



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 2008-48**  
**September 19, 2008**

**To:** Transitional Assistance Office Staff  
**From:** John Augeri, Assistant Commissioner for Field Operations  
**Re:** Food Stamp Program: 10/1/2008 Cost-of-Living Increases

---

**Overview**

State Letter 1340 issues policy revisions implementing the following cost-of-living changes in the Food Stamp Program:

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

**Minimum Benefit Level** - The minimum benefit level for eligible one and two-person households has increased to **\$14**.

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

**Standard Deduction** - The standard deductions for all household sizes have increased.

**Shelter Deduction** - The maximum shelter deduction (for households not containing an elderly or disabled member) has increased to **\$446**.

**Standard Utility Allowance (SUA)** – All SUAs have increased. This includes the Bay State CAP SUA which has increased to **\$375**.

**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 9/19/08. 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 10/2008 COLA Updated AUs” will:

- be available on View Direct, Report ID:DTA 9023 during the week of **9/22/08**;
  - list all households 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 10/2008 issuance (benefits owed from 10/1/2008 to 10/2008 cyclical date); and
  - be used for reference by TAO staff.
- 

**Client Notices**

The following notices will be sent to households listed on the “Food Stamp 10/2008 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 households with decreased FS benefit amounts will appear on the *Interview Wrap-up, Pending Release* view under *Daily Priority Actions* and will require review. Case 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 9/19/2008, BEACON will calculate benefits using the 10/1/2008 issuance standards.

---

**Closed Food Stamp Households**

Closed FS households, including Bay State CAP households owed additional benefits for the 10/2008 COLA, will be issued benefits. These closed households will:

- have benefits dated and issued in mid-October 2008;
- 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 10/1/2008 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.”
-

**New Location  
for Eligibility  
Charts and  
Issuance  
Tables**

In the past, the eligibility charts and issuance tables associated with the annual FS COLA were included in DTA's regulations at 106 CMR 364.946, 364.950, 364.970, 364.975, 364.976 and 364.980. On October 1, 2008 when the new COLA regulations become effective, the eligibility charts and issuance tables associated with the annual FS COLA will be removed from the regulations and posted to the mass.gov website under the Department of Transitional Assistance. To allow easy access for internal users, links will be embedded within the regulation pages that reference this site. This change will ease the administrative burden on the Department by eliminating the need to submit these numerous pages through the State Letter process each year. All remaining pages (i.e. the ones that are not solely tables) will constitute the annual FS COLA State Letter.

---

**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

---

<b>MAXIMUM BENEFIT LEVELS</b>	
<b>HOUSEHOLD SIZE</b>	<b>MAXIMUM BENEFIT LEVELS</b>
1	\$ 176
2	\$ 323
3	\$ 463
4	\$ 588
5	\$ 698
6	\$ 838
7	\$ 926
8	\$ 1,058
<b>Each additional HH member will increase by \$ 132</b>	

<b>MAXIMUM MONTHLY GROSS INCOME LEVELS</b>	
<b>HOUSEHOLD SIZE</b>	<b>GROSS INCOME LEVELS</b>
1	\$1,127
2	\$1,517
3	\$ 1,907
4	\$ 2,297
5	\$ 2,687
6	\$ 3,077
7	\$ 3,467
8	\$ 3,857
<b>Each additional HH member will increase by \$390</b>	

<b>MAXIMUM MONTHLY NET INCOME LEVELS</b>	
<b>HOUSEHOLD SIZE</b>	<b>NET INCOME LEVELS</b>
1	\$ 867
2	\$ 1,167
3	\$ 1,467
4	\$ 1,767
5	\$ 2,067
6	\$ 2,367
7	\$ 2,667
8	\$ 2,967
<b>Each additional HH member will increase by \$300</b>	

<b>STANDARDS FOR SPECIAL CIRCUMSTANCES INVOLVING AN ELDERLY &amp; DISABLED INDIVIDUAL</b>	
<b>HOUSEHOLD SIZE</b>	<b>165% OF POVERTY LEVEL</b>
1	\$ 1,430
2	\$ 1,925
3	\$ 2,420
4	\$ 2,915
5	\$ 3,410
6	\$ 3,905
7	\$ 4,400
8	\$ 4,895
<b>Each additional HH member will increase by \$495</b>	

<b>STANDARD DEDUCTION AMOUNTS</b>	
<b>HOUSEHOLD SIZE</b>	<b>STANDARD DEDUCTION</b>
1	\$ 144
2	\$ 144
3	\$ 144
4	\$ 147
5	\$ 172
6 or Greater	\$ 197

<b>STANDARD UTILITY ALLOWANCES</b>	
<b>TYPE</b>	<b>AMOUNT UTILITY ALLOWANCE</b>
Heating/Cooling	\$ 612
Non Heating	\$ 375
Telephone	\$ 44

10/1/2008

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.

Before October 1, 2008, the allowable deduction for dependent care expenses was limited to \$200 per month for a child under age 2 and \$175 per month for an older child. As of October 1, 2008 these limits are gone. If you pay more than these amounts for dependent care expenses, and the Department has this information, your new food stamp benefit amount may be due in part to the increased deduction.

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}.

10/2008 COLA – FSP

10/1/2008

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}.

10/1/2008

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.

Before October 1, 2008, the allowable deduction for dependent care expenses was limited to \$200 per month for a child under age 2 and \$175 per month for an older child. As of October 1, 2008 these limits are gone. If you paid more than these amounts for dependent care expenses, and the Department had this information, the amount of food stamp benefits owed to you may be due in part to the increased deduction.

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}.

10/2008 COLA - Closed - FS



10/1/2008

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}.

10/2008 COLA - Closed - FS