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Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Commissioner

Field Operations Memo 2006-41
September 22, 2006

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: Automation of the Tracking of TAFDC Caring for the Disabled AUs

Overview

The Department is in the process of automating procedures to assist in meeting the Federal Temporary Assistance to Needy Families (TANF) regulations. As part of these changes, the Department's re-verification process for the TAFDC Exemption, Caring for the Disabled, is currently manual and takes place during the redetermination. With BEACON Increment 2.1.20, this process will become automated. As a result, BEACON will send out notices and a revised *Verification of Caring for the Disabled (TAFDC-4)* form every six months to re-verify the exemption.

Automating this process will ensure that the Department knows which individuals are being cared for and has timely verification of need for those disabled individuals under care. It also reduces work for AU Managers.

AU Managers are reminded that "persons essential to care" must be living in the same household and be related to the Person Under Care, also referred to as the disabled person. If the person under care is a child, the Department must know if the child is in school full time, as required by the new Federal regulations.

Purpose of Memo

The purpose of this memo is to:

- explain to TAO staff the automated "Caring for the Disabled re-verification process";
 - provide "start-up" instructions to TAO staff for APs who currently have an exemption for Caring for the Disabled, and
 - inform TAO staff that the *Verification of Caring for the Disabled (TAFDC-4)* form is revised. A question concerning the full time school status of the child has been added.
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BEACON Changes

Effective with Increment 2.1.20:

- a question has been added to the AU Composition Q & A Navigator;
 - a Caretaker Role has been added to the Caretaker window for the AP;
 - the status of those being cared for will now be verified twice a year; and
 - a Basic Person who is the disabled person must be added to the Household window if he or she is not already included.
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AU Manager Responsibilities for Initial Eligibility

AU Managers should continue to process the request for the caring for the disabled exemption following established procedures with the following changes.

If the AP is caring for a disabled family member in the same household, whether or not the family member is an AU Member, the AU Manager should answer the following question in the AU Composition Q & A Navigator:

“Is anyone essential to care for a disabled person living in the household?” Answer the question by clicking on the “Yes” radio button. By answering yes, AU Managers must then select the person who is essential to care from a pop-up list, which includes the grantee or anyone else over the age of 18 applying for TAFDC.

If the Person Under Care is a Basic Person:

- add this person on the Household window, if not already appearing there;
- is being added to the household or already appears as a household member and has a personal relationship of “Other Related” or “Unrelated,” the AU Manager must select the relationship on the Personal Relationship window from these newly added relationships:
 - other parent’s parent, and
 - other parent’s grandparent; or
- is a child between the ages of 6 and 18, a “Full Time School” radio button will be enabled on the Caretaker window for selection.

Note: If the Person Under Care is a child between the ages of 6 and 18 and an AP, the Education window will be set to “Requires re-edit” to allow the AU Manager to enter the full time school status.

**AU Manager
Responsibilities
for Initial
Eligibility
(continued)**

The AU Manager must enter the Caretaker window, highlight and select the appropriate row. The AU Manager must ensure that the role is set to “Essential to Care.” The name listed should be the Person Under Care.

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 (if one under 6 and one over 18).

The AU Manager must give the applicant or recipient the *Verification of Caring for the Disabled (TAFDC-4), Rev. 10/2006* form (Attachment A). An applicant or recipient must return the form to the AU Manager in the established time frames. Once the TAFDC-4 is completed and returned, the AU Manager must go to the Caretaker window and fill out the “Form Return” date field. If the TAFDC-4 is not returned, the applicant or recipient is considered Work Program Required, unless another exemption applies. The applicant or recipient must be called in and told about the Work Program Requirement following established procedures. If the disabled person is full time school age, the AU Manager must click on the full time school radio button.

**AU Manager
Responsibilities
for Continuing
Eligibility**

Once the Department has approved a “Caring for the Disabled” exemption, the AP must verify the disabled person’s status every six months. Forty-five days before the end of the six-month period, the *Returning an Up-to-Date Verification of Caring for the Disabled Notice* (Attachment B) and a TAFDC-4 will be mailed to the AP who is caring for the disabled person. APs must return the completed TAFDC-4 within 21 days to the AU Manager. If not returned by the 21st day, BEACON will send out a warning notice (Attachment C) and TAFDC-4. If the AP fails to respond to the warning notice within 10 days, the AU Manager must schedule an appointment for an interview with the AP. The AU Manager will tell the recipient about his or her work program requirement, unless another exemption applies.

The AU Manager must update the information on BEACON in the Caretaker and Education windows as needed. The recipient is now certified as “Caring for the Disabled” for six months.

**Mass Mailing for
Current
Recipients who
may be Caring
for the Disabled**

A mailing will begin the week of October 2, 2006 and will conclude the week of December 4, 2006 to all recipients who are currently exempt as caring for the disabled. A portion of the recipients who are currently exempt as caring for the disabled will receive the mailing each week.

The mailing will contain a *Returning an Up-to-Date Verification of Caring for the Disabled* form similar to the notice shown on Attachment B and a *TAFDC-4* similar to the *TAFDC-4* shown on Attachment A. The only difference is a section has been added to the *Returning an Up-to-Date Verification of Caring for the Disabled* for the recipient to fill in the information about the disabled person and the *TAFDC-4* will not have the name of the disabled person listed because the information is not always known to BEACON.

The completed *Returning an Up-to-Date Verification of Caring for the Disabled* form and *TAFDC-4* must be returned to the AU Manager. The AU Manager should follow the procedures outlined in the previous section.

**TAFDC Caring
for Disabled
Tracking Report**

An Excel file of current recipients who may be Caring for the Disabled will be e-mailed to all TAOs each week. Further instructions regarding this report will be forthcoming. In the future, there will be a new Actuate report run daily to inform AU Managers of the status of those individuals.

Questions

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

Verification of Caring for the Disabled

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

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

BEACON NOTICE
LANGUAGE WITH VARIABLE TEXT (ENGLISH)

Attachment B

{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}

{RECIPIENT_MAILING_ADDRESS}

{BEACON_USER_OFFICE_NAME}

{RECIPIENT_CITY/TOWN, STATE, ZIP}

{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 with this notice 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}.

IMPORTANT: If we do not receive your Verification of Caring for the Disabled form by {RETURN_DATE} or do not otherwise hear from you, we will assume you are no longer caring for {CARE_RECEIVER_NAME} and you will be mandated to perform the Work Program requirement.

BEACON NOTICE
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 with this notice 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}.

IMPORTANT: If we do not receive your Verification of Caring for the Disabled form by {RETURN_DATE} or do not otherwise hear from you, we will assume you are no longer caring for {CARE_RECEIVER_NAME} and you will be mandated to perform the Work Program requirement.

If we do not receive the information above within 10 days, your TAFDC benefits may stop. You will receive a separate notice if your benefits are going to stop.