



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

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Governor

Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 2000-11
April 3, 2000

TO: Transitional Assistance Office Staff

FROM: Joyce Sampson, Assistant Commissioner for Field Operations

RE: Procedural Changes as a Result of the Elimination of the TAFDC Work History Requirement

Overview

State Letter 1187 revised the TAFDC regulations by eliminating the work history requirement and the designation of a principal earner. (See 106 CMR 203.500: Deprivation Factors and 106 CMR 203.550: Unemployment or Underemployment). A parent who is not employed meets the requirement for unemployment. A parent is considered underemployed if he or she is working, but still meets the financial eligibility requirements. Therefore:

- EAEDC parental families no longer qualify for EAEDC based on the lack of a work history in TAFDC because the TAFDC regulation no longer exists. The EAEDC parental family may now be eligible for TAFDC.

Example #1 - All family members on EAEDC

Mr. & Mrs. White and their one child were ineligible for TAFDC because neither Mr. White nor Mrs. White had a work history. However, the family did meet the EAEDC parental family requirements and are receiving EAEDC benefits. Since there is no longer a work history requirement or a designation of a principal earner in the TAFDC regulations, Mr. & Mrs. White are no longer ineligible for TAFDC for that reason. The EAEDC case **must be closed** and a TAFDC application completed, unless Mr. & Mrs. White choose not to apply for TAFDC.

Overview (cont.)

Example #2 - Some family members on TAFDC and some family members on EAEDC

Mrs. Black receives TAFDC for herself and her two children by her previous marriage as there is a deprivation factor of continued absence. Mr. Black has no children by a previous relationship; however, Mr. and Mrs. Black have a common child. Neither Mr. nor Mrs. Black has a work history. Mr. Black receives EAEDC for himself and their common child because the common child did not have a deprivation factor and was not eligible for TAFDC.

Since there is no longer a work history requirement or designation of a principal earner in the TAFDC regulations, the common child has a deprivation factor based on the unemployment of either or both parents. Therefore, Mr. Black and the common child are no longer ineligible for TAFDC based on the lack of a work history. The EAEDC case **must be closed** and Mr. Black and the common child must be added to Mrs. Black's TAFDC case, if otherwise eligible. This results in just one TAFDC assistance unit for a family of five.

- Certain families that have two separate TAFDC cases may be required to combine into one TAFDC case.

Example #3 - Family members in two separate TAFDC cases

Mrs. Brown receives TAFDC for herself and her two children by her previous marriage as there is a deprivation factor of continued absence. Mr. Brown receives TAFDC for himself and his two children by his previous marriage as there is a deprivation factor of continued absence. However, their common child did not have a deprivation factor and was not included in either assistance unit.

Since there is no longer a work history requirement or designation of a principal earner in the TAFDC regulations, the common child has a deprivation factor based on the unemployment of either or both parents. Because all siblings related by blood who are themselves dependent children must be in the same assistance unit, the common child must be added to one of the existing TAFDC assistance units. The common child's other parent must also be brought into the same assistance unit as well as the other parent's children. This results in just one TAFDC assistance unit for a family of seven.

Eligibility
Reviews

Since there is no longer a TAFDC work history requirement or designation of a principal earner, the eligibility of the recipients described in examples #1, #2, and #3 must be reviewed.

Example #1 - All Family Members Receiving EAEDC

Review and Explain Change in Regulations

At the next eligibility review or contact with the grantee in an EAEDC Parental Family case, determine if the EAEDC parental family has been receiving EAEDC solely because of the family's ineligibility for TAFDC based on the lack of a work history and designation of a principal earner.

Explain the change in regulations to the grantee.

106 CMR 320.400(A)(3) requires that an EAEDC parental family be found ineligible for TAFDC because neither parent could meet the TAFDC work history requirement. Since the work history requirement and the designation of a principal earner no longer exist in the TAFDC regulations, the EAEDC parental family assistance unit is no longer disqualified from TAFDC for lack of a work history and designation of a principal earner.

Closing the EAEDC Case

The Transitional Assistance Worker must close the EAEDC case by:

- Completing a PID using closing action reason 33 and suppressing the PACES notice by entering a 5 in block 42;
- If the EAEDC assistance unit is receiving PA food stamp benefits, close the food stamp benefits with a T-6 transaction.
- Complete an NFL-EAEDC-1 (Attachment A) to close the EAEDC case receiving PA food stamp benefits. Complete an NFL-EAEDC-2 (Attachment B) to close the EAEDC case that is not receiving PA food stamp benefits. Obtain the Supervisor's signature and give or mail the original and one copy to the EAEDC grantee and file one copy in the case record.

Note: Transitional Assistance Workers will need to make photo copies of the attachments as needed. As this affects a limited number of recipients, no NFL forms will be sent to TAOs.

Completing the TAFDC Application

Transitional Assistance Workers must complete a TAFDC application for any EAEDC Parental Family case that is being closed, unless the grantee chooses not to apply for TAFDC.

The application process must be started at the time of the EAEDC eligibility review or at the next contact when the change in regulations is explained to the grantee.

If the TAFDC application is approved, the TAFDC assistance unit is

**Completing the
TAFDC
Application
(cont.)**

subject to all TAFDC requirements. This includes the 24-month time-limits and reduced Need and Payment Standards for nonexempt assistance units. It may also include the work requirement if the grantee(s) is subject to the work requirement. A grantee subject to the work requirement is also eligible for ESP services.

Note: If the TAFDC case is approved, the effective date may not be earlier than the EAEDC closing date.

**Example #2 - Some Family Members Receiving TAFDC
and Some Family Members Receiving EAEDC**

**Review and
Explain
Change in
Regulations**

In example #2, some family members are receiving TAFDC and some family members are receiving EAEDC. At the next eligibility review or contact with the grantees of these cases, determine if the EAEDC Parental Family has been receiving EAEDC solely because of the family's ineligibility for TAFDC based on the lack of a work history and designation of a principal earner.

Explain the change in regulations to the grantees.

106 CMR 320.400(A)(3) requires that an EAEDC parental family be found ineligible for TAFDC because neither parent could meet the TAFDC work history requirement. Since the work history requirement and the designation of a principal earner no longer exist in the TAFDC regulations, the EAEDC parental family assistance unit is no longer disqualified from TAFDC for lack of a principal earner with a work history.

**Closing the
EAEDC Case**

The Transitional Assistance Worker must close the EAEDC case by:

- Completing a PID using closing action reason 33 and suppressing the PACES notice by entering a 5 in block 42;
- Complete an NFL-EAEDC-2 (Attachment B) to close the EAEDC case. Obtain the Supervisor's signature and give or mail the original and one copy to the EAEDC grantee and file one copy in the case record.

Note: Transitional Assistance Workers will need to make photo copies of the attachments as needed. As this affects a limited number of recipients, no NFL forms will be sent to TAOs.

**Determining
TAFDC
Eligibility**

Complete a TAFDC eligibility review which must include the former EAEDC Parental Family members in the TAFDC assistance unit. If the TAFDC case remains eligible, the TAFDC assistance unit is subject to all the TAFDC requirements. This includes the 24-month time-limits and reduced Need and Payment Standards for nonexempt assistance units. It may also include the work requirement if the grantee(s) is subject to the work requirement. Grantees subject to the work requirement are also eligible for ESP services.

Note: If the TAFDC case remains eligible, the effective date for the former EAEDC Parental Family members may not be earlier than the EAEDC closing date.

If, after the TAFDC eligibility review, the TAFDC case does not continue to be eligible, or the former EAEDC Parental Family case members choose not to be included in the TAFDC case, then the entire TAFDC assistance unit must be closed.

The Transitional Assistance Worker must also complete a review of the food stamp benefits. All family members must be included in the TAFDC assistance unit to be eligible for PA food stamp benefits. If the PA food stamp benefits were in the EAEDC case, the PA food stamp benefits must be closed with a T-6 transaction and PA food stamps determined in the TAFDC case. If all family members are not included in the TAFDC assistance unit, determine NPA food stamp eligibility.

**Example #3 - Family Members In Two Separate
TAFDC Cases**

**Review and
Explain
Change in
Regulations**

In example #3, family members are in two separate TAFDC cases. This situation results when there is a "his, hers, and ours" case and the common child does not have a deprivation factor and is therefore not included in either TAFDC case. Once the common child has a deprivation factor based on unemployment or underemployment of either or both parents, he or she becomes eligible for TAFDC. And, once the common child is eligible for TAFDC, all siblings related by blood who are themselves dependent children must be included in the same TAFDC assistance unit. This results in one TAFDC assistance unit for all family members. At the next eligibility review or contact with the grantees of these cases, explain the change in regulations to the grantees.

106 CMR 203.550 no longer requires a work history or designation of a principal earner, therefore, the dependent child(ren) now has a deprivation factor of unemployment or underemployment of either or both parents.

**Closing One
TAFDC Case**

Have the TAFDC grantees decide which TAFDC case will be closed.

The Transitional Assistance Worker must close the TAFDC case by completing a PID using closing action reason 23: Case closed, required by the TAFDC rules to be included in another assistance unit.

If the case is receiving NPA food stamp benefits, the food stamp case will need to be closed and a PA food stamp case established when all members are on TAFDC in the same assistance unit.

**Determining
TAFDC
Eligibility**

Complete an eligibility review for the second TAFDC case which must include the common child(ren) and any TAFDC members from the closed TAFDC case.

If the TAFDC case remains eligible, the TAFDC assistance unit, including the common child and all members of the closed TAFDC case, is subject to all the TAFDC requirements. This includes the 24-month time-limits and reduced Need and Payment Standards for nonexempt assistance units. It may also include the work requirement if the grantee(s) is subject to the work requirement. Grantees subject to the work requirement are also eligible for ESP services.

Note: If the TAFDC case remains eligible, the effective date for the first TAFDC case recipients may not be earlier than their TAFDC closing date.

If, after the TAFDC eligibility review, the TAFDC case does not continue to be eligible, or the closed TAFDC assistance unit members choose not to be included in the TAFDC case, then both TAFDC assistance units must be closed.

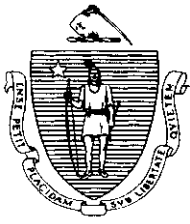
**Supervisors
Responsibilities**

In each example, there is a case closing. Supervisors must ensure the accuracy of these case closings by reviewing the NFL-EAEDC-1 or NFL-EAEDC-2 forms and the PID. Supervisors must sign the NFL-EAEDC-1 or NFL-EAEDC-2 and PID.

In each example there may be a new or expanded TAFDC case. Supervisors must review the application or eligibility review to ensure accuracy. This includes reviewing the number of months used in the 24-month time-limit for nonexempt assistance units. It may also include an EDP for the new TAFDC grantee if he or she is subject to the work program requirements.

Questions

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



Massachusetts Department of Transitional Assistance

**Notice of Termination of Emergency Aid to the Elderly,
Disabled and Children (EAEDC) Benefits**

TAO _____

Date _____

Name _____ SSN _____

Address, City & ZIP _____

The Department will stop your Emergency Aid to the Elderly, Disabled and Children (EAEDC) benefits on ___/___/_____ because you and members of your assistance unit no longer qualify for EAEDC. This is because the EAEDC regulations required you to be ineligible for Transitional Aid to Families with Dependent Children (TAFDC) due to failure to meet the principal earner and work history requirements. The TAFDC principal earner and work history requirements are obsolete. Therefore, you are no longer ineligible for TAFDC for this reason.

A new worker in the food stamp unit will now handle your food stamp case. You will get the same amount of food stamp benefits until ___/___/_____. To keep getting food stamp benefits you must file a new application by ___/___/_____. You will also have to come in for an interview and give us all the proof we need to decide if you are still eligible. If you do nothing, your food stamp benefits will stop.

You will receive a separate notice about your continued eligibility for MassHealth benefits from the Division of Medical Assistance.

The regulations used in reaching these decisions are 106 CMR 320.400 and 106 CMR 203.550.

Please call your Transitional Assistance Worker at the number below if you have any questions about your case.

If you disagree with this decision, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

You may be eligible for TAFDC. Ask your Transitional Assistance Worker about applying.

Transitional Assistance Worker Signature

() _____
Area Code - Telephone

Transitional Assistance Supervisor Signature



Notice of Request for a Fair Hearing

Massachusetts Department of Transitional Assistance

Division of Hearings

P.O. Box 167, Boston, Massachusetts 02112

Your Right To Appeal

If you disagree with any action taken by the Department of Transitional Assistance, you have the right to appeal and receive fair hearing before an independent referee. The Department must receive your request for a fair hearing no later than 90 days from the date on this notice if you are appealing a Transitional Aid to Families with Dependent Children (TAFDC); Emergency Aid to the Elderly, Disabled and Children (EAEDC); Emergency Assistance (EA) or Food Stamp (FS) case action. Exceptions to the 90-day time limits for requesting a fair hearing are: (1) requests for a fair hearing on EA shelter benefits must be received by the Division of Hearings within 10 days, (2) requests for a fair hearing regarding the intercept of your state tax refund must be received by the Division of Hearings within 30 days from the date of mailing of the notice by the Department of Revenue, and (3) you may appeal the amount of your Food Stamp benefits at any time during your certification period, if you think you are not receiving the correct amount.

How To Appeal

If you wish to request a fair hearing, send this notice with the bottom section completed to the Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, Massachusetts 02112 or Fax (617) 241-2535. Please keep the second copy for your own information.

If You Are Currently Receiving Assistance, Read This Block

Your benefits will be continued until a decision is made on your appeal if the Division of Hearings receives your appeal request within 10 days from the date on this notice. If you are appealing a Food Stamp issue, and your Food Stamp certification period ends before your appeal is decided, you will continue to receive the same Food Stamp benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, the Department can recover from you the amount of assistance to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received assistance will count toward your time-limited benefits. If you do not wish to continue to receive assistance during your appeal, please check Box A below. If you do not receive benefits during your appeal, and you win your appeal, the Department will promptly correct any underpayment.

You will be given at least 10 days' notice prior to the fair hearing of the date, time and place of the fair hearing to permit you time to prepare your case. Fair hearings on EA shelter benefits will be expedited. You will be given at least two days' notice prior to a fair hearing on EA shelter benefits of the date, time and place of the fair hearing. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact the Division of Hearings at (617) 241-2500 or 1-800-882-2017 before the hearing date, so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for initial scheduled hearings involving any aspect of the Food Stamp Program where good cause for rescheduling need not be demonstrated.

Your Right To Be Assisted At The Hearing

If you are not fluent in English or if you are hearing impaired and wish to have the Division of Hearings provide an interpreter, please write that on this appeal request or call the Division of Hearings at (617) 241-2500 or 1-800-882-2017, at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case files before the fair hearing if you so desire. If you want to review your case files, schedule an appointment with your worker before the fair hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or handicap. For help with any matter pertaining to this policy, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 600 Washington Street, Room 4039, Boston MA 02111, Tel. (617) 348-8490, TTY (617) 348-5599 for the hearing impaired.

I, _____ hereby request a fair hearing before a referee of the Division of Hearings.

A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.

B. I request an expedited hearing. The reason I wish to request a fair hearing is _____

Name _____ SSN _____

Address _____ Telephone () _____

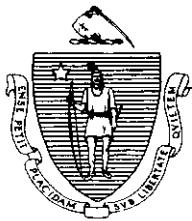
City/ZIP _____ Date _____

Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____



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Transitional Assistance Worker Signature

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Transitional Assistance Supervisor Signature



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B. I request an expedited hearing. The reason I wish to request a fair hearing is _____

Name _____ SSN _____

Address _____ Telephone (_____) _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone (_____) _____