



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

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

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2007-51
September 24, 2007

To: Transitional Assistance Office Staff
From: John Augeri, Assistant Commissioner for Field Operations
Re: Food Stamp Program: 10/1/2007 Cost-of-Living Increases

Overview

State Letter 1329 issues policy revisions implementing the following cost-of-living changes in the Food Stamp Program, effective 10/1/2007:

Maximum Benefit Levels - The maximum food stamp benefit levels for all household sizes have increased.

Gross, Net and 165 Percent Income Eligibility Standards - The Gross, Net and 165 Percent Income Eligibility Standards have increased.

Shelter Deduction - The maximum shelter deduction (for households not containing an elderly or disabled member) has increased to **\$431**.

Standard Deduction - The standard deduction amounts for household sizes four and greater have increased.

Standard Utility Allowance (SUA) - The SUAs have increased.

Note: The Bay State CAP SUA will remain \$297. This amount is governed by the waiver agreement with USDA.

Homeless Shelter/Utility Deduction - The Homeless Shelter/Utility Deduction remains at **\$143**.

See Attachment A for revised COLA standard amounts.

**Automatic
Update of
Active FS
Households**

All active FS cases, including Bay State CAP and TBA cases on BEACON, have been automatically recalculated using the increased standards, as of the close of business on 9/21/07. FS cases with an increased FS benefit amount will be automatically authorized. The newly calculated benefit amount will be displayed on the **Active by Grantee Name** view, under Assistance Unit Lists.

Report of Updated Households

- A report entitled “Food Stamp 10/2007 COLA Updated AUs” will:
- be available on View Direct, Report ID: DTA 9023 during the week of **9/24/07**;
 - list all cases automatically increased as a result of the COLA;
 - list the household’s old and new FS benefit amounts (as adjusted by the system);
 - list the amount added to the 10/2007 issuance (benefits owed from 10/1/2007 to 10/2007 cyclical date); and
 - be used for reference by TAO staff.
-

Recipient Notices

- The following notices will be sent to cases listed on the “Food Stamp 10/2007 COLA Updated AUs” report:
- an English/Spanish notice (Attachment B) to FS households, and (Attachment C) to Bay State CAP households; and
 - a multilingual notice that states, “Important! Please have this notice translated immediately.”
-

Households With Decreased FS Benefit Amounts

- FS cases with decreased FS benefit amounts will appear on the **Interview Wrap-up, Pending Release** view under **Daily Priority Actions** and will require review. AU Managers must:
- review each case based upon release date, starting with the earliest release date; and
 - allow the decrease to be authorized if appropriate or delete the action pending to be released, if it is determined that the decrease is erroneous.
-

When to Use New Standards

For FS cases authorized **on or after 9/24/2007**, **BEACON** will calculate benefits using the 10/1/2007 issuance standards.

Closed Food Stamp Households

- Closed FS cases, including Bay State CAP cases owed additional benefits for the 10/2007 COLA, will be issued benefits. These closed cases will:
- have benefits dated and issued in mid-October 2007;
 - be listed on the **Closed/Denied Within the Last Two Months** view under Assistance Unit Lists.

Note: In mid-October the “**Last Paid**” date and “**Benefit**” amount column on this view will show which households received a prorated FS benefit amount for the period between 10/1/2007 and the household’s cyclical start date for October;

- be sent an English/Spanish notice (Attachment D) to FS households, and (Attachment E) to Bay State CAP households; and
 - be sent a multilingual card that states, “Important! Please have this notice translated immediately.”
-

Questions

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

MAXIMUM BENEFIT LEVELS	
HOUSEHOLD SIZE	MAXIMUM BENEFIT LEVELS
1	\$ 162
2	\$ 298
3	\$ 426
4	\$ 542
5	\$ 643
6	\$ 772
7	\$ 853
8	\$ 975
Each additional HH member will increase by \$122	

MAXIMUM MONTHLY GROSS INCOME LEVELS	
HOUSEHOLD SIZE	GROSS INCOME LEVELS
1	\$ 1,107
2	\$ 1,484
3	\$ 1,861
4	\$ 2,238
5	\$ 2,615
6	\$ 2,992
7	\$ 3,369
8	\$ 3,746
Each additional HH member will increase by \$ 377	

MAXIMUM MONTHLY NET INCOME LEVELS	
HOUSEHOLD SIZE	NET INCOME LEVELS
1	\$ 851
2	\$ 1,141
3	\$ 1,431
4	\$ 1,721
5	\$ 2,011
6	\$ 2,301
7	\$ 2,591
8	\$ 2,881
Each additional HH member will increase by \$ 290	

STANDARDS FOR SPECIAL CIRCUMSTANCES INVOLVING AN ELDERLY & DISABLED INDIVIDUAL	
HOUSEHOLD SIZE	165% OF POVERTY LEVEL
1	\$ 1,404
2	\$ 1,883
3	\$ 2,361
4	\$ 2,840
5	\$ 3,318
6	\$ 3,797
7	\$ 4,275
8	\$ 4,754
Each additional HH member will increase by \$ 479	

STANDARD DEDUCTION AMOUNTS	
HOUSEHOLD SIZE	STANDARD DEDUCTION
1	\$ 134
2	\$ 134
3	\$ 134
4	\$ 143
5	\$ 167
6 or Greater	\$ 191

STANDARD UTILITY ALLOWANCES	
TYPE	AMOUNT UTILITY ALLOWANCE
Heating/Cooling	\$ 534
Non Heating	\$ 334
Telephone	\$ 39

10/1/2007

ATTACHMENT B

{BEACON_USER_STREET_ADDRESS}
{BEACON_USER_CITY, STATE, ZIP}

Important Notice - Read Carefully
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}

Notice of Food Stamp Benefit Cost of Living Adjustment

Dear {GRANTEE}:

Food stamp benefits are changing as of {FS_CHANGE_DATE} due to an adjustment in the cost of living.

Your food stamp benefits will go from {OLD_AMOUNT} to {NEW_AMOUNT}. This benefit amount is based on the September food stamp benefits you received and may change because of a change in your circumstances.

Additional benefits owed to you for the period between {RETRO_DATE} and the date of your {CURRENT_DATE} benefits, if any, is {RETRO_AMOUNT}.

You do not need to do anything to receive these benefits. Your new monthly benefit plus any additional benefits owed will be included in your {CURRENT_DATE} benefits.

If you disagree with the amount of your food stamp 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}.

If you have any questions about your new food stamp benefit amount, you should call {WORKER_PHONE_NUMBER}, and ask for your worker {WORKER_NAME}.

10/2007 COLA – FSP

10/1/2007

ATTACHMENT C

{BEACON_USER_STREET_ADDRESS}
{BEACON_USER_CITY, STATE, ZIP}

Important Notice - Read Carefully
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}

**Notice of Bay State CAP Food Assistance Benefit
Cost of Living Adjustment**

Dear {GRANTEE}:

Bay State CAP food assistance benefits are changing as of {FS_CHANGE_DATE} due to an adjustment in the cost of living.

Your Bay State CAP food assistance benefits will go from {OLD_AMOUNT} to {NEW_AMOUNT}.

This benefit amount is based on the September Bay State CAP food assistance benefits you received and may change because of a change in your circumstances.

Additional benefits owed to you for the period between {RETRO_DATE} and the date of your {CURRENT_DATE} benefits, if any, is {RETRO_AMOUNT}.

You do not need to do anything to receive these benefits. Your new monthly benefit plus any additional benefits owed will be included in your {CURRENT_DATE} benefits.

If you disagree with the amount of your Bay State CAP food assistance 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}.

If you have any questions about your new food stamp benefit amount, you should call {WORKER_PHONE_NUMBER}, and ask for your worker {WORKER_NAME}.

10/1/2007

ATTACHMENT D

{BEACON_USER_STREET_ADDRESS}
{BEACON_USER_CITY, STATE, ZIP}

Important Notice - Read Carefully
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}

Notice of Food Stamp Benefit Cost of Living Adjustment

Dear {GRANTEE}:

Food stamp benefits changed as of {FS_CHANGE_DATE} due to an adjustment in the cost of living.

Food stamp benefits in the amount of {FS_TYPE_AMOUNT} are owed to you for the period between {FS_CHANGE_DATE} and the date your food stamp case closed. These benefits are now in your EBT account.

If you disagree with the amount of your food stamp 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}.

If you have any questions about your new food stamp benefit amount, you should call {WORKER_PHONE_NUMBER}, and ask for your worker {WORKER_NAME}.

10/2007 COLA - Closed - FS

10/1/2007

ATTACHMENT E

{BEACON_USER_STREET_ADDRESS}
{BEACON_USER_CITY, STATE, ZIP}

Important Notice - Read Carefully
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}

**Notice of Bay State CAP Food Assistance Benefit
Cost of Living Adjustment**

Dear {GRANTEE}:

Bay State CAP food assistance benefits changed as of {FS_CHANGE_DATE} due to an adjustment in the cost of living.

Bay State CAP food assistance benefits in the amount of {FS_TYPE_AMOUNT} are owed to you for the period between {FS_CHANGE_DATE} and the date your Bay State CAP food assistance case closed. These benefits are now in your EBT account.

If you disagree with the amount of your Bay State CAP food assistance 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}.

If you have any questions about your new food stamp benefit amount, you should call {WORKER_PHONE_NUMBER}, and ask for your worker {WORKER_NAME}.

10/2007 COLA - Closed - FS