



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

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Governor

Jane Swift  
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Secretary

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Commissioner

**Field Operations Memo 2000-36**  
**December 26, 2000**

**To:** Transitional Assistance Office Staff

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

**Re:** BEACON Stress Test

**Background**

To evaluate response time, user capacity and time needed to complete various activities on BEACON, the morning of January 4 has been chosen to "Stress Test" BEACON.

While the "Stress Test" is taking place, every effort must be made to conduct regular TAO business. At no time should client access to AU Managers be denied.

There will be two tests. What follows is the schedule of activities to be worked on during the two tests. All activities must end by noon of January 4. At no point during the stress test hours should users log out of BEACON.

**Test One: Normal Business Hours to 10:00 a.m.**

All AU Managers should access BEACON at the beginning of normal business hours of the TAO.

After accessing BEACON, the AU Manager must:

- click on the Transitional Assistance Office Group icon;
- click on the TAO Office Explorer icon;
- select "View" from the menu bar;

**Test One: Normal  
Business Hours  
to 10:00 a.m.  
(continued)**

- select and access the following Views from the “Daily Priority Actions” Group:
  - ◆ Conversion Benefit Discrepancies,
  - ◆ Documents Sent for Past Week,
  - ◆ Eligibility Explorer Interviews in Progress,
  - ◆ Interview Wrap-up - Pending Authorization,
  - ◆ Interview Wrap-up - Pending Release,
  - ◆ Interview Wrap-up - Rejected Authorization,
  - ◆ Missed Interviews,
  - ◆ Monthly Reporting Status,
  - ◆ Outstanding Participation Forms,
  - ◆ Pending Applications,
  - ◆ Pending Applications Assigned to Another TAO, and
  - ◆ Reevaluation in Progress;
  
- select and access the following View from the “Assistance Unit Lists” Group:
  - ◆ Active by Grantee Name;and
  
- select and access the following View from the “ESP Assistance Units” Group:
  - ◆ Active Component Activities.

**Note:** In this section, when accessing Views the list of chosen AUs will appear in the field on the right-hand side of the Office Explorer window.

Most AU Managers are not required to record the results of this test.

Stop Test One Activities at 10 a.m., **even if all activities have not been completed.** AU Managers should **leave the BEACON Application open until the beginning of TEST TWO. DO NOT EXIT OUT OF BEACON.**

While Test One is taking place, one Supervisor and one AU Manager in each TAO will monitor actual response times between windows in the selected activities and record the results in the appropriate sections of the Query tab of the BEACON 2 Stress Test Performance Log online (found in S:\BEACON 2 Pilot Forms\Stress Test) and e-mail these completed forms to the Implementation Manager. **Do not fill out the “Name and SSN of Grantee” section for this tab.**

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**Test Two:  
10:00 a.m. to  
Noon**

Test Two activities must be conducted between 10:00 a.m. and Noon.

*Pre-selected* Supervisory Units must work on *selected* Pilot Activities. The Implementation Manger will determine which Pilot Activity each AU Manager will work on.

The following Pilot Activities must be worked on and, *if possible*, completed during this time period:

- Complete one Application (**For this activity, AU Managers should not select “real” applications pending in PACES or any created in BEACON. They should create new applications.**);
- Complete one Reapplication (**For this activity, AU Managers should select an AU closed on BEACON**);
- Complete one Reevaluation (**For this activity, AU Managers should select an AU active on BEACON**); and
- Complete selected Case Maintenance Activities. See Field Operations Memo 2000-31 A Step I, Step II and Step III checklists for a listing of Case Maintenance Activities for your TAO. TAOs were divided into three groups. For this test, Group A will be performing Step III activities, Group B will be performing Step I activities and Group C will be performing Step II activities.

AU Managers participating in Test Two will complete the BEACON 2 Stress Test Activity Record online (found in S:\BEACON 2 Pilot Forms\Stress Test) and e-mail the completed form to their Supervisor at the end of this test period. The online form should include:

- the activity performed (task);
- the name/SSN of the grantee;
- actual time it was started (start time);
- actual time it was completed (end time); and
- comments.

While Test Two is taking place, one Supervisor and one AU Manager in each TAO will monitor actual response times between windows in the selected activities and record the results in the appropriate sections of the Interview tab of the BEACON 2 Stress Test Performance Log online (found in S:\BEACON 2 Pilot Forms\Stress Test) and e-mail these completed forms to the Implementation Manager.

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**Supervisor  
Responsibilities**

During Test One and Test Two, the Supervisor must:

- coach AU Managers through the various activities;
- ensure AU Managers are working on their designated Test Two Pilot activities;
- monitor response time between windows; and
- review the BEACON 2 Stress Test Activity Record for completeness and e-mail it to the Implementation Manager.

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**Implementation  
Manager  
Responsibilities**

The Implementation Manager must:

- ensure all AU Managers are performing Test One activities;
- determine which Supervisory Units will perform the Test Two pilot activities and which Pilot activities each AU Manager in that unit will work on; and  
**Note:** Test Two requires 35 percent of each TAO's AU Managers' and Supervisors' participation. The remaining AU Managers and Supervisors should conduct normal TAO business.
- ensure the BEACON 2 Stress Test Performance Logs and Activity Records are complete and e-mail all completed forms to the BEACON Action Center and the Regional Director by close of business on January 5.

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**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.

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## BEACON 2 Stress Test Performance Log - Query Tab

BEACON 2 Pilot 42 January \_\_\_\_, 2001

Name and SSN of Grantee:

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU: (circle) New or Ongoing

	QUERY	RESPONSE TIME	COMMENTS
✓	<b>Daily Priority Action</b>		
	Conversion Benefit Discrepancies		
	Documents Sent Overnight (Inc 42 = for Past Week)		
	Eligibility Explorer Interview In Progress		
	Interview Wrap-up - Pending Authorization		
	Interview Wrap-up - Pending Release		
	Interview Wrap-up - Rejected Authorization		
	Missed Interviews		
	Monthly Reporting Status		
	Outstanding Participation Forms		
	Pending Applications (Used to be Pending by Grantee Name)		
	Pending Applications Assigned to Another TAO		
	Reevaluation In Progress		
	<b>Account Receivables</b>		
	New and Unassigned Referrals		
	Rejected Referrals		
	<b>Appointments to Schedule</b>		
	AUs Reassigned		
	EDPs Requiring An Interview Within 45 days		
	ESP AUs Requiring An Appointment		
	ESP Child Care AUs with Service Authorization Ending within 45		
	Reevaluation Due		
	TAFDC Extension APs Requiring An Interview		
	<b>Appointments to Schedule</b>		
	AU Member not in Household		
	Check Post Birth Exemption		
	Check Post 120 Day Placement		
	Clients with Expiring Good Cause Reasons		
	Clients with Sanctions		

## BEACON 2 Stress Test Performance Log - Query Tab

BEACON 2 Pilot 42    January \_\_\_\_\_, 2001

Name and SSN of Grantee:

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU: (circle) New or Ongoing

	Clients with Active AUs with Expiring IPV Dates		
	Date of Death		
	Disability End Date		
	Immunization Tracking Child Turns 2		
	New SSI Benefits		
	Pregnancy		
	School Attendance Tracking		
	TAFDC Teen Parent Turns 20		
	Youngest Child Turns 2		
	Youngest Child Turns 6		
	<b>Assistance Unit Lists</b>		
	Active by Grantee Name		
	Active by Program		
	AUs with Liaison Roles		
	AUs with Teen Parents		
	Child Care AUs by Client Name		
	Closed Within Last 2 Months		
	Pending TAFDC Extension Requests		
	State Clock Months for Non Exempt AUs		
	<b>ESP Assistance Units</b>		
	Active Component Activities		
	Active Component Activities by Grantee Name		
	Active EDPs		
	Active EDPs with no Active Activity		
	EDPs Requiring Client Signature		
	Entered Employment 30 Day Follow-up		
	IAA Payments Ready for Authorization		
	Pending EDPs		
	Pending ESP Referrals		
	Pending TAFDC Extension Vocational Evaluation Referrals		







## BEACON 2 Stress Test Performance Log - Interview Tab

BEACON 2 Pilot 42    January \_\_\_\_, 2001

Name and SSN of Grantee: \_\_\_\_\_

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU:(circle) New or Ongoing

	SECTION/WINDOW	RESPONSE TIME	COMMENTS
✓	<b>Request For Assistance</b>		
	Application		
	Assessed Person		
	Address		
	Program		
	Assisting Person		
	Domestic Violence		
	Complete Request		
	Signature		
	<b>Household Composition</b>		
	Address		
	Household		
	<b>AU Composition</b>		
	Apply For Assistance		
	Assessed Person		
	Personal Relationships		
	<b>AU Composition Q &amp; A Navigator</b>		
	<b>AU Composition Details</b>		
	Pregnancy		
	Temporary Absence		
	Caretakers		
	Boarders		
	Foster Care		
	AU Mandatory/Responsible		
	<b>AU Composition Results</b>		
	<b>Interview Q &amp; A Navigator</b>		

## BEACON 2 Stress Test Performance Log - Interview Tab

BEACON 2 Pilot 42    January \_\_\_\_, 2001

Name and SSN of Grantee:

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU:(circle) New or Ongoing

<input type="checkbox"/>	Non Financial		
<input type="checkbox"/>	Income & Expenses		
<input type="checkbox"/>	Assets		
<input type="checkbox"/>	<b>Work Requirements</b>		
<input type="checkbox"/>	<b>ESP Services</b>		
<input type="checkbox"/>	Member List		
<input type="checkbox"/>	<b>ESP Assessment</b>		
<input type="checkbox"/>	Work Program Alternative		
<input type="checkbox"/>	Skills from Employment History		
<input type="checkbox"/>	Skills from Education and Training		
<input type="checkbox"/>	Client Skill Set		
<input type="checkbox"/>	Potential Barriers		
<input type="checkbox"/>	Vocation Evaluation Required		
<input type="checkbox"/>	Vocation Evaluation Referral Disposition		
<input type="checkbox"/>	Extension Track Selection		
<input type="checkbox"/>	ESP Component Eligibility		
<input type="checkbox"/>	<b>Employment Development Plan</b>		
<input type="checkbox"/>	Occupational Area of Interest		
<input type="checkbox"/>	Potential Educational Activities		
<input type="checkbox"/>	Potential Skills Training Activities		
<input type="checkbox"/>	Activity Sequence List		
<input type="checkbox"/>	ESP Referral Disposition		
<input type="checkbox"/>	ESP Activity Disposition		
<input type="checkbox"/>	<b>24 Month Extension</b>		
<input type="checkbox"/>	Activity Sequence List		
<input type="checkbox"/>	ESP Referral Disposition		
<input type="checkbox"/>	ESP Activity Disposition		

# BEACON 2 Stress Test Performance Log - Interview Tab

BEACON 2 Pilot 42 January \_\_\_\_\_, 2001

Name and SSN of Grantee:

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU: (circle) New or Ongoing	Name and SSN of Grantee	Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA
Child Care		
Request		
Eligibility Details		
Eligibility Results		
Authorization		
Transportation		
Request		
Plan		
Approval		
EDP Disposition		
Approve Request		
Approval		
Plan		
ESP Participation		
Monitor Participation		
Transportation Approval		
Assessed Person Non Financial Statement		
Resident Information		
Residential Facility		
Teen Parent		
Referral/Assessment		
Status/Placement		
Outreach		
Prior Assistance		
Citizenship		
Non-Citizen		
Sponsor		

## BEACON 2 Stress Test Performance Log - Interview Tab

BEACON 2 Pilot 42    January \_\_\_\_, 2001

Name and SSN of Grantee: \_\_\_\_\_

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU:(circle) New or Ongoing

<input type="checkbox"/>	Voter Registration		
<input type="checkbox"/>	Absence		
<input type="checkbox"/>	Disability		
<input type="checkbox"/>	Accident and Incident		
<input type="checkbox"/>	Family Cap		
<input type="checkbox"/>	Education		
<input type="checkbox"/>	Immunization		
	<b>▶ Assessed Person Income &amp; Expense Statement</b>		
<input type="checkbox"/>	Employment Status		
<input type="checkbox"/>	Income Disregards		
<input type="checkbox"/>	Other Income Status		
<input type="checkbox"/>	Lump Sum		
<input type="checkbox"/>	Deemor		
<input type="checkbox"/>	Support Expenses		
<input type="checkbox"/>	Dependent Care Expenses		
	<b>▶ Shelter Expenses</b>		
<input type="checkbox"/>	Household Expenses		
<input type="checkbox"/>	Standard Utility Allowance		
<input type="checkbox"/>	Utility Expenses		
<input type="checkbox"/>	Vendor Payments		
<input type="checkbox"/>	Health Insurance		
<input type="checkbox"/>	Medical Expenses		
	<b>▶ Assessed Person Asset Statement</b>		
<input type="checkbox"/>	Liquid Assets		
<input type="checkbox"/>	Financial Holdings		
<input type="checkbox"/>	Insurance		
<input type="checkbox"/>	Vehicles		
<input type="checkbox"/>	Real Property		
<input type="checkbox"/>	Pensions		
<input type="checkbox"/>	Refunds		

## BEACON 2 Stress Test Performance Log - Interview Tab

BEACON 2 Pilot 42    January \_\_\_\_, 2001

Name and SSN of Grantee:

Program Type: (circle all that apply) FS, TAFDC, EAEDC, EA

Type of AU:(circle) New or Ongoing

<input type="checkbox"/>	Transfer of Funds		
<input type="checkbox"/>	Other Assets		
<input type="checkbox"/>	<b>Program Administration</b>		
<input type="checkbox"/>	Application/Reevaluation Print		
<input type="checkbox"/>	AU Assignment		
<input type="checkbox"/>	AU Transfer		
<input type="checkbox"/>	Assisting Person		
<input type="checkbox"/>	Benefit Issuance Mechanism		
<input type="checkbox"/>	Domestic Violence		
<input type="checkbox"/>	Extension Request		
<input type="checkbox"/>	Monthly Reporting		
<input type="checkbox"/>	Program Change		
<input type="checkbox"/>	Reevaluation		
<input type="checkbox"/>	Reinstatement		
<input type="checkbox"/>	Related Benefits		
<input type="checkbox"/>	Time Limits		
<input type="checkbox"/>	<b>Transitional Child Care</b>		
<input type="checkbox"/>	Member List		
<input type="checkbox"/>	Request		
<input type="checkbox"/>	Eligibility Details		
<input type="checkbox"/>	Eligibility Results		
<input type="checkbox"/>	Authorization		
<input type="checkbox"/>	<b>Interview Wrap-up</b>		