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

William F. Weld
Governor
Argeo Paul Cellucci
Lieutenant Governor

Field Operations Memo 95-34
November 1, 1995

Gerald Whitburn
Secretary
Joseph Gallant
Commissioner

TO: Local Office Staff

FROM: Joyce Sampson, Assistant Commissioner for Field Operations

RE: TAFDC Non-Control Group and AFDC Control Group Notices

- Initialization of Cases as TAFDC or AFDC Control Group
- AFDC Applications Filed Prior to November 1, 1995 and Approved On or After November 1, 1995

Overview

The Department is implementing the Transitional Aid to Families with Dependent Children (TAFDC) program effective November 1, 1995. This program is based on the welfare reform initiatives which will integrate recipients into the work force and break the cycle of poverty.

Eligibility for TAFDC applicants who apply on or after November 1, 1995 must be determined in accordance with the regulations in S.L. 1075 and S.L. 1080 and the procedures in Field Operations Memo 95-33 and Field Operations Memo 95-31. (See Field Operations Memo 95-33 for determining AFDC and TAFDC status.) Eligibility for AFDC is determined in accordance with AFDC regulations.

However, at the time of TAFDC implementation, there are some transitional applicants who applied for AFDC prior to implementation of the new program and whose eligibility must be based on the AFDC regulations. This memo contains instructions for establishing cases when an AFDC application was taken prior to November 1, 1995, but the case is being established on PACES on or after November 1, 1995.

This memo also explains how current AFDC cases will be initialized onto the system as either TAFDC or AFDC Control Group.

**Systems
Generated
Notices Sent to
Recipients
Active on
PACES As Of
10/31/95**

On October 23, 1995 and October 31, 1995, Systems will select cases for the systems-generated welfare reform group notices being sent to all active AFDC recipients. The October 23rd select will include all cases that were data entered as of the close of business on October 20, 1995. These notices will be mailed so that recipients will receive them on or about November 1, 1995. The October 31st select will include cases data entered between October 23, 1995 and October 31, 1995. These notices will be mailed on or after November 1, 1995.

Attachment A-1 contains a copy of the notice which will be sent to those recipients who have been randomly selected to participate in the TAFDC program. The notice explains:

- the random selection criteria,
- that TAFDC rules will now apply to the case,
- that an appointment for a TAFDC review will be scheduled,
- that they are subject to the Family Cap rule and that their Family Cap date is 9/1/96 (or 10/1/96 for those cases selected on 10/31/95), and
- that family planning and crisis pregnancy information is available.

Attachment A-2 contains a copy of the notice which will be sent to those recipients who have been randomly selected to continue to participate in the AFDC program. It explains the random selection criteria and that AFDC rules continue to apply to the case.

**Systems
Generated
Notices Sent to
Recipients
Approved On
or After 11/1/95
With a Start
Date Prior to
11/1/95**

Systems will do a select every two weeks for cases approved after October 31, 1995 and generate a different notice for all cases with a start date prior to November 1, 1995. This process will continue until all applications for AFDC that were filed prior to November 1, 1995 have received an initial notice. A copy of the notice will be issued when it is finalized.

To the extent possible, cases processed after October 31, 1995 will be reviewed for TAFDC ongoing eligibility with
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**Systems
Generated
Notices Sent to
Recipients
Approved On
or After 11/1/95
With a Start
Date Prior to
11/1/95 (cont.)**

the target group to which they belong (i.e., Unemployed Parent cases with other Unemployed Parent cases, cases with youngest child 12 or older with similar cases.) When this is not possible because the case was established after printouts for a particular target group have been generated, a follow-up printout will be generated. Local offices will be notified when a follow-up printout is being generated.

**Notices to be
Given to
Applicants
Who Apply On
or After
November 1,
1995**

Applicants who apply on or after November 1, 1995 must be given a copy of either the TAFDC Non-Control Group Applicant Notice or the AFDC Control Group Applicant Notice.

Attachment B-1 (TAFDC Non-Control Group Applicant Notice) contains a copy of the notice which must be given to applicants who have been randomly selected to participate in the TAFDC program. The notice explains:

- the random selection criteria,
- that TAFDC rules will apply to the case,
- that they are subject to the Family Cap rule and that their Family Cap date is 10 months from their first application for TAFDC, and
- that family planning and crisis pregnancy information is available.

Attachment B-2 (AFDC Control Group Applicant Notice) contains a copy of the notice which must be given to applicants who have been randomly selected to participate in the AFDC program. It explains the random selection criteria and that AFDC rules apply to the case.

Fill in the applicant's name and date on the appropriate notice (TAFDC Non-Control Group Applicant Notice or AFDC Control Group Applicant Notice). Put a copy in the case record and give the original to the applicant.

**Systems
Initialization of
Cases as
TAFDC or
AFDC Control
Group**

At the close of business on October 31, 1995, the system will code all active AFDC cases for either TAFDC or AFDC Control Group.

- A Program Code "3" will be entered for all cases with an SSN or case identification number ending in 10 or 20 (for two-parent assistance units, the younger parent's SSN or case identification number will be used), designating them as AFDC Control Group cases;
- A Program Code "0" and an "X" (on the RECD screen next to the program code field) will be entered for all cases with an SSN or case identification number ending in 80 or 90 (for two-parent assistance units, the younger parent's SSN or case identification number will be used), designating them as TAFDC Experimental Group cases; and
- A Program Code "0" (and no "X") will be entered for all cases with an SSN or case identification number other than 10, 20, 80, or 90 (for two-parent assistance units, the younger parent's SSN or case identification number will be used), designating them as TAFDC Treatment Group cases.

In addition to coding cases for the AFDC Control Group, TAFDC Experimental Group, and TAFDC Treatment Group, the system will also enter a Family Cap indicator. The Family Cap indicator is displayed on the RECD screen in a blank field under the initial date.

- Active TAFDC cases, initialized by the system who received the initial systems-generated welfare reform notice for cases on the file as of the close of business on 10/20/95 (which includes an explanation of the Family Cap), have a Family Cap indicator of "Y." The "Y" means the Family Cap date is 9/1/96.
- Active TAFDC cases, initialized by the system who received the initial systems-generated welfare reform notice as a case added to the file between 10/23/95 and 10/31/95 (which includes an

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**Systems
Initialization of
Cases as
TAFDC or
AFDC Control
Group (cont.)**

explanation of the Family Cap) have a Family Cap indicator of "Z." The "Z" means the Family Cap date is 10/1/96.

- TAFDC cases who were approved on or after November 1, 1995 and have a start date prior to November 1, 1995 will have a Family Cap indicator of "Z." Once the case receives an initial systems-generated welfare reform notice (which includes an explanation of the Family Cap), the Family Cap date will be 10/1/96.
- TAFDC cases that apply after November 1, 1995 will have an initial date on the RECD screen. The Family Cap date is 10 months from the initial date. They will not have a Family Cap indicator code.

Note: AFDC Control Group cases do not have a Family Cap.

**AFDC
Applications
Approved for
AFDC Control
Group**

Applicants, whose SSN or case identification number ends in 10 or 20 (or in two-parent assistance units where the younger parent's SSN or case identification number ends in 10 or 20), who apply for AFDC (**regardless of whether the application was prior to November 1, 1995 or on or after November 1, 1995**) and who meet the AFDC eligibility criteria, must be established as part of the AFDC Control Group.

Workers must code these cases with a Program Code "3" in Block 44 (Pgm Cd) of the PID. (See Field Operations Memo 95-33.)

**TAFDC
Approval for
Applications
Made Prior to
November 1,
1995 and
Approved On
or After
November 1,
1995**

Applicants, whose SSN or case identification number ends in **other than 10 or 20** (or in two-parent assistance units where the younger parent's SSN or case identification number does not end in 10 or 20), who applied for AFDC prior to November 1, 1995, including applicants who complete a CMA-1A before November 1, 1995, and who meet the AFDC eligibility criteria must be approved based on AFDC regulations. These applicants must be established on PACES as an unreviewed TAFDC case.

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**TAFDC
Approval for
Applications
Made Prior to
November 1,
1995 and
Approved On
or After
November 1,
1995 (cont.)**

Workers must code all unreviewed TAFDC applicant cases with a Program Code "0" in Block 44 (Pgm Cd) of the PID. Applicants whose SSN or case identification number ends in **80 or 90** (or in two-parent assistance units where the younger parent's SSN or case identification number ends in 80 or 90), must also have an "X" code in the Multi Addr block to indicate it is a TAFDC Experimental Group case. (See instructions in Field Operations Memo 95-33.)

Note: Although established as TAFDC cases on PACES, eligibility for these applicants should not be determined using the TAFDC eligibility criteria until they have received a notice about the new requirements. Once established as TAFDC on PACES, these cases must be treated as any other case with a Program Code "0." After they have received a notice, the new TAFDC criteria must be used to determine eligibility at the time of the transition review.

Questions

If you have any policy or procedure questions, please have your Hotline designee call the Policy Hotline at (617) 348-8478.

If you have any systems-related questions, please have your Hotline designee call the Customer Support Services at (617) 348-5290.

**TAFDC NON-CONTROL GROUP
SYSTEMS-GENERATED WELFARE REFORM GROUP NOTICE
SENT TO RECIPIENTS WHO WERE ACTIVE ON PACES AS OF 10/23/95**

Dear Recipient:

There is a new welfare reform law that changes the current AFDC program for most households, including yours. The name for the new program is Transitional AFDC (TAFDC). The Department has randomly selected households to comply with rules for either the current AFDC program or the new TAFDC program. Your household must follow the TAFDC rules because you meet the criteria used to select households for the TAFDC program. The TAFDC households are:

1. Two-parent households in which the younger parent's Social Security Number or case identification number ends in numbers other than 10 or 20; and
2. All households, other than two-parent households, in which the grantee's Social Security Number or case identification number ends in numbers other than 10 or 20.

Your eligibility for cash benefits will no longer be determined by using current AFDC rules. You are now a TAFDC recipient and must follow the TAFDC rules. The Department will send you a letter that tells you the date and time you should come to the Department's local office to see your worker to have your continued eligibility for TAFDC reviewed.

Unless your circumstances change, you will continue to receive assistance until the Department reviews your TAFDC eligibility. If you continue to be eligible for TAFDC, you will receive a notice telling you what your TAFDC benefits will be. If you are not eligible for TAFDC, you will get a notice telling you why you are not eligible and when your benefits will stop. You will be able to appeal the decisions regarding your TAFDC eligibility.

Because you are a TAFDC recipient, you will not receive an increase in your grant for children born more than 10 months after the date of this notice. This is referred to as the "Family Cap" rule. Children born on or after 9/1/96 will be expected to share in the TAFDC grant paid to the other household members and will be eligible for other benefits such as Food Stamps, Medical Assistance, and, in certain circumstances, child care.

A child born as a result of rape or incest is not subject to the "Family Cap" rule. There are other limited exceptions to this rule. You will receive written information about these exceptions when your TAFDC eligibility is reviewed.

You can get family planning services at a clinic of your choice. These services are confidential, voluntary and covered by Medicaid/MassHealth. You do not need a referral from your health care provider or your HMO to get:

- . Medical and GYN exams
- . Birth control education and methods
- . Pregnancy testing and counseling
- . Breast exams, pap smears, and other tests
- . Testing for sexually transmitted diseases and HIV/AIDS.

If you are currently or in the future facing an unexpected or crisis pregnancy, you should contact your worker for a list of available community resources.

The regulation used for the random selection for TAFDC is 106 CMR 201.000. The regulation used for the "Family Cap" rule is 106 CMR 203.300. The regulations used in determining your TAFDC eligibility can be found at 106 CMR 201.000 ET SEQ.

If you disagree with these decisions, you have the right to appeal to the Department's Division of Hearings as described on the back of this notice. If the reason for your appeal is that you do not agree that the state law should have been changed, your request for an appeal will be denied.

To ask about free legal services, please call

If you have any questions about this notice, please call your worker at the phone number listed above.

**AFDC CONTROL GROUP
SYSTEMS-GENERATED WELFARE REFORM GROUP NOTICE
SENT TO RECIPIENTS WHO WERE ACTIVE ON PACES AS OF 10/23/95**

Dear Recipient:

There is a new state welfare reform law that changes the current AFDC program for most households. Your household will not be affected by this new law. The name for the new program is Transitional AFDC (TAFDC). The Department has randomly selected households to comply with rules for either the current AFDC program or the new TAFDC program. Your household must follow the current AFDC rules because you meet the criteria used to select households to continue in the current AFDC program. These AFDC households are:

1. Two-parent households in which the younger parent's Social Security Number or case identification number ends in the numbers 10 or 20; and
2. All households, other than two-parent households, in which the grantee's Social Security Number or case identification ends in the numbers 10 or 20.

Your eligibility for cash benefits will continue to be determined by using current AFDC rules.

The regulations used for the random selection for AFDC are 106 CMR 201.000 and 301.200.

If you disagree with this decision, you have the right to appeal to the Department's Division of Hearings as described on the back of this notice. If the reason for your appeal is that you do not agree that the state law should have been changed, your request for an appeal will be denied.

To ask about free legal services, please call

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Commonwealth of Massachusetts
Department of Transitional Assistance

Date _____

TAFDC Non-Control Group Applicant Notice

Dear _____
 Name of Applicant

There is a welfare reform law that changes the AFDC program for most households, including yours. The name for the new program is Transitional AFDC (TAFDC). The Department is randomly selecting households to comply with rules for either the AFDC program or the TAFDC program. Your household must follow the TAFDC rules because you meet the criteria used to select households for the TAFDC program and your eligibility for cash benefits will be determined using TAFDC rules. The TAFDC households are:

1. Two-parent households in which the younger parent's Social Security Number or case identification number ends in numbers other than 10 or 20; and
2. All households, other than two-parent households, in which the grantee's Social Security Number or case identification number ends in numbers other than 10 or 20.

You will not receive an increase in your grant for children born more than 10 months after the date of your first application for TAFDC. This is referred to as the "Family Cap" rule. Children born more than 10 months after the date of your first application for TAFDC will be expected to share in the TAFDC grant paid to the other household members and will be eligible for other benefits such as Food Stamps, Medical Assistance, and, in certain circumstances, child care. A child born as a result of rape or incest is not subject to the "Family Cap" rule. There are other limited exceptions to this rule.

You can get family planning services at a clinic of your choice. These services are confidential, voluntary and covered by Medicaid/MassHealth. You do not need a referral from your health care provider or your HMO to get:

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If you are currently or in the future facing an unexpected or crisis pregnancy, you should contact your worker for a list of available community resources.

The regulation used for the random selection for TAFDC is 106 CMR 201.000. The regulation used for the "Family Cap" rule is 106 CMR 203.300. The regulations used in determining your TAFDC eligibility can be found at 106 CMR 201.000 *et. seq.*

If you disagree with these decisions, you have the right to appeal to the Department's Division of Hearings as described on the back of this notice. If the reason for your appeal is that you do not agree that the state law should have been changed, your request for an appeal will be denied.

If you would like a list of free legal services, ask your worker.



Notice of Request for a Fair Hearing
Massachusetts Department of Transitional Assistance
 Division of Hearings
 P.O. Box 167, Boston, Massachusetts 02112

Your Right To Appeal

If you disagree with any action taken by the Department of Transitional Assistance, you have the right to appeal and receive a fair hearing before an independent referee. The Department must receive your request for a fair hearing no later than 90 days from the date on this notice if you are appealing a Transitional Aid to Families with Dependent Children (TAFDC); Aid to Families with Dependent Children (AFDC); Emergency Aid to the Elderly, Disabled and Children (EAEDC); Emergency Assistance (EA); Food Stamps (FS); or Refugee Assistance (RRP) case action. An exception to these time limits is: you may appeal the amount of your Food Stamps at any time during your certification period, if you think you are not receiving the correct amount.

How To Appeal

If you wish to request a fair hearing, send this notice with the bottom section completed to the Department of Transitional Assistance, Division of Hearings, P.O. Box 167, Boston, Massachusetts 02112 or FAX to (617) 241-2535. Please keep the second copy for your own information.

If You Are Currently Receiving Assistance, Read This Block

Your benefits will be continued until a decision is made on your appeal if the Division of Hearings receives your appeal request within 10 days from the date on this notice. If you are appealing a Food Stamp issue, and your Food Stamp certification period ends before your appeal is decided, you will continue to receive the same Food Stamp benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, the Department can recover from you the amount of assistance to which you were not entitled. If you do not wish to continue to receive assistance during your appeal, please check Box A below. If you do not receive benefits during your appeal, and you win your appeal, the Department will promptly correct any underpayment.

You should be told at least 10 days prior to the fair hearing of the date, time and place of the fair hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact the Division of Hearings at (617) 241-2500 or 1-800-882-2017 before the hearing date, so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for initial scheduled hearings involving any aspect of the Food Stamp Program where good cause for rescheduling need not be demonstrated.

Your Right To Be Assisted At The Hearing

At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost.

If you are not fluent in English and wish to have the Division of Hearings provide an interpreter, please write that on this appeal request or call the Division of Hearings at (617) 241-2500 or 1-800-882-2017, at least a week before the hearing. You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case files before the fair hearing if you so desire. If you want to review your case files, schedule an appointment with your worker before the fair hearing.

I, _____, hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is _____

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is: Name _____

Address _____ Title _____

City/ZIP _____ Telephone () _____

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.



**Commonwealth of Massachusetts
Department of Transitional Assistance**

Date _____

AFDC Control Group Applicant Notice

Dear _____
Name of Applicant

There is a state welfare reform law that changes the current AFDC program for most households. Your household will not be affected by this new law. The name for the new program is Transitional AFDC (TAFDC). The Department is randomly selecting households to comply with rules for either the AFDC program or the TAFDC program. Your household must follow the AFDC rules because you meet the criteria used to select households in the AFDC program and your eligibility for cash benefits will be determined by using current AFDC rules. These AFDC households are:

1. Two-parent households in which the younger parent's Social Security Number or case identification number ends in the numbers 10 or 20; and
2. All households, other than two-parent households, in which the grantee's Social Security Number or case identification ends in the numbers 10 or 20.

The regulations used for the random selection for AFDC are 106 CMR 201.000 and 301.200.

If you disagree with this decision, you have the right to appeal to the Department's Division of Hearings as described on the back of this notice. If the reason for your appeal is that you do not agree that the state law should have been changed, your request for an appeal will be denied.

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I, _____, hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is _____

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is: Name _____

Address _____ Title _____

City/ZIP _____ Telephone () _____

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.