any questions, please contact Recipient Services at 1 (800) 445-6604

Your Case Manager: {BEACON_User_Name}
{BEACON_User_Office_Name}

Case Manager Telephone Number:
{BEACON_User_Phone}
TAO Fax Number:
{BEACON_User_Office_Fax_Number}

What you pay for utilities is separated into groups	Utility Group
I pay for heat, or I get fuel assistance.	Heating/Cooling
I pay for electric and I have an air conditioner that I use in the Summer.	Heating/Cooling
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee	Heating/Cooling
I pay electric.	Nonheating
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	Telephone
I do not pay any separate utilities.	Not Applicable (N/A)

CHILD/DEPENDENT CARE EXPENSES

Household Member	Frequency	Amount
{Household_Member 5}	{Frequency}	{DependentCare_Expense_Amount}

No Change
Change
Enter a change in
Section 7 of Change Report

COURT ORDERED CHILD SUPPORT

Household Member	Frequency	Amount
{Household_Member 6}	{Frequency}	{Support_Payment_Amount}

No Change
Change
Enter the change in
Section 8 of Change Report

MEDICAL EXPENSES

Household Member	Type of Medical Expense	Frequency	Amount
{Household_Member 7}	{Medical_Expense_Type}	{Frequency}	{Medical_Expense_Amount}

No Change
Change
Enter the change in
Section 9 of Change Report

Additional Information (Section 10 of Change Report form)

If you feel **you have a change** of circumstances that was **not listed** on the Current Household Information section of this report please **let us know by completing the additional information section (Section 10) of the change report form.** You may also express any concerns or questions you may have in this section of the report.

STOP: If there are no changes to the information we have listed above, **check off “No Changes”** and **sign and date** the box below **and return it to your local office. You may mail, fax or drop off the Interim Report at your local Transitional Assistance office.**

If you have changes to report, please **make those changes on** the attached **Change Report** form.

Penalty Warning and Signature:

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that that person will be barred from the SNAP Household for one year after the first violation, two years after the second and permanently after the third. The person may also face criminal prosecution under applicable state and federal laws. These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else’s SNAP benefits or EBT card unless you are an “authorized representative.”

I have reviewed the information provided and agree that it is complete and accurate. I have no changes to report at this time:

<input type="checkbox"/> NO CHANGES	Signature:	Date:
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Change Report

Please use this part of the Interim Report to report changes from the information you just reviewed on the previous page in the "Current Household Information" section. Pay close attention to when verifications are requested for that change.

Section 1: ADDRESS AND PHONE

If you have **moved**, you must **verify** your **residency**.

Acceptable verifications: lease, rent receipt, statement from landlord, two pieces of mail received at new address, deed, mortgage statement.

New Residential Address	
New City, State Zip	

New Mailing Address:	
New City, State Zip	
New Telephone Number	Type (Please Circle One)
()	Home Cell Work Other
()	Home Cell Work Other

Section 2: HOUSEHOLD MEMBERS

If you are **adding** a **new member(s)**, please **verify identity**.

Acceptable verifications: member's Social Security number (you only have to supply the number do not send SSN card), birth certificate, passport, baptismal certificate.

The person(s) listed below is now a member of my household					
NAME	Date Moved In	Date of Birth	SSN*	Relationship to You	<u>US Citizen</u> <u>Circle Answer</u>
					YES NO
					YES NO

Does this person(s) purchase and prepare meals separately from you?	YES NO
Do any of these people pay towards your rent or utilities ?	YES NO

If you answered Yes to the questions above: Please explain the breakdown and arrangement:

The person(s) listed below no longer lives with me.

Name	Date Moved Out

Section 3: EARNED INCOME

If your earnings have changed or someone in your household has become employed or lost a job please report that here. **Proof of earnings is required** and must be **dated within 30 days of this letter**.

Send in copies of your last four weeks of consecutive pay information.

Acceptable verifications: pay-stubs, employer statement on company letterhead

If you have **changes** in your **earned income**, please fill out the information below:

Name:	Employer:
Frequency of Pay: (<i>Circle one</i>)	Weekly Bi-Weekly Monthly Other

Please fill in the information from your last 4 weeks of pay information.

Pay Date:				
Gross Pay:				

Name:	Employer:
Frequency of Pay: (<i>Circle one</i>)	Weekly Bi-Weekly Monthly Other

Please fill in the information from your last 4 weeks of pay information.

Pay Date:				
Gross Pay				

If **you or a household member(s)**, are **no longer working**, at the job listed in the Current Household Information section, please report that here. Please provide a letter of termination from the employer.

Name	Employer	Date of termination

Section 4: UNEARNED INCOME

If you have a **change or new unearned income** with the exception of: Social Security, SSI, Child Support paid through Massachusetts DOR, or Massachusetts Unemployment benefits, **please provide verification**.

Acceptable verifications: letter from agency making the payment, award letter, copy of check.

Name	Income Type	Amount	Frequency

Name	Income Type	Amount	Date Stopped

Agency ID: {AP_ID}

Please return this page.

Section 5: SHELTER COSTS

You may **self-declare shelter expenses** by entering the changed amounts below; however, you may be required to provide proof of shelter cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

Acceptable verifications: landlord statement, rent receipt, lease, mortgage bill, tax bill and insurance bills.

Household Member	Type	Frequency of payment (Weekly, Monthly, Yearly, etc.)	Amount
	Rent		
	Mortgage		
	Taxes		
	Insurance		
	Condominium Fees		

Do you receive a Section Eight housing subsidy? Yes No

Do you live in subsidized housing? Yes No

Section 6: UTILITY EXPENSES

You may **self-declare utility expenses** by entering the changed amounts below; however, you may be required to provide proof of shelter cost changes if the changes appear to be questionable or contradictory to prior statements you have made.

Acceptable of verifications: Current bills for gas, electric, oil or telephone, landlord statement, rent receipt, lease.

Household Member	Type of Utility Expense

Please check off all that apply to you	√
I pay for heat, or I get fuel assistance.	
I pay for electric and I have an air conditioner that I use in the Summer.	
I do not pay electric, but I have an air conditioner that I use in the Summer and my landlord charges me a fee.	
I pay electric.	
I pay for a phone. <i>(including cell phones, but not prepaid)</i>	
I do not pay any separate utilities.	

Agency ID: {AP_ID}

Please return this page.

Section 7: CHILD CARE/DEPENDENT CARE EXPENSES

You may **self-declare dependent care expenses** by entering the changed amounts below; however, you may be required to provide proof of dependent care changes if the changes appear to be questionable or contradictory to prior statements you have made.

Acceptable verifications: statement from day care facility, monthly bill, proof of transportation costs to and from day care facility or after school program.

Do you have Child Care/Dependent Care Expenses?

Circle Answer

YES NO

If Yes, please fill out the section below:

Name of Child/Dependent	Amount Paid	Frequency: <u>Circle One</u>
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other

Circle Answer

Do you drive your child(ren) to child care?

YES NO

If Yes, please fill out the section below: (If you do, this might result in a larger child care deduction)

Miles per day to and from child care from home	Number of times a week
--	------------------------

OR

Address of Child Care/Babysitter :	Number of times a week:
City:	

Section 8: COURT ORDERED CHILD SUPPORT

If you currently pay child support to someone not living with you, you must **provide a copy of the court order or support order and a verification of the amount of actual payment**. If you cannot provide this information, your benefit amount will be calculated without the deduction.

Acceptable Verifications: Court order, DOR support order and proof of payment such as canceled checks, pay-stubs with payroll deduction.

Does anyone in your household have a court ordered obligation to pay child support that is not listed above?

Circle Answer

YES NO

If Yes, fill out the section below and **SEND PROOF OF NEW COURT ORDERED CHILD SUPPORT AMOUNTS, AND PROOF OF PAYMENT**

Name of Child/Dependent	Amount Paid	Frequency: <u>Circle One</u>
	\$	Weekly Bi-weekly Monthly Other
	\$	Weekly Bi-weekly Monthly Other

Agency ID: {AP_ID}

Please return this page.

Section 9: MEDICAL EXPENSES

If you or a member(s) of your household is elderly or disabled, you may be eligible for a medical expense and/or health insurance deduction. You must have costs that exceed \$35.00 a month. You will **only** have to **verify the first \$ 35.00 of the expense, unless your costs exceed \$125.00** for which you must **verify the total expenses incurred**. If you are reporting an increase in the amount of the medical expenses or health insurance costs you incur, **you must submit proofs of the new expense**.

Acceptable verifications: printout of prescriptions from pharmacy, medical bills for surgery or outpatient care, proof of transportation costs to pharmacy or doctors' appointments or health insurance bill.

New Medical Expenses

Name	Medical Expense Type		Amount Paid	Frequency:
		\$		
		\$		

Section 10: ADDITIONAL INFORMATION

Please use this section to report any additional information that you feel may affect your benefit or to express any concerns or questions you may have.

If you are reporting changes, please make sure you:

- **Sign and Date** this change report form;
- If you are reporting changes **include any required verification**. If there is a **change in earned income** you must **provide four weeks of your most recent pay information**
- **Return this entire report to your local Transitional Assistance office.**

Remember: If you have **no changes to report**, you can simply **check no changes, sign and date the last page of the Current information section** of this report.

Agency ID: {AP_ID}

Please return this page.

SNAP Privacy Act

(i) The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011–2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP). We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

(ii) This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

(iii) If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

(iv) Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

Penalty Warning and Signature:

I understand that if I or any member of my SNAP household intentionally breaks any of the rules listed below, that that person will be barred from the SNAP Household for one year after the first violation, two years after the second and permanently after the third. The person may also face criminal prosecution under applicable state and federal laws. These rules are:

- Do not give false information or hide information to get SNAP benefits.
- Do not trade or sell SNAP benefits.
- Do not alter EBT cards to get SNAP benefits you are not entitled to receive.
- Do not use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's SNAP benefits or EBT card unless you are an "authorized representative."

I have reviewed the information provided and have made changes where necessary. I attest that the information is true to the best of my knowledge. I also understand that the information provided on this form may result in a reduction or termination of my benefits.

Signature:

Date:

*See SNAP Privacy Act at the end of this Interim Report for an explanation of why SSNs are required and how they are used.

Agency ID: {AP_ID}

Please return this page.