



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2007-36
July 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 with Increment 2.1.20.

Beginning August 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 be done 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.

AU Managers are reminded that “persons essential to care” must be living in the same household as the Person Under Care (as defined at 106 CMR 203.100(A)(1)), 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 Federal regulations.

Purpose of Memo

The purpose of this memo is to tell TAO Staff about:

- the automated Caring for the Disabled re-verification process;
 - the “Reasonable Date” edits in the “Form Return Date” field of the Caretaker window; and
 - the Actuate Report to track these cases.
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**AU Manager's
Responsibilities:
The Automated
Mailing Process**

Once the Department has approved a "Caring for the Disabled" exemption, grantees must verify the disabled person's status every six months. Beginning August 1, 2007, a mailing will be done daily and sent to grantees whose six-month period is ending.

Note: *For the initial mailing*, the group will include *any* grantee whose six-month period has ended; is ending *within* forty-five days or whose six-month period is ending *in* forty-five days. This will ensure that any grantee who received the initial mailings during the weeks of October 2 – January 26 are included in this automated process.

After the initial mailing of August 1, the mailing will be sent to grantees whose six-month period is ending *in* forty-five days. The automated mailing process is as follows:

- Forty-five days before the six-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 grantee caring for the disabled person. Grantees 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 grantee 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 the next page.

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 grantee 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 this 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 grantee scheduling an interview to:
 - confirm his or her current exemption; or
 - determine whether there is another exemption; or
 - determine if the grantee is now work program required.If the grantee fails to keep the appointment, the entire case should be closed for failing to keep an appointment for a review. The grantee 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 grantee;
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).
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Entering the Information on the Caretaker and Education Window (continued)

- 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.
- 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 grantee scheduling an interview to:
 - ✓ determine whether there is another exemption; or
 - ✓ determine if the grantee is now work program required.

If the grantee fails to keep the appointment, the entire case should be closed for failing to keep an appointment for a review. The grantee cannot continue as exempt without verifying an exemption.

**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 appearing 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. Once “Yes” is selected, the Education window will be set to “Requires re-edit” to allow the AU Manager to enter the full time school status.

**TAFDC Caring
for Disabled
Actuate Report**

An Actuate Report entitled “Caring for Disabled Reports” was developed to assist AU Managers in tracking grantees 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 six month period; action must be taken on the AU immediately).

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

- the grantee 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.

Obsolete Memo

This memo obsoletes Field Operations Memo 2006-41.

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}

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 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.

Massachusetts Department of Transitional Assistance

When complete, please send this to:

Verification of Caring for the Disabled

Date ____/____/____

To _____

Caregiver's Name

Social Security Number

Street Address

City/Town

ZIP

_____ has told this Department that he or she is required to provide care for _____ who resides in the caregiver's home.

Does that patient's condition/disability require the caregiver to provide essential care? Yes No

Describe the condition/disability: _____

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 caregiver that prevents the caregiver 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 Where? _____ No.

If the patient is an adult, specify the extent of care he or she requires:

and does the patient have disability-related needs during the day and/or night which require care by the caregiver that prevents the caregiver 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 _____ at the address above. Phone:

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}
{CAREGIVER_ADDRESS}
{CAREGIVER_CITY/TOWN, STATE, ZIP}

{CAREGIVER_SSN}
{BEACON_USER_OFFICE_NAME}

{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}.

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.