

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

FAX 00-78

Field Operations Memo 2000-25 C
September 11, 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

Field Operations Memo 2000-25 B informed Transitional Office staff of two mailings sent to former TAFDC recipients who may be impacted by the *Smith v. McIntire* lawsuit. The two groups were:

- former recipients closed for Action Reason (AR) 68; and
- former recipients closed for AR 29, 52 or 84.

Purpose of This Memo

This memo informs TAO Staff that:

- former recipients closed for AR 29, 52 or 84 will receive another mailing during the second week of September (Attachments A and B); and
- if these former recipients request a reinstatement of TAFDC benefits, new procedures must be used.

NOTE: This Field Operations Memo makes no changes to processing former recipients closed for AR 68 who request an extension.

New Mailing

This new mailing instructs former recipients that they may reapply for an extension of TAFDC benefits and, if categorically and financially eligible, have their TAFDC benefits restored while waiting for the extension request to be processed.

While this mirrors the process for former recipients closed for AR 68 mentioned in Field Operations Memo 2000-25 B, these former recipients (closed for Action Reasons 29, 52 or 84) are **not** entitled to retroactive benefits back to June 15, 2000.

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

Former recipients closed for AR 29, 52 or 84 mentioned above who return Attachment B and/or contact the Transitional Assistance Office with Attachment B must have their requests processed as follows:

- schedule an appointment within 10 business days using Attachment C; and
- include a VC-1 requesting all needed verification to determine eligibility.

If the former recipient keeps the reinstatement 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 former recipient that, if **determined currently TAFDC-eligible (financially and categorically)**, eligibility for the extension will begin from the date the request is received by the Transitional Assistance Office and end one month from the **current appointment date**;
- refer the recipient to a program and tell him or her that he or she must cooperate with the Department in work-related activities (e.g., job search) and the extension criteria found in 106 CMR 203.210 (B)(2)(a) through (e) to be considered eligible for an additional extension at the end of this one-month period;
- tell the recipient that he or she must also 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; and
- tell the recipient that any future extensions must be requested in writing and will last no more than two months.

If the former recipient wants to withdraw the extension request, tell the former recipient that the request will be denied and he or she will lose the opportunity to have the extension request processed this way (i.e., determining TAFDC eligibility first and having the case established, then determining eligibility for the extension request).

**New Instructions
for Processing
Extension
Requests for
Former
Recipients
Closed for AR 29,
52 or 84
(continued)**

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

*If the former recipient does not have all verifications at the reinstatement appointment and does not return the verification(s) within 10 days, 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.***

*If the former recipient is eligible for TAFDC, approve the case and 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 recipient does not keep this appointment, close the case with an AR 84 at the end of the one-month period.**

*If the former recipient 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 for the ineligibility 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.***

If the former recipient does not keep the reinstatement 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."

**New Instructions
for Processing
Extension
Requests for
Former
Recipients
Closed for AR 29,
52 or 84
(continued)**

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.**

Former recipients closed for AR 29, 52 or 84 may have (re)applied for an extension as a result of the **previous** mailing (see Field Operations Memo 2000-25 B Attachment A). If any of these recipients who are TAFDC eligible have **not** had their cases reopened, TAFDC eligibility should be processed **immediately** according to the procedures of this memo. The reopening date is the date the **original** request was received by the TAO. This applies even if a former recipient has not responded to the **current** mailing.

Report

Former recipients who received Attachment B will be listed on a report sorted by TAO and CAN. The former recipient has until December 15, 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, and fax the completed form to Rita Joyce at Field Operations: (617) 348-5111.

Once all people listed on the report have responded, or on December 18, 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.

**Earned Income
Disregards**

Cases closed more than four months are not given the earned income disregards when determining financial eligibility at reopening. As a result of *Smith v. McIntire*, cases **impacted by this lawsuit only** need to have their financial eligibility determined with the earned income disregards. When reopening **eligible** cases with earned income impacted by this lawsuit:

- reopen the case on PACES in an "03" status;
- once reopened, enter all income and assets used to determine eligibility on a PACES Worksheet, and
- enter "04" in the "30 and 1/3" block of the Worksheet to allow the earned income disregards.

This will ensure that reopened cases have their grants calculated correctly.

Questions

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
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 TAFDC extension benefits because recipients 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 application for an extension of benefits was denied or you did not apply for an extension, and you would be eligible for assistance if you had not received benefits for 24 months, you may request reinstatement of benefits and file an application for an extension. Your benefits will be restored upon a determination that you remain eligible for assistance and will continue while your application is being reviewed.

If you have questions, you may call:

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

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APPLICATION FOR REINSTATEMENT OF TAFDC BENEFITS

_____ My application for an extension of TAFDC benefits was denied. I wish to have my benefits reinstated while the Department reconsiders my extension application.

___ I did not apply for an extension of TAFDC benefits when my benefits were terminated after 24 months. I wish to have my benefits reinstated while I apply for an extension.

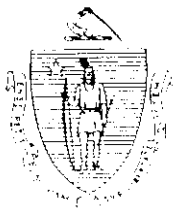
I understand that the Department may require that I undergo an eligibility review prior to my benefits being paid.

NAME _____
ADDRESS _____
TELEPHONE _____
SOCIAL SECURITY # _____

[Your signature]

Date _____

Please mail or bring this form to your local Department of Transitional Assistance Office by **December 15, 2000.**



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Attachment C

Appointment Letter

Date _____

Name _____

Address _____

City/State/Zip _____

Dear _____

I have scheduled an appointment with you on _____ at _____ in the
_____ Transitional Assistance 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

