



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Transitional Assistance*

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Governor

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Secretary

STACEY MONAHAN  
Commissioner

**Operations Memo 2014-55 A  
September 16, 2014**

**To: Department of Transitional Assistance Staff**

**From: *AOS* Anne O'Sullivan, Assistant Commissioner for Policy, Program and External Relations**

**Re: TAFDC – ESP/Work Program Requirement: BEACON Changes**

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**Overview**

BEACON Build 46.4 scheduled for August 25, 2014, contained changes to Employment Service Program (ESP)/Work Program Requirement forms and processes.

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**Purpose of Memo**

This Operations Memo advises staff about the BEACON changes. Specifically:

- the *Participation and Attendance* (ESP-7) form (Attachment A) changes;
- the *Referral and Response* (ESP-16-Cash) form (Attachment B) changes;
- changes to the Hours Participated field in the TAFDC – Work Requirements page and in the Participation tab;
- the reinstatement of the automated sanction process with a Mandatory Community Service Referral (Attachment C); and
- limiting the length of the “Participation” Good Cause reason.

**Obsolete Memo** Operations Memo 2014-55: *TAFDC – ESP/Work Program Requirement: BEACON Changes* is now obsolete. It is being reissued to make modifications to the ESP-7 form.

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**Participation and Attendance Form Changes** The *Participation and Attendance* (ESP-7) (Attachment A) form is generated from BEACON and used by clients to report their participation in ESP activities. Effective with BEACON Build 46.4, the following changes were made as a result of work program participation enhancements:

- the ESP-7 is used to track Job Search activities on the Basic Job Search Activity Log portion of the form;  
**Note:** The ESP-7 continues to be used by clients to report their attendance at ESP activities.
  - language about study hours being automatically added to the total hours participated; and
  - each section of the ESP-7 that requires a client signature contains a penalties of perjury statement.
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**Referral and Response Form Change** The *Referral and Response* (ESP-16-Cash) (Attachment B) form is generated from BEACON and used to refer clients to ESP activities. Effective with BEACON Build 46.4, the following changes were made:

- the ESP-16-Cash include the client's work program status: exempt or nonexempt; and
- the ESP-16-Cash include how many months remain of the client's 24 months of time-limited benefits.

By expanding the information provided on the *Referral and Response* (ESP-16-Cash) form, both clients and service providers will:

- be able to develop a better-informed plan for self-sufficiency; and
  - better equip clients and providers delivering job training to them to plan clients' transition to employment and self-sufficiency.
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**Hours Participated Field and Participation tab Changes**

In some instances, the “Hours Participated” field in the TAFDC – Work Requirements page and in the Participation tab are capturing the last hours entered (even if they were not the most recent hours) and not the most recent hours used.

Effective with BEACON Build 46.4, The “Hours Participated” field in the TAFDC – Work Requirements page and in the Participation tab capture the most recent hours that BEACON used when calculating whether or not a client has met their participation requirement. This will help in reporting accurate work program participation.

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**Automating the Sanction Process**

Currently, the sanction process is dependent upon community service referrals being made by case managers and authorization of sanctions by case managers and supervisors. Failure to take these steps causes the sanction process to be in an “interrupted” status.

Effective with BEACON Build 46.4, the following changes were made:

- community service referrals (ESP-16 CS Cash) (Attachment C) are automatically generated and sent to the client;
- these community service referrals tell clients to go to the TAO within ten days and ask to speak to the Full Engagement Worker (FEW);  
**Note:** These referrals will appear on the case manager’s Documents Sent for Past Week and Pending ESP Referral views.
- the FEW will have an in-depth meeting with the client to determine what difficulties the client had performing the job search and what barriers, if any, the client may have to prevent him or her from meeting the work program requirement (such as educational barriers, child care issues, etc.);
- based on this meeting, the FEW will assess the client’s needs to determine the appropriate activity for the client to meet the work program requirement (either community service or another activity);
- after the assessment, the FEW will either note the client’s acceptance to the community service site on the ESP-16 CS Cash form, informing the client of his or her hours of participation at the TAO and forwarding the ESP-16 CS Cash form to the case manager for processing in BEACON or making a referral to another activity to meet the work program requirement;
- the FEW will enter the new referral information on BEACON and continue processing the client referral according to established procedures; and
- if the client does not keep the appointment with the FEW or does not register for an activity, the sanction process will continue.

**Important:** Case managers and supervisors will no longer need to authorize batch sanctions.

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**Limiting the Length of the “Participation” Good Cause Reason**

Currently, if a client is participating in an ESP activity but fails to meet the participation requirement, the client is sanctioned. If the client has good cause for not participating, the case manager enters the ESP Participation workflow and on the Sanction page selects Good Cause and on the Good Cause tab of the Sanction Page, selects a reason to remove the sanction.

Effective with BEACON Build 46.4, the following change was made:

- any Good Cause reason to remove a sanction will require case managers to enter a date that is not greater than the current participation period end date in the compliance “End” date field on the Good Cause tab. This means that the start and end dates should mirror the time period reported on the returned ESP-7.

**Important:** Doing this will ensure that the client’s meeting the work program requirement is reviewed monthly.

If the good cause reason the client claims for not meeting the participation requirement continues for longer than 30 days, the case manager should explore with the client the possibility of Meets Compliance for not meeting the work program requirement.

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**Questions**

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

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*Massachusetts Department of Transitional Assistance  
ESP Participation and Attendance Record*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Agency Identification Number

\_\_\_\_\_  
Client's Address

\_\_\_\_\_  
Local Office Name

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Local Office Address

Dear \_\_\_\_\_:

If you are subject to the Work Program requirement or ESP requirements, you must fill out the enclosed form and return it by the date noted on the enclosed form. This form will document your hours of participation.

If you do not meet your hourly requirement, your benefits may be lowered or your family's benefits may be stopped.

If you feel you have good cause for not meeting your requirement, circle the good cause reason(s) below and mail this notice to: DTA P.O. Box 4406, Taunton MA 02780-0420 or Fax it: 617-887-8765 by the date noted on the enclosed form. Good cause includes (circle one or more):

- lack of child care;
- lack of transportation;
- lack of a community service site;
- disability or illness (your own or someone you take care of);
- housing search;
- a family emergency; and
- other reasons we may approve.

**You MUST provide verification of good cause.** Provide your verification when you return this notice to us. If you do not include verification with this notice or if more verification is needed, DTA will contact you to tell you what verification is needed.

If you do not return this notice **by the date noted on the enclosed form** to tell us your participation hours or about any good cause reason you have for not meeting your Work Program requirement, we will send you a notice telling you that the benefits you receive for yourself or your family may be stopped. That notice will give you a right to appeal.

You may ask DTA for help in how to meet the Work Program requirement or in claiming good cause.

*Massachusetts Department of Transitional Assistance*  
**ESP Participation and Attendance Record**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
APID

\_\_\_\_\_  
Client's Address

\_\_\_\_\_  
Local Office Name

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Local Address

Dear \_\_\_\_\_:

This form is used to track your attendance at \_\_\_\_\_  
\_\_\_\_\_ **Resource's name**

**Service Activity Type**

Write the number of hours you attended/participated for each day listed on this form. If you have not met your required hours and believe you had a good cause reason not to participate, you must send proof with this form. If you have questions about good cause reasons and verifications, please call DTA.

Give this form to the appropriate agency/school staff person. This person must sign the form stating that the information is correct. If appropriate, this person should also complete the Status Report section of this form. You must return the signed form to:

**DTA**  
**PO Box 4406**  
**Taunton, MA 02780-0420**  
**or**  
**Fax: 617-887-8765**

by \_\_\_\_\_. If you have any questions please call DTA right away.

If you are in an education or training program, one hour of homework time will be automatically added for every hour you participate once this form is returned. You do not need to add it yourself.

**PLEASE COMPLETE YOUR TIME AND ATTENDANCE ON THE NEXT PAGE OF THIS FORM.**

**IF YOU ARE DOING SELF DIRECTED JOB SEARCH PLEASE FILL OUT THE BASIC JOB SEARCH ACTIVITY PORTION OF THIS FORM.**

DTA  
IVR Phone Number  
Fax: 617-887-8765

For the dates on this form, I continue to need:

- Child Care
- Transportation Services

I certify under penalties of perjury that my participation record as shown on the this page is correct and complete to the best of my knowledge

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client Signature Date

To the best of my knowledge, this Participation Form is accurate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agency/School Staff Person Signature Date

\_\_\_\_\_  
Printed Name of Agency/School Staff Person

Date	Day	Scheduled Hours	Actual Hours	Date	Day	Scheduled Hours	Actual Hours
	Sunday				Sunday		
	Monday				Monday		
	Tuesday				Tuesday		
	Wednesday				Wednesday		
	Thursday				Thursday		
	Friday				Friday		
	Saturday				Saturday		
	Sunday				Sunday		
	Monday				Monday		
	Tuesday				Tuesday		
	Wednesday				Wednesday		
	Thursday				Thursday		
	Friday				Friday		
	Saturday				Saturday		

**THIS SECTION IS TO BE COMPLETED BY THE AGENCY/SCHOOL STAFF  
PERSON.**

Status Comments	<u>Status Report</u>	
	Date	Component/Activity
_____	Started	__/__/__
_____	Completed	__/__/__
_____	Left Activity	__/__/__
_____	Other	__/__/__

Information, if any, regarding participant's absences should be noted here: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY ESP PROVIDER IF CLIENT BEGAN  
EMPLOYMENT**

Name of Employer \_\_\_\_\_

Employer Telephone Number \_\_\_\_\_

FEIN # \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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Start Date \_\_/\_\_/\_\_

Job Title \_\_\_\_\_

Weekly Hours \_\_\_\_\_

Hourly Wage \_\_\_\_\_

Permanent Job: Circle YES NO

Health Insurance: Circle YES NO





# Basic Job Search Declaration

*Massachusetts Department  
of Transitional Assistance*

Client's Name \_\_\_\_\_

APID \_\_\_\_\_

Client's Address \_\_\_\_\_

Local Office Name \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Local Address \_\_\_\_\_

You are a Basic Job Search participant. \_\_\_\_\_  
(Job Search Start Date)

You **must** complete the log on this form and return it to: **DTA P.O. Box 4406, Taunton MA 02780-0420**

by \_\_\_\_\_  
(Due Date)

When you have done this:

- list the activities you completed on the back of this form; and
- sign and date the form.

If you have a good reason why you cannot fill out this form on time, call DTA.

\_\_\_\_\_  
I certify under penalties of perjury that I have completed the activities as listed on the Basic Job Search Activity Log.

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_



Date	Activity	Time Spent*	Location

Total

*Must be 20 or 30 hours of job search activities per week based on your work program requirement.*

\* - Including travel time between job search activities.

DTA  
P.O. Box 4406  
Taunton, MA 02780-0420

Massachusetts Department of Transitional Assistance

Agency ID: 9999999

**Dennis Truman**  
**1 Pleasant St.**  
**Framingham, MA 01701**

**08/01/2013**

Dear **Dennis Truman**:

You have been referred to: **North Shore Community College, 1 Main Street, Lynn, Massachusetts, (781) 352-1000 for Post Secondary Education.** Your appointment with **Susan Simmons** is scheduled for: **Wednesday, 08/10/2013 at 10:00 a.m.** Please take this form with you.

You are required to participate in an activity or a combination of activities that total 30 hours per week.

Your TAFDC case is non-Exempt. Your case has 18 months of time-limited benefits left.

You or the agency must return this form to: DTA P.O. Box 4406, Taunton MA 02780-0420 no later than **08/30/2013.** **If the form is not returned to: DTA P.O. Box 4406, Taunton MA 02780-0420 by this date, your Transitional Assistance benefits may be stopped or lowered.**

**CONFIDENTIALITY WAIVER**

I authorize the Department and the organization to which I am referred to release and exchange information as required for my participation in the Department's Employment Services, Community Service, Work and Post-Employment Programs.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**DTA**  
**IVR Number**

**Agency Response - Please complete the reverse side and return this form to: DTA P.O. Box 4406, Taunton MA 02780-0420 within five working days of your appointment with the client.**

**BEACON NOTICE**  
**SAMPLE –TAFDC (ENGLISH) - REVERSE SIDE**

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**AGENCY RESPONSE**

Disposition:

Accepted into **Post Secondary Education, the Paralegal Course** for \_\_\_\_\_ hours per week with anticipated start date of **08/20/2013** and an **anticipated completion date of 02/28/2014**.

Not accepted because (check one)

Client not qualified

Funding not available for this ESP activity

Reason: \_\_\_\_\_

No slots available

Other (please specify) \_\_\_\_\_

Client refused placement

**Not accepted into referred component, but accepted into Component Activity** \_\_\_\_\_, **Service Activity Type** \_\_\_\_\_, for \_\_\_\_\_ hours per week **with an anticipated start date of** \_\_\_/\_\_\_/\_\_\_ **and an anticipated completion date of** \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
Signature of Resource Contact Person  
Completing this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Resource Contact  
Person Completing this Form

\_\_\_\_\_  
Date

**Base Weekly Plan for this Component Activity**

<b>Day</b>	<b>Times</b>	<b>Total Hours</b>
Sun		
Mon	<b>9:00-12:00</b>	<b>3</b>
Tues		
Wed	<b>9:00-12:00</b>	<b>3</b>
Thur		
Fri	<b>9:00-12:00</b>	<b>3</b>
Sat		

BEACON NOTICE  
LANGUAGE WITH VARIABLE TEXT (ENGLISH)

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{RETURN\_ADDRESS}

Massachusetts Department of Transitional Assistance –  
Mandated Community Service Referral

**Dennis Truman**  
**1 Pleasant St.**  
**Framingham, MA 01701**

**Agency ID: 9999999**  
**09/02/2014**

Dear **Dennis**:

You have been referred to: **the Framingham TAO, for Community Service**. You must report to the office by: **09/12/2014**. Please ask to see the Full Engagement Worker. Please bring this form with you.

You are required to participate in an activity or a combination of activities that total 30 hours per week.

Your TAFDC case is non-Exempt. Your case has 18 months of time-limited benefits left.

As part of your work program requirement, you must keep this appointment. Failure to keep this appointment may result in you being removed from the grant or case closure.

**DTA**  
**IVR Number**

**LANGUAGE WITH VARIABLE TEXT - REVERSE SIDE (TAFDC/EAEDC)**

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**AGENCY RESPONSE (COMPLETED BY DTA EMPLOYEE)**

Disposition:

\_\_\_\_\_ Accepted into **community service** for \_\_\_\_\_ hours per week with anticipated start date of \_\_/\_\_/\_\_.

\_\_\_\_\_ Not accepted because (check one)

\_\_\_\_\_ Client not qualified

Reason: \_\_\_\_\_

\_\_\_\_\_ No slots available

\_\_\_\_\_ Client refused placement

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Referral to another activity

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Date

Base Weekly Plan for this Community Service Activity

Day	Times	Total Hours