



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

DEVAL L. PATRICK  
Governor

JUDYANN BIGBY, M.D.  
Secretary

TIMOTHY P. MURRAY  
Lieutenant Governor

JULIA E. KEHOE  
Commissioner

**Field Operations Memo 2010-25**  
**April 29, 2010**

**To:** Transitional Assistance Office Staff  
**From:**  John Augeri, Assistant Commissioner for Field Operations  
**Re:** Update on the ARRA \$25 Weekly Unemployment Compensation Payment

**Overview**

In January, Field Operations Memo 2010-2 informed TAOs that the ARRA \$25 weekly unemployment compensation (UC) payment would be excluded from the calculation of income and resources for SNAP. At that time, the Division of Unemployment Assistance (DUA) indicated that the ARRA \$25 weekly UC payment would end on February 21, 2010. The Department has learned that the ARRA \$25 weekly UC payment has been extended.

BEACON was programmed **to end** the disregard of the ARRA \$25 UC payment on February, 21, 2010. Consequently, households with at least one member receiving UC benefits have had an underissuance of SNAP benefits.

The ARRA \$25 UC payment continues to be paid by DUA, and it is still noncountable for SNAP.

**Purpose of Memo**

This memo:

- advises staff about the restoration of the ARRA \$25 UC payment disregard in the SNAP benefit calculation and issues instructions for entering unemployment income going forward; and
- advises staff about the recalculation of impacted SNAP cases:
  - active cases;
  - categorically eligible cases, formerly active at zero benefits; and
  - closed cases.

**Entering  
Unemployment  
Compensation  
Income**

BEACON has restored programming to automatically deduct the \$25 ARRA UC payment from the total UC benefit amount entered on the Other Income window. This is referred to as the adjusted SNAP benefit calculation. Case managers must continue to add the \$25 weekly ARRA UC benefit to the **Weekly Pay Rte** as displayed on the Unemployment Insurance Information Inquiry screen when entering UC income for all programs.

In addition, case managers must continue to enter the UC Claim Filed Date as the Start Date on the Other Income window. It is crucial that this information is entered in the Start Date field because this date will determine whether BEACON excludes \$25 per week from the total UC income entered on the Other Income window. The Claim Filed Date can be found on the Unemployment Insurance Information Inquiry screen and reads **CIm Filed**.

---

**Recalculation of  
Active Cases**

Over the weekend of April 24, 2010, BEACON:

- recalculated SNAP benefits for active households with at least one person on file receiving UC benefits, using the adjusted SNAP benefit calculation. This recalculation will impact May's benefit; and
- recalculated supplemental SNAP benefits from February 21, 2010 or from the SNAP benefit effective date or from the date the UC payment became effective in the case through April's cyclical date, whichever was appropriate. The supplemental SNAP benefit payment will be included with May's benefit issuance.

All active cases that recalculate to a change in benefit amount will be sent a streamweaver notice (Attachment A) during the week of April 26, 2010, advising the household of the reason for the change in the SNAP benefit amount, the new monthly benefit amount and the retroactive benefit amount, if appropriate.

---

**Recalculation of  
Cases Formerly  
Active at Zero  
Benefits**

Over the weekend of April 24, 2010, BEACON:

- recalculated SNAP benefits for categorically eligible cases formerly active at zero benefit, with at least one person on file receiving UC benefits, using the adjusted SNAP benefit calculation;
  - recalculated supplemental SNAP benefits from February 21, 2010 or from the SNAP benefit effective date or from the date the UC payment became effective in the case through April's cyclical date, whichever is appropriate. The supplemental SNAP benefit payment is included with May's benefit issuance;
-

### Recalculation of Cases Formerly Active at Zero Benefits

- created an EBT card request for categorically eligible SNAP cases, formerly active at zero benefit, now eligible to receive a benefit greater than zero, if the household did not receive a DTA benefit within the last four months; and
- entered one of the following BEACON Narrative entries:
  - **Used When a Card Request is not made:** *ARRA UC Stimulus payment not countable for SNAP. Benefits were recalculated for May and retroactive SNAP benefits issued, if appropriate; or*
  - **Used When a Card Request is made:** *ARRA UC Stimulus payment not countable for SNAP. Benefits were recalculated for May, retroactive SNAP benefits issued, if appropriate, and an EBT mail card request will be created.*

All categorically eligible cases that were formerly active at zero benefit and are moving from zero benefit to a benefit amount greater than zero will be sent a streamweaver notice (Attachment B), during the week of April 26, 2010, advising the household of the reason for the change in the SNAP benefit amount, the new monthly benefit amount and the retroactive benefit amount, if appropriate.

---

### Recalculation of Closed Cases

During the week of May 03, 2010, BEACON will:

- calculate and issue retroactive SNAP benefits to SNAP cases closed since 2/21/10 in which at least one member on file received UC benefits and the UC benefit was counted at the closing; and
- enter the following on the BEACON Narratives tab: *ARRA UC Stimulus payment not countable for SNAP. Benefits were recalculated and retroactive SNAP benefits issued.*

All closed cases impacted by the new calculation will be sent a streamweaver notice (Attachment C), informing the household of the retroactive benefit amount.

---

### Questions

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

---

**BEACON NOTICE  
LANGUAGE WITH VARIABLE TEXT (ENGLISH)**

---

{BEACON\_USER STREET\_ADDRESS} CAN {#} Important Notice - Read Carefully  
{BEACON\_USER CITY, STATE, ZIP} Este Mensaje Es Importante - Lea Cuidadosamente

**Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME}  
{RECIPIENT\_ADDRESS}  
{RECIPIENT\_CITY/TOWN, STATE, ZIP}

{RECIPIENT\_SSN}  
{BEACON\_USER OFFICE NAME}

{M/DD/YYYY}

Dear {GRANTEE}:

There is a federal law that may change the amount of Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) benefits that you receive. Under the law, we will not count a portion of your Unemployment Compensation benefits when determining your SNAP benefit amount.

Your SNAP benefits will go to {SNAP\_NEW\_AMOUNT} on {SNAP\_DATE}. Benefits owed in the amount of {RETRO\_AMOUNT} will be deposited into your EBT account with your May benefits.

If you disagree with the amount of your SNAP benefits, you have the right to a fair hearing. The back side of this notice contains important information about your hearing rights. To request a hearing, complete the back side of this notice.

The regulation(s) used in reaching these decisions are {CITATIONS 366.500}.

If you have any questions, call {WORKER\_PHONE\_NUMBER} and ask for your case manager {WORKER\_NAME}.

If you have trouble reading or understanding this notice, you may also call Recipient Services toll-free at 1-800-445-6604.

**BEACON NOTICE  
LANGUAGE WITH VARIABLE TEXT (ENGLISH)**

---

{BEACON USER STREET\_ADDRESS} CAN {#} Important Notice - Read Carefully  
{BEACON USER CITY, STATE, ZIP} Este Mensaje Es Importante - Lea Cuidadosamente

**Massachusetts Department of Transitional Assistance**

{RECIPIENT NAME}  
{RECIPIENT ADDRESS}  
{RECIPIENT CITY/TOWN, STATE, ZIP}

{RECIPIENT SSN}  
{BEACON USER OFFICE NAME}

{MM/DD/YYYY}

Dear {GRANTEE}:

The Department sent you a notice informing you that you were not going to receive Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) benefits because your income was too high. We kept your SNAP case open in case your circumstances changed.

Due to a federal law, we now do not count a portion of your Unemployment Compensation benefits. As a result of this change, you are now eligible for monthly SNAP benefits in the amount of {SNAP\_BENEFIT}. These benefits and benefits owed to you in the amount of {RETRO\_AMOUNT} will be deposited into an EBT account for you on {CYCLICAL\_PAY\_DATE}.

If you disagree with the amount of your SNAP benefits, you have the right to a fair hearing. The back side of this notice contains important information about your hearing rights. To request a hearing, complete the back side of this notice.

The regulation used in reaching this decision is: 106 CMR 366.500.

If you have any questions, call {WORKER\_PHONE\_NUMBER} and ask for your case manager {WORKER\_NAME}.

If you have trouble reading or understanding this notice, you may also call Recipient Services toll-free at 1-800-445-6604.

{EBT\_STATEMENT}

**BEACON NOTICE  
LANGUAGE WITH VARIABLE TEXT (ENGLISH)**

---

{BEACON\_USER\_STREET\_ADDRESS} CAN {#} Important Notice - Read Carefully  
{BEACON\_USER\_CITY, STATE, ZIP} Este Mensaje Es Importante - Lea Cuidadosamente

**Massachusetts Department of Transitional Assistance**

{RECIPIENT\_NAME} {RECIPIENT\_SSN}  
{RECIPIENT\_ADDRESS} {BEACON\_USER\_OFFICE\_NAME}  
{RECIPIENT\_CITY/TOWN, STATE, ZIP}

{MM/DD/YYYY}

Dear {GRANTEE}:

The Department sent you a notice that your Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) benefits stopped due to changes in your household circumstances or because your income was higher than the limits for the program.

Because of a federal law, we now do not count a portion of Unemployment Compensation benefits when determining SNAP benefit amounts.

According to our records, you or someone in your household is receiving or has received unemployment compensation. As a result, you are owed SNAP benefits.

A one-time SNAP payment in the amount of {SNAP\_RETRO\_AMOUNT} is owed to you. These benefits are now in your EBT account.

If you disagree with the amount of your SNAP benefits, you have the right to a fair hearing. The back side of this notice contains important information about your hearing rights. To request a hearing, complete the back side of this notice.

The regulation used in reaching this decision is: 106 CMR: 366.500

If you have trouble reading or understanding this notice, you may call toll-free 1-800-249-2007.