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

Joseph Gallant
Secretary
Claire McIntire
Commissioner

Field Operations Memo 97-29
May 19, 1997

To: **Local Office Staff**

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

Re: **TAFDC Disability Reviews**

Purpose

In May, Central Office will send local offices a report identifying TAFDC recipients who must have their disability reviewed by the Disability Review Unit (DRU). This report is called the "Disability Supplement Update." (See attached sample.) All offices except Athol, Greenfield, Nantucket, Oak Bluffs and Orleans will receive a report.

The recipients listed are those whose initial disability determination has been delayed at the DRU by the failure of a medical provider to send the DRU the results of the recipient's medical examination. In the interim, the recipients have been presumed to be disabled. Their cases must now be reviewed.

Local offices must send each TAFDC recipient listed a new Disability Supplement to complete **unless** the recipient was included in the automatic mailing as noted on the report. (If the recipient was included in the automatic mailing, do not send the recipient a new Disability Supplement, but follow all other instructions included in this memo.) The DRU will consider any new information the recipient provides on the new supplement, and might also schedule a new examination to obtain the necessary information to complete the disability determination.

In sending a new Disability Supplement, the local office worker must include one of two notices (see Attachments A and B). This memo describes which notice the worker must send depending on the case, and what action the worker must take if the recipient does not return the supplement by the date due.

Local Office Actions: Check Case Record

Local office workers must check the current status of the recipient. If the recipient is not the case head, check FMCS to determine the case head. (Do this by selecting function "R" from the FMCS Application Inquiry Menu.) If the case or the individual is closed, notify the DRU.

Note: If the case has been transferred to another office, the director or designee must contact the new office, which is now responsible for the follow-up activities.

Attachments A and B

If the recipient is open, the worker must determine which notice (see Attachments A and B) to send the recipient with a Disability Supplement.

- Send Attachment A to a recipient in a single-grantee (CAT TYPE A or D) case.
- Send Attachment B to a recipient in a two-parent (CAT TYPE I or U) case.

Complete the notice with a return date **10 calendar days from the day the notice and the Disability Supplement are mailed.**

Note: The cover letter advises the case head that he/she or the other parent must complete a Disability Supplement and return it to the local office within 10 days. ***In a two-parent family, the cover letter is addressed to the case head.*** The case head may or may not be the individual claiming a disability.

Also, note that these notices will not be issued through the regular distribution process. Local offices are responsible for making copies.

Local Office Mailing

Local office workers must send each identified recipient:

- a notice explaining the mailing (either Attachment A or B);
- a TAFDC Disability Supplement; and
- a multilingual notice.

File a copy of the notice in the case record and give a copy to the DRU liaison.

Recipient Follow-up

Within 10 days of the mailing, the recipient claiming a disability must provide a completed Disability Supplement and contact the local office regarding any changes in circumstances.

If the recipient **returns** the completed Disability Supplement within 10 days with all required information, the worker must forward it to the DRU in the usual manner. (Refer to Field Operations Memo 97-7, pages 2 and 3, for information relating to DRU referrals.)

Single Grantee: Failure to Return Supplement

If the recipient does not return the Disability Supplement by the date due or properly complete it, the worker must schedule an appointment with the recipient.

If the recipient subsequently completes the Disability Supplement, forward it to the DRU liaison who will send it to the DRU.

If the recipient states that he or she is no longer disabled and chooses not to complete the Disability Supplement, explain to the recipient that the case will change to nonexempt (unless he or she meets one of the other exempt reasons) and the case is subject to the rules concerning the reduced need and payment standards and time-limited benefits. Change the PACES TD to the appropriate program code and action reason. Inform the DRU to cease its disability review.

Single Grantee: Failure to Respond to Appointment

If the recipient does not respond to the appointment request and does not subsequently complete the Disability Supplement, his or her status must be changed to nonexempt and the case is subject to the rules concerning the reduced need and payment standards and time-limited benefits. Change the PACES TD to the appropriate program code and action reason. Inform the DRU to cease its disability review.

Two Parents: Failure to Respond to Supplement

When a Disability Supplement is not returned by the date required, or is not properly completed, the worker must schedule an appointment with the recipient claiming disability and the case head. If the appropriate recipient subsequently completes the Disability Supplement, forward the information to the DRU liaison who will send the Disability Supplement to the DRU.

Two Parents: Failure to Respond to Supplement (continued)

Cases in which the deprivation factor is not affected:

If the recipient claiming the disability is not a parent who establishes the deprivation factor of incapacity and states that he or she is no longer disabled and chooses not to complete the Disability Supplement, his or her status must be changed to nonexempt, unless he or she meets one of the other exemptions. If the recipient's exemption status changes, review the case status and make any appropriate changes to the program code and action reason. Inform the DRU to cease its disability review.

Cases in which the deprivation factor is affected:

If the recipient claiming the disability is also the person who establishes the deprivation factor of incapacity and states that he or she is no longer disabled and chooses not to complete the Disability Supplement, review the case and determine whether another deprivation factor exists in the case. If so, obtain the appropriate verifications and make the appropriate changes to the case and the PACES TD. If a deprivation factor no longer exists, close the case for action reason 35. Inform the DRU to cease its disability review.

Two Parents: Failure to Respond to Appointment

Cases in which the deprivation factor is not affected:

If the recipient claiming the disability is not the person who establishes the deprivation factor of incapacity and does not appear for the scheduled appointment, the case status must be nonexempt. Make any appropriate changes to the program code and action reason. Inform the DRU to cease its disability review.

Cases in which the deprivation factor is affected:

If the recipient claiming the disability is the person who establishes the deprivation factor of incapacity and does not appear for the scheduled appointment, close the case for failure to provide a completed Disability Supplement (action reason 97), unless the case record indicates that the other parent can establish a deprivation factor for the household. (For example, the other parent is on SSI.) Inform the DRU to cease its disability review.

Be Sure Coding Is Correct

Workers are reminded of the importance of correct coding for all cases. The action reason (Block 33), EP code (Block 40), SAVE code (Block 43), program code (Block 44), and dependent action reason (Block 89) all must be correct.

For the program code, action reason, SAVE code and EP code entries, refer to the *System User's Guide,* Volume 1: PACES.

Questions

If you have any questions, have your Hotline Designee call the Policy Hotline at (617) 348-8478.

SAMPLE

DISABILITY SUPPLEMENT UPDATE					SAMPLE
L NAME	F NAME	SSN	L.O.	LOCAL OFFICE NAME	WAS SENT [illegible] MAILING
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	
[redacted]	[redacted]	[redacted]	102	FRAMINGHAM AREA OFFICE	

Attachment A

Commonwealth of Massachusetts
Department of Transitional Assistance

DTA Address

Date_____/_____/_____

Name _____
(Case Head)

Address_____

_____

Re: Returning an Up-to-Date Disability Supplement

Dear_____ ,
(Case Head)

You have claimed an exemption due to a disability. The Disability Supplement in your case record is now out of date. We need a new Disability Supplement to see if you are eligible for an exemption due to your medical problem. We are sending a new Disability Supplement for you to complete and return to this office by the date specified below.

You must complete the enclosed Disability Supplement and return it to the address above by _____/_____/_____. Be sure to follow the instructions on the first page of the Disability Supplement.

If you are not sure of what you are supposed to do, or if you need help, please call your worker at the number below.

It is important that you complete the Disability Supplement and return it on time. If you do not, your TAFDC benefits may be reduced or stopped. You will receive a separate notice if your benefits are going to be reduced or stopped.

Also, you have the right to appeal any action taken by the Department. The appeal form will be on the reverse side of the reduction or closing notice.

_____ (_____)_____
Worker's Signature Telephone

Attachment A

Commonwealth of Massachusetts
Departamento de Asistencia Transicional de Massachusetts

Dirección de OAT

Fecha_____/_____/_____

Nombre _____
(Jefe del Caso)

Dirección_____

_____

Asunto: Entrega de un Suplemento de Incapacidad Actualizado

Estimado_____,
(Jefe del Caso)

Usted ha reclamado una excepción debido a una incapacidad. El Suplemento de Incapacidad de su caso se encuentra actualmente desactualizado. Necesitamos un nuevo Suplemento de Incapacidad para determinar si usted tiene derecho a una excepción debido a un problema médico. Le estamos enviando un nuevo Suplemento de Incapacidad para que lo llene y lo devuelva a esta oficina en la fecha que se indica debajo.

Usted debe llenar el Suplemento de Incapacidad adjunto y devolverlo a la dirección que aparece arriba antes del _____/_____/_____. Asegúrese de seguir las instrucciones en la primera página del Suplemento de Incapacidad.

Si no está seguro de lo que tiene qué hacer o si necesita ayuda, sírvase llamar a su trabajador al número que aparece abajo.

Es importante que usted complete el Suplemento de Incapacidad y lo devuelva a tiempo. En caso contrario, la cantidad de sus beneficios del programa de Ayuda Transicional a Familias con Dependientes (TAFDC) se puede reducir o suspender. Usted recibirá una notificación por separado si sus beneficios van a ser reducidos o suspendidos.

Asimismo, usted tiene derecho a apelar cualquier medida tomada por el Departamento. El formulario de apelación se encuentra en el reverso de la notificación de disminución o suspensión de beneficios.

_____ (_____)_____
Firma del Trabajador Teléfono

Attachment B

Commonwealth of Massachusetts
Department of Transitional Assistance

DTA Address

Date_____/_____/_____

Name _____
(Case Head)

Address_____

_____

Re: Returning an Up-To-Date Disability Supplement

Dear_____ ,
(Case Head)

You or the other parent in your household have claimed an exemption due to a disability. The Disability Supplement in your case record is now out of date. We need a new Disability Supplement to see if the person who claimed an exemption is exempt due to a medical problem. The person who has claimed to be disabled must complete the enclosed Disability Supplement and return it to this office by _____/_____/_____.

The person completing the Disability Supplement must be sure to follow the instructions on the first page of the form.

If you are not sure of what to do or who should complete the Disability Supplement, or if you need help, please call your worker at the number below.

It is important that the person whose disability needs to be reviewed completes the Disability Supplement and returns it on time. If not, the amount of your Transitional Aid to Families with Dependent Children (TAFDC) benefits may be reduced or stopped. You will receive a separate notice if your benefits are going to be reduced or stopped.

Also, you have the right to appeal any action taken by the Department. The appeal form will be on the reverse side of the reduction or closing notice.

_____ (_____)_____
Worker's Signature Telephone

Attachment B

Commonwealth of Massachusetts
Departamento de Asistencia Transicional

Dirección de OAT

Fecha____/____/____

Nombre _____
(Jefe del Caso)

Dirección_____

_____

Asunto: Entrega de un Suplemento de Incapacidad Actualizado

Estimado_____ ,
(Jefe del Caso)

Usted o el otro padre en su unidad familiar ha reclamado una excepción debido a una incapacidad. El Suplemento de Incapacidad de su caso se encuentra actualmente desactualizado. Necesitamos un nuevo Suplemento de Incapacidad para determinar si la persona que reclama una excepción tiene derecho a la misma debido a un problema médico. La persona que reclama la excepción por incapacidad debe llenar el Suplemento de Incapacidad adjunto y devolverlo a esta oficina antes del _____/_____/_____.

La persona que complete el Suplemento de Incapacidad debe asegurarse de seguir las instrucciones en la primera página del formulario.

Si no está seguro de lo que tiene qué hacer o quién debe completar el Suplemento de Incapacidad, o si necesita ayuda, sírvase llamar a su trabajador al número que aparece abajo.

Es importante que la persona cuya incapacidad necesita ser revisada, complete el Suplemento de Incapacidad y lo devuelva a tiempo. En caso contrario, la cantidad de sus beneficios del programa de Ayuda Transicional a Familias con Dependientes (TAFDC) se puede reducir o suspender. Usted recibirá una notificación por separado si sus beneficios van a ser reducidos o suspendidos.

Asimismo, usted tiene derecho a apelar cualquier medida tomada por el Departamento. El formulario de apelación se encuentra en el reverso de la notificación de disminución o suspensión de beneficios.

_____ (_____)_____
Firma del Trabajador Teléfono