



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

Argeo Paul Cellucci  
Governor

Jane Swift  
Lieutenant Governor

William D. O'Leary  
Secretary

Claire McIntire  
Commissioner

**Field Operations Memo 2000-25 B**  
**August 23, 2000**

**To:** Transitional Assistance Office Staff

**From:** Joyce Sampson, Assistant Commissioner for Field Operations

**Re:** *Smith v. McIntire* Lawsuit: 35-Hour-per-Week Extension Requirement

**Background**

A Superior Court judge in the *Smith v. McIntire* lawsuit has ruled that certain TAFDC regulations related to the 24-month extension process are unlawful. The regulations found invalid are 106 CMR 203.210(D)(1) and 106 CMR 203.210(E)(1). 106 CMR 203.210(D)(1) is the regulation that describes extension benefits as a "separate, short term benefit" and 106 CMR 203.210(E)(1) contains the "35-hour rule" for recipients of extension benefits. Specifically, the Department may not require an individual granted an extension to work or perform work-related activities for a total of 35 hours a week.

Field Operations Memo 2000-25 A issued instructions for processing current and former recipients' extension requests.

**Purpose of This Memo**

This memo informs TAO Staff about:

- notices mailed to certain former recipients impacted by this court ruling; and
- processing extension requests for certain former recipients.

**Notices**

On August 25, 2000, as a result of the court's ruling, two notices were sent to former recipients impacted by the current ruling:

- Attachment A was sent to former recipients who were closed for Action Reason (AR) 29, 52 or 84; and
- Attachments B-1 and B-2 were sent to former recipients who were closed for AR 68.

Instructions for processing these groups follow.

**Processing  
Extension  
Requests for  
Former  
Recipients  
Closed for AR 29,  
52 or 84**

The former recipient who receives Attachment A and contacts the Transitional Assistance Office to reapply for an extension must have his or her request processed according to procedures for former recipients issued in 2000-25 A.

**Processing  
Extension  
Requests for  
Former  
Recipients who  
Closed for AR 68**

The former recipient who receives Attachment B and contacts the TAO must have his or her request processed as follows:

- schedule an appointment within 10 business days using Attachment C;
- include a VC-1 requesting all needed verification to determine eligibility;
- at the appointment, complete a Transitional Status Form (TER-TAFDC), revised Extension Plan and Extension Agreement (Attachments A and B of Field Operations Memo 2000-25 A);
- tell the recipient that if **determined currently TAFDC-eligible (financially and categorically)** he or she will be reopened retroactively to June 15, 2000 or the closing date, whichever is later. (eligibility is for a one-month period beginning at the **current appointment date** using the current TAFDC payment standards);
- refer the recipient to a program and tell him or her that he or she must cooperate with the Department in work-related activities (i.e., job search) and the extension criteria found in 106 CMR 203.210(B)(2)(a) through (e);
- tell the recipient that he or she must meet all other TAFDC program rules (e.g., 20 hours per week of work-program-requirement activities) to be considered eligible for an additional extension at the end of this one-month period;
- tell the recipient that any future extensions will last no more than two months; and

**Processing  
Extension  
Requests for  
Former  
Recipients who  
Closed for AR 68  
(continued)**

- if approved, schedule an appointment for two weeks from the **current appointment date** to review the recipient's cooperation with the Department in work-related activities.  
*If the approved recipient does not keep this appointment, at the end of the one month close the case with an AR 84.*

*If the former recipient wants to withdraw the extension request, tell the recipient that the request will be denied and he or she will lose the opportunity to be eligible for retroactive benefits.*

*If the former recipient keeps the current appointment, do an eligibility review using the TAFDC Status Form (TER-TAFDC). If any additional verifications are required to determine eligibility, give the former recipient a VC-1 with a deadline of *ten days* to return verification(s):*

- *If the recipient has all verification(s) at the eligibility review appointment or returns the verification(s), determine TAFDC eligibility immediately.*

**NOTE:** If approved, a "Q" payment must be manually calculated for any recipient being reopened three months (six pay periods) or more from June 15 or the closing date, whichever is later. To determine the "Q" payment, use the new TAFDC payment amount, multiply that by 12 (months) to get the yearly total, divide that amount by 365 (days) to get the daily amount and then multiply that amount by the number of days of eligibility.

- *If the former recipient does not return the verification(s), deny the case with an NFL-5 using the following language: "Your request for reinstatement is denied because you did not return verification. Specifically, you did not provide..." giving the specific verification(s) not provided. The manual citation to use is: 106 CMR 702.310. **This case action and notice must be signed off by the AU Manager and the Transitional Assistance Supervisor. The case record must be reviewed by the Transitional Assistance Office Director or designated manager and annotated to indicate approval of the action.***

**Processing  
Extension  
Requests for  
Former  
Recipients who  
Closed for AR 68  
(continued)**

*If the former recipient does not keep the current appointment, see 106 CMR 701.440 for regulations regarding this situation, the rescheduling of appointments and the reinstatement of benefits for those who complete the reinstatement process within 30 calendar days of the date of denial. If the former recipient neither keeps the appointment nor calls the AU Manager, nor keeps the second scheduled appointment, deny the request for reinstatement with an NFL-5 using the following language: "Your request for reinstatement is denied because you failed to keep appointment(s) scheduled by the Department to review your eligibility. If you reschedule your appointment and submit necessary verification within 30 days of this notice, your application for benefits will be reinstated."*

**The manual citations to use are: 106 CMR 702.240 and 701.440. This case action and notice must be signed off by the AU Manager and the Transitional Assistance Supervisor. The case record must be reviewed by the Transitional Assistance Office Director or designated manager and annotated to indicate approval of the action.**

*If the case is ineligible for TAFDC, deny the case with an NFL-5 using the following language:*

*"Your request for reinstatement is denied because you do not meet eligibility requirements for TAFDC. Specifically..." use the specific reason why they are ineligible and the appropriate manual citation. This case action and notice must be signed off by the AU Manager and the Transitional Assistance Supervisor. The case record must be reviewed by the Transitional Assistance Office Director or designated manager and annotated to indicate approval of the action.*

---

**Report**

Former recipients who received Attachment B will be listed on a report. The report is sorted by TAO and CAN. The former recipient has until November 30, 2000 to contact the TAO. The report must be annotated with a "Y" or "N" in the "Response" field. Additionally, AU Managers must fill out the "Smith Disposition" form (Attachment D) with the appointment date, the case disposition (approved or denied) and the reason for the denial.

Once all people listed on the report have responded, or on December 1, 2000 (whichever is sooner), the report must be returned to:

Field Operations  
ATTN: Rita Joyce  
600 Washington Street  
4th Floor  
Boston, MA 02111.

---

**Supply of  
Attachments C  
and D**

Because a supply of Attachments C and D will **not** be sent from Schrafft's, copies must be made at each Transitional Assistance Office. Be sure to include the local Transitional Assistance Office address at the top of the notice.

---

**Questions**

If Transitional Assistance Directors have questions about a specific extension case, they should contact their Regional Director or their central office review contact.

Policy-related questions should be referred by your Hotline designee to the Policy Hotline at (617) 348-8478. Systems-related questions should be referred to Customer Services at 617-348-5290.

---

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT  
CIVIL ACTION  
No. 99-1044C

ELIZABETH SMITH, et al,  
Plaintiffs

vs.

CLAIRE McINTIRE, as she is Commissioner  
of the Department of Transitional Assistance,  
Defendant

**NOTICE TO FORMER TAFDC RECIPIENTS**

On June 15, 2000, the Superior Court ruled that it was unlawful for the Department of Transitional Assistance to cut off TAFDC extension benefits because a recipient was not working or participating in work-related activities for 35 hours per week.

You may apply for an extension of benefits at any time and the 35 hour rule will no longer be applied.

If you have questions, you may call:

Massachusetts Law Reform Institute	1-800-717-4133
Mass. Dept. of Transitional Assistance	1-800-445-6604

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, sello del estado

TRIBUNAL SUPERIOR  
ACCIÓN CIVIL  
No. 99-1044C

ELIZABETH SMITH, y otros,  
Demandantes

contra

CLAIRE McINTIRE, como Comisionada del Departamento de Asistencia Transicional,  
Demandado

AVISO A LOS EX-BENEFICIARIOS DE TAFDC

El 15 de junio de 2000, el Tribunal Superior decidió que era ilegal que el Departamento de Asistencia Transicional eliminara los beneficios de extensión de TAFDC porque un beneficiario no estuviera trabajando ni participando en actividades relacionadas con el trabajo por 35 horas a la semana.

Usted puede solicitar una extensión de beneficios en cualquier momento y la norma de las 35 horas ya no se aplicará.

Si tiene preguntas, puede llamar al:

Instituto de Reforma de Ley de Massachusetts 1-800-717-4133  
Departamento de Asistencia Transicional de Massachusetts 1-800-445-6604

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT  
CIVIL ACTION  
No. 99-1044C

ELIZABETH SMITH, et al,  
Plaintiffs

vs.

CLAIRE McINTIRE, as she is Commissioner  
of the Department of Transitional Assistance,  
Defendant

**NOTICE TO FORMER TAFDC RECIPIENTS  
REINSTATEMENT OF BENEFITS**

As the result of a recent court order, you may be eligible to have your TAFDC benefits reinstated. On June 15, 2000, the Superior Court ruled that it was unlawful for the Department of Transitional Assistance to cut off your TAFDC extension benefits because you were not working or participating in work-related activities for 35 hours per week.

Restoration of benefits is NOT automatic. You must request in writing that your benefits be restored. You may use the attached form. The Department may require that you undergo a review of eligibility before releasing payment of benefits.

If your extension of benefits was terminated because you did not meet the 35 hour rule, and you are otherwise eligible for TAFDC benefits, your benefits will be restored as of June 15, 2000 and continue while the Department reconsiders your application for an extension.

If you have questions, you may call:

Massachusetts Law Reform Institute	1-800-717-4133
Mass. Dept. of Transitional Assistance	1-800-445-6604



**COMMONWEALTH OF MASSACHUSETTS**

SUFFOLK, sello del estado

**TRIBUNAL SUPERIOR  
ACCIÓN CIVIL  
No. 99-1044C**

**ELIZABETH SMITH, y otros,  
Demandantes**

contra

**CLAIRE McINTIRE, como Comisionada del Departamento de Asistencia Transicional,  
Demandado**

**AVISO A LOS EX-BENEFICIARIOS DE TAFDC  
REINSTITAURACIÓN DE BENEFICIOS**

Como resultado de una orden de tribunal reciente, usted puede ser elegible para que se le reinstauren sus beneficios de TAFDC. El 15 de junio de 2000, el Tribunal Superior decidió que era ilegal que el Departamento de Asistencia Transicional eliminara sus beneficios de extensión de TAFDC porque usted no estaba trabajando o participando en actividades relacionadas con el trabajo por 35 horas a la semana.

La reinstauración de beneficios NO es automática. Usted debe solicitar por escrito que se reinstauren sus beneficios. Puede usar el formulario adjunto. El Departamento puede requerir que pase por una revisión de elegibilidad antes de emitir el pago de los beneficios.

Si su extensión de beneficios fue cancelada porque no cumplió con la norma de las 35 horas, y de otro modo usted es elegible para recibir beneficios de TAFDC, sus beneficios se reinstaurarán a partir del 15 de junio de 2000 y continuarán mientras el Departamento reconsidera su solicitud para una extensión.

Si tiene preguntas, puede llamar al:

Instituto de Reforma de Ley de Massachusetts 1-800-717-4133  
Departamento de Asistencia Transicional de Massachusetts 1-800-445-6604

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT  
CIVIL ACTION  
No. 99-1044C

ELIZABETH SMITH, et al,  
Plaintiffs

vs.

CLAIRE McINTIRE, as she is Commissioner  
of the Department of Transitional Assistance,  
Defendant

APPLICATION FOR REINSTATEMENT OF TAFDC BENEFITS

My extension of TAFDC benefits was terminated because the Department determined that I did not meet the 35 hour rule. I wish to have my benefits reinstated while the Department reconsiders my extension application.

I understand that the Department may require that I undergo an eligibility review prior to my benefits being paid.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_  
[Your signature]

Date: \_\_\_\_\_

Please mail or bring this form to your local Department of Transitional Assistance Office by November 30, 2000.

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, sello del estado.

TRIBUNAL SUPERIOR  
ACCIÓN CIVIL  
No. 99-1044C

ELIZABETH SMITH, y otros,  
Demandantes

contra

CLAIRE McINTIRE, como Comisionada del Departamento de Asistencia Transicional,  
Demandado

SOLICITUD DE REINSTITAURACIÓN DE BENEFICIOS DE TAFDC

Mi extensión de beneficios de TAFDC fue cancelada porque el Departamento determinó que no cumplí con la norma de las 35 horas. Quiero que se reinstauren mis beneficios mientras el Departamento reconsidera mi solicitud de extensión.

Entiendo que el Departamento puede requerir que pase una revisión de elegibilidad antes de que se paguen mis beneficios.

NOMBRE \_\_\_\_\_  
DIRECCIÓN \_\_\_\_\_  
TELÉFONO \_\_\_\_\_  
NÚMERO DE SEGURO SOCIAL \_\_\_\_\_

\_\_\_\_\_  
(su firma)

Fecha: \_\_\_\_\_

Sírvase enviar por correo o traer este formulario a su oficina local del Departamento de Asistencia Transicional para el 30 de noviembre de 2000.



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

Argeo Paul Cellucci  
Governor

Jane Swift  
Lieutenant Governor

William D. O'Leary  
Secretary

Claire McIntire  
Commissioner

**Attachment C**

**Appointment Letter**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Dear \_\_\_\_\_

I have scheduled an appointment with you on \_\_\_\_\_ at \_\_\_\_\_ in the  
\_\_\_\_\_ DTA office at \_\_\_\_\_ so that we  
can process your request for reinstatement of TAFDC benefits.

When you come for your appointment, please bring the verifications checked off on the  
enclosed VC-1.

If you cannot keep this appointment, call me at \_\_\_\_\_ before the day of the  
appointment. (telephone number)

**Your application for reinstatement of TAFDC benefits may be denied if you do not keep  
this appointment or call me before the day of the appointment to reschedule. You will  
receive a separate notice if your application for reinstatement of TAFDC benefits is going to  
be denied.**

\_\_\_\_\_  
Worker

SMITH DISPOSITION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Appointment scheduled: \_\_\_\_\_

Date interview conducted: \_\_\_\_\_

Disposition of case:

Approved  Date: \_\_\_\_\_

Denied  Date: \_\_\_\_\_

Reason:

Denied - Withdrawn

Denied for failure to keep appointment

Denied for failure to submit verifications

Denied for excess income/assets

Denied - Other: \_\_\_\_\_

Please fax with copies of approval/denial letters to Rita Joyce at Field Operations:  
(617) 348-5111.

\_\_\_\_\_  
Director/Assistant Director