



Massachusetts Department of Public Welfare
600 Washington Street, Boston, MA 02111

FIELD OPERATIONS MEMO 95-6
FEBRUARY 1, 1995

TO: LOCAL OFFICE STAFF

FROM: *J* JOYCE SAMPSON, ASSISTANT COMMISSIONER FOR FIELD AND
ELIGIBILITY OPERATIONS

RE: 1995 RSDI/SSI COLA FOR AFDC, EAEDC, FOOD STAMPS AND SSI

INTRODUCTION Effective January 1995, RSDI (Social Security) benefits increased by 2.8 percent; SSI payments increased; the base level Medicare Part B premium increased from \$41.10 to \$46.10 per month; and the patient paid amounts (PPAs) increased by \$12 for SSI rest home cases.

PACES ACTIONS PACES updated all appropriate ongoing cases with 1995 RSDI (Type A) and/or SSI (Type 1) income.

The January RSDI (Type A) amounts on PACES were automatically updated using the following method:

- If the Type A amount on BENDEX was greater than or equal to the PACES amount, then PACES was updated with the BENDEX income amount and the associated Medicare premium amount and code.
- If the PACES amount was greater than the BENDEX amount, or the BENDEX amount was not available, the Type A amounts on PACES were increased by 2.8 percent and the associated Medicare premium, if any, was also updated.

SSI amounts for food stamp cases were updated from the SDX files of both the Department and the Massachusetts Commission for the Blind (MCB).

PACES ACTIONS CATEGORY
0,2,4

For all non-Monthly Reporting cases, this update may have resulted in a grant change or case closing effective the first check cycle in February and/or an adjusted February ATP or food stamp closing. Normal pend periods and PACES notices were used.

PACES ACTIONS
MR CASES

Cases on Monthly Reporting (MR) were not automatically updated. Update these cases when you receive the MR for February. Use the BENDEX inquiry screens to verify the new amounts.

PACES ACTIONS
CATEGORY 9

This update may have resulted in an adjusted February ATP. PACES notices were used to notify these cases.

PACES ACTIONS
SSI REST HOMES

PACES calculated new patient paid amounts (PPAs) for SSI rest home cases and automatically updated MMIS with the new amounts. A notice was sent to each recipient (Attachment B).

MCB CASES

The MCB SDX information is not displayed on the SDX Inquiry Screen. Each local office will receive a list of food stamp cases updated from the MCB SDX file.

Use the same procedures if a recipient questions the amount of his or her SSI payment by using the TPOY process which is described in this memo.

CASES REQUIRING
WORKER ACTION

Since most cases were automatically updated, the number of cases requiring worker review, correction or reinstatement should be minimal. If a recipient questions the amount of his or her cash grant and/or ATP, or files a timely appeal, check the appropriate report and the BENDEX (RSDI) or SDX (SSI) Inquiry Screens. If the RSDI and/or SSI amount(s) on PACES is different from what is on the BENDEX or SDX Inquiry Screen, or is not available, follow the normal process to request verification and correct the income information on file, if appropriate.

Note: Enter RSDI amounts on the PACES Worksheet as Type A income.

Enter SSI amounts on the PACES Worksheet as Type 1 income.

Enter each recipient's income amount separately, using the appropriate client number on the PACES worksheet.

REQUESTING
VERIFICATION

If it is necessary to verify a recipient's RSDI/SSI income, there are two ways to obtain verification: use of the TPQY process or sending the recipient a special verification request letter (Attachment A).

TPQY Process

- The TPQY process is the first choice for requesting verification of RSDI and/or SSI income.
- Complete a TPQY card for each recipient requiring verification.
- Send the TPQY card to the appropriate Social Security office.
- A printout from the Social Security office, with the requested information should be received at the local office within a week of mailing the card.
- Update PACES, if appropriate.

The 1995 RSDI/SSI COLA LETTER (Attachment A)

- If TPQY is not available, use this letter to inform the recipient of the need to provide verification of RSDI and/or SSI benefit amounts.
 - Use this letter for this project only.
 - An initial supply of this letter will be sent to each local office. Copies are to be made as needed. Any remaining letters are to be destroyed at the end of this project.
 - Update PACES, if appropriate.
-

ADDITIONAL ATP
USE OF CODE 18
TIMELY APPEAL
FILED

The following specialized procedures are to be followed for the 1995 RSDI/SSI Project only when a timely appeal is filed and food stamps are owed to a recipient.

Complete an FSP-14A, the Automated ATP Request Form.

- Write V-18 COLA (under the V-12 Reason)
- Write COLA 1/95 in the top righthand corner of the form.

Complete a PID.

- Enter CODE 18 in block 60.
- Enter the amount of food stamps owed recipient in block 61.

Follow all applicable procedures currently in effect for issuing Automated ATPs (see FSPM #XXII).

IMPORTANT: USE OF CODE 18 TO ISSUE FOOD STAMP BENEFITS OWED BECAUSE A TIMELY APPEAL WAS FILED WILL ONLY BE ALLOWED FOR THE MONTHS OF FEBRUARY AND MARCH 1995.

DEMO UNIT CASES

Demo Unit cases were also updated. Printouts were generated and distributed to the Demo Unit.

REPORTS
CATEGORIES
0,2,4,9

Two reports, "1995 RSDI/SSI COLA Case/Client Updates" and "1995 RSDI/SSI COLA Listing of Case/Client Discrepancies (including MCB cases)" are scheduled to be sent to local offices during the first week in February. A cover letter will be included with these reports providing necessary information.

QUESTIONS

Policy questions should be directed by your designee to the Policy Hotline. System questions should be directed to the Systems Help Desk.



¡¡¡IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO INMEDIATAMENTE

Name _____ Local Office _____

Street Address _____

City _____ State _____ ZIP _____

Date _____

Dear _____ :

Social Security, Railroad Retirement, Veterans' Administration benefits and Supplemental Security Income (SSI) were increased in January 1995. You or a member or your family is listed on the Department's files as receiving one or more of these benefits.

This increase may affect your eligibility and the amount of your cash and/or food stamp benefits since the income from the programs listed above are counted when determining your eligibility.

To determine your continuing eligibility and the amount of your cash and/or food stamp benefits, you must provide written proof of your current Social Security, Supplemental Security Income (SSI), Railroad Retirement and/or VA benefits to your worker.

To do this, you must provide one of the following proofs of income:

- a copy of the award letter;
- a written notice from the Social Security Administration stating the gross amount of these benefits; or
- a copy of your VA or SSI check.

This proof must be sent or brought to me by _____.

If you cannot send or bring the proof by that date, please contact me at _____. Failure to provide the requested proof of income or failure to contact me by the date indicated above is grounds for termination of your cash and/or food stamp benefits.

Worker _____

SSI Recipients Residing in Rest Homes and Community Support Facilities (Level IV)

As an SSI recipient residing in a rest home or community support facility, your monthly income will increase on 1/1/95 due to the effect of the federal cost-of-living adjustment in your SSI benefits. In most instances, this increase amounts to \$12 in your monthly income. By law, whenever your monthly benefit increases, your share of the monthly bill for board and care, the patient paid amount (PPA), must increase by the same amount. See the enclosed card for your old and new PPA. Your personal care allowance of \$60 per month will remain the same. (Medical Assistance Policy Manual Citation: 130 CMR 506.440)

Fair hearings will not be granted if the sole issue is that you question the federal or state law or policy requiring this action. However, if you wish to question the correctness of the computation of your share of your monthly bill, you may obtain a fair hearing before a referee of the Department of Public Welfare by filing a request within 30 days of receipt of this notice. A form for this purpose is available at any local welfare office.

SSI Level IV - 12/94

SSI Recipients Residing in Rest Homes and Community Support Facilities (Level IV)

As an SSI recipient residing in a rest home or community support facility, your monthly income will increase on 1/1/95 due to the effect of the federal cost-of-living adjustment in your SSI benefits. In most instances, this increase amounts to \$12 in your monthly income. By law, whenever your monthly benefit increases, your share of the monthly bill for board and care, the patient paid amount (PPA), must increase by the same amount. See the enclosed card for your old and new PPA. Your personal care allowance of \$60 per month will remain the same. (Medical Assistance Policy Manual Citation: 130 CMR 506.440)

Fair hearings will not be granted if the sole issue is that you question the federal or state law or policy requiring this action. However, if you wish to question the correctness of the computation of your share of your monthly bill, you may obtain a fair hearing before a referee of the Department of Public Welfare by filing a request within 30 days of receipt of this notice. A form for this purpose is available at any local welfare office.

SSI Level IV - 12/94

SSI Recipients Residing in Rest Homes and Community Support Facilities (Level IV)

As an SSI recipient residing in a rest home or community support facility, your monthly income will increase on 1/1/95 due to the effect of the federal cost-of-living adjustment in your SSI benefits. In most instances, this increase amounts to \$12 in your monthly income. By law, whenever your monthly benefit increases, your share of the monthly bill for board and care, the patient paid amount (PPA), must increase by the same amount. See the enclosed card for your old and new PPA. Your personal care allowance of \$60 per month will remain the same. (Medical Assistance Policy Manual Citation: 130 CMR 506.440)

Fair hearings will not be granted if the sole issue is that you question the federal or state law or policy requiring this action. However, if you wish to question the correctness of the computation of your share of your monthly bill, you may obtain a fair hearing before a referee of the Department of Public Welfare by filing a request within 30 days of receipt of this notice. A form for this purpose is available at any local welfare office.

SSI Level IV - 12/94