



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


DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2008-22
April 30, 2008

To: Transitional Assistance Office Staff
From:  John Augeri, Assistant Commissioner for Field Operations
Re: Returned Mail Procedural Changes

Overview

This Field Operations Memo explains changes to how AU Managers are to process client mail returned to the TAOs. These revisions are designed to minimize confusion for clients, avoid unnecessary termination of benefits to clients residing in Massachusetts, and eliminate unnecessary work for AU Managers.

Since Food Stamp Transitional Benefits Alternative (TBA) and Universal Semiannual Reporting (USR) households have no reporting requirement with regard to change of address, the procedures outlined in this memo do not apply to TBA and USR cases. However, if mail for TBA or USR households is returned to the TAO with a forwarding address, the mail must be forwarded to the new address and the new address entered on BEACON. This will ensure that subsequent mailings and recertification documents are received by the client.

This memo obsoletes Field Operations Memo 2007-57.

When client mail is returned to the TAO:

**AUM
Responsibilities**

- if the post office has indicated a new address, update BEACON with the new address and forward the mail to that address with the revised 'Notice of Returned Mail' (RMN-1) (Attachment A) asking for verification of the new address. This instruction applies to cases with a Heightened Level of Security as well.
 - update the BEACON Narratives tab indicating "RMN-1 sent". Place a copy of the RMN-1 in the case record.
 - upon receipt of the verification, update BEACON with the new information. If the client has moved out of state, close the case following current procedures.
- if no new address is indicated by the post office and if a phone number is available in the case record, call the client to discuss the reason(s) why the mail might have been returned. If the client has an answering machine, leave a message.
 - if the client has a Heightened Level of Security indicator (SSN appears in red text in BEACON), do not contact the client by phone. Follow current procedures for contacting the client. If there is no response, initiate action to close the case for whereabouts unknown.

**Successful
Telephone
Contact**

- If telephone contact is successful and the client has not moved, inform the client that his/her name must be on the mailbox to ensure delivery, and confirm that the spelling of the name is correct. In cases of mailbox tampering or frequent misdirected mail, discuss the option of whether a Post Office Box would provide an acceptable solution.
- If telephone contact is successful and the client has moved, update BEACON and mail a Verification Checklist (VC-1) to the new address requesting the appropriate verification(s). Once verifications are received, update BEACON with the appropriate information.

Reminder: Staff need to be careful when processing the case that the unverified information and the previously verified information is not used in the calculation.

Note: If the client has moved out of state, close the case following current procedures.

Unsuccessful Telephone Contact

- If telephone contact is unsuccessful: i.e., there is no response within three days of the initial call, or no phone number is available, place a copy of the returned mail in the case record.
 - On the AU Composition Results window, select the Reason Category of “Residency” and the closing reason “Whereabouts Unknown”.
- If the client contacts the AU Manager before the termination of benefits is effective, remove the closing, update BEACON with the new address and mail a VC-1 requesting the appropriate verifications. Once verifications are received, update BEACON as appropriate.

Note: If the client has moved out of state, close the case following current procedures.

Failure to Submit the Required Verifications

If the client fails to submit the requested verification(s) by the due date requested on either the VC-1 or the RMN-1, and does not report difficulty in complying with the request, initiate the case closing on the AU Composition Results window by selecting the Reason Category of “Noncooperation” and the closing reason of “Failure to Submit the Required Verifications.”

Important: Action must not be taken to close the case if the only missing verifications are “optional” verifications.

Note: All efforts made to contact the client must be annotated in the BEACON Narratives tab.

Questions

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



Notice of Returned Mail

Old Address:

Name _____

Address _____

City/State/ZIP _____

Dear _____,

The U. S. Postal Service has indicated that you have moved to the above address. The returned mail is enclosed with this form.

Have you moved into a public or subsidized apartment? Yes: _____ No: _____

Please submit proof of:

- your new address; (e.g. current rent receipt or lease, deed, mortgage statement, Landlord Verification form, Shared Housing Verification form, voter registration card or written statement from the person with whom you are living.)
- the amount you pay for rent or mortgage (e.g. current rent receipt, Landlord Verification form or lease agreement, mortgage statement, tax and home insurance bills); and
- the utilities you pay for, including heat and air conditioning (e.g. current bills for oil, gas, electricity, telephone (including cellular phone), or other utility expenses such as wood, coal, garbage disposal; fuel assistance letter).

If you have any questions about the types of proof you may provide, please ask your worker. If you are having any difficulty obtaining verifications, please ask your worker to help you obtain them.

How many people live with you? _____

List the people living with you: _____

Please return your proofs by ____/____/____. Please call your worker if you have questions about this notice.

Your benefits may be stopped if you do not respond to this notice. You will receive a separate notice if your benefits are going to be stopped.