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Field Operations Memo 98-17A
June 11, 1998

To: Transitional Assistance Office Staff
From:  Joyce Sampson, Assistant Commissioner for Field Operations
Re: Revisions to the Transition Plan and Process

Introduction

Field Operations Memo 98-17, Transitional Assistance Casework Activities, issued March 10, 1998 established procedures for contacting recipients to discuss the 24-Month Time Limit and introduced the Transition Plan which documents applicants' and recipients' plans and efforts to become independent. Several issues were raised regarding the use of the Transition Plan and many suggestions were made to improve the stated questions on the Transition Plan. In response to these comments, the following revisions have been made.

The Transition Plan has been revised to include the following (see Attachment A for the revised version):

- ▶ questions have been revised to aid the worker in eliciting pertinent information from the applicant or recipient;
- ▶ language has been added that specifically addresses exempt individuals who are not yet subject to Time-Limited Benefits;
- ▶ questions have been added regarding Child Support; and
- ▶ a section has been added for the Transitional Assistance Workers' general comments.

The list of exemptions was not added to the Transition Plan due to the length of the form. Instead, the **Reasons Why the 24-Month Time Limit May Not Apply** card has been developed and should be attached to the applicant's or recipient's copy of the Transition Plan. This card will be shipped to Transitional Assistance Offices during the week of June 12, 1998.

**Revisions to
Field Operations
Memo 98-17**

The procedures in Field Operations Memo 98-17, describing the use of the Transition Plan, remain the same with the following minor revisions:

- ▶ Ineligible grantees with no legal obligation to support and a grantee in receipt of SSI in a one-parent household no longer need to complete Transition Plans. All other exempt and nonexempt applicants and recipients must complete Transition Plans in accordance with Field Operations Memo 98-17.

Note: A Transition Plan must be completed for exempt applicants and recipients to begin preparing them for the 24-Month Time Limit in the event they lose the exemption in the future. As stated in Field Operations Memo 98-17, the Transition Plan must be completed for exempt cases at each eligibility review.

- ▶ Child Support information will now be reviewed at each scheduled Transition Plan contact and not just at eligibility reviews. It is important to stress to the applicant or recipient that support from the absent parent will be very important when the case closes. Transitional Assistance Workers must ensure information on the absent parent is accurate and up to date.
 - If the absent parent information *has changed*, submit new A34/36 and CA/CS forms to DOR with a current recipient signature and date unless good cause exists.
 - If the absent parent information *has not changed*, review the "old" CA/CS for completeness and accuracy and write on the form "**no new information.**" Sign and date it and file the form in the case record. It is not necessary to submit this form to DOR if the information has not changed.
 - ▶ A recipient is requested but not required to sign the Transition Plan. If a recipient refuses to sign the form, the Transitional Assistance Worker should note the refusal reason on the Transition Plan. If a recipient does not want to sign the plan because he or she disputes the number of time-limited months remaining listed on the plan, encourage the recipient to write down the discrepancy on the Transition Plan and then request his or her signature. Of course, any such discrepancy should be investigated and, if necessary, corrected prior to the next Transition Plan meeting.
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**Grandfathered
Cases**

Transitional Assistance Workers should be discussing the status of a recipient's grandfathered situation at each Transition Plan contact, if applicable. The Transitional Assistance Worker must remind the recipient of the date the grandfathered status will end. Inform the recipient that his or her case will remain eligible for TAFDC as long as necessary *to complete the program for which they were grandfathered*, even if it extends beyond the 24-month clock.

If the recipient's 24-month clock has expired when the program is completed, he or she will have 60 days to find employment. At the end of 60 days, unless otherwise eligible, assistance will end. If the recipient's 24-month clock has not expired when he or she finishes the program, the recipient remains eligible for the balance of the 24 months, subject to all usual program requirements.

Reminder: These cases should be coded with Action Reason 04 on PACES.

**The Purpose of
Transition Plans**

Transition Plans enable the Transitional Assistance Worker to continuously document the attempts made to assist the recipient in finding employment and achieving independence before his or her 24 months expire.

The purpose of the Transition Plan is to record:

- (1) how the applicant or recipient plans to support his or her family when the 24-month period expires;
 - (2) what the applicant or recipient is currently doing to prepare to support his or her family when the 24 months expire;
 - (3) that the worker explained to the applicant or recipient the *time-limited related requirements and available employment and support services*;
 - (4) what referrals for services the worker has offered and/or made as a result of this Transition Plan contact; and
 - (5) what activities the recipient has done since the previous Transition Plan.
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**Part I of the
Transition Plan**

Questions listed on Part I of the Transition Plan are intended to elicit information from the applicant or recipient about his or her plans to become independent. The Department wants a clear record that the applicant or recipient has a plan of what he or she intends to do while receiving assistance and what he or she intends to do when Transitional Assistance ends. Transition Plan contacts will track the recipient's progress toward achieving his or her goals.

Before contact is made with the recipient, previous Transition Plans must be reviewed to ensure that all previous referrals had been followed up. At the Transition Plan contact, if any referral still needs follow-up, ask the recipient questions such as "Did you go to the referral and if so, what happened?" or "Why didn't you go?"

Also, during the contact ask the recipient to elaborate upon any previous responses that were vague or appear unrealistic. The comment section on the back of the Transition Plan can be used to record the recipient's responses.

The worker will assist the applicant or recipient in filling out Part I of the Transition Plan completely. All questions must be addressed. If a particular question does not apply to the applicant or recipient, the reason it is not applicable should be stated on the Transition Plan. This will show that the question was indeed addressed and not skipped over.

The Transition Plan is intended to be used as a guide to capture certain information during the meeting. Certainly, if relevant, more information can be obtained by asking additional questions. Transitional Assistance Workers should take the initiative and are encouraged to ask follow-up questions. The following are some suggestions for obtaining more complete responses from applicants or recipients.

- ▶ If the applicant or recipient states "I'll get a job," the Transitional Assistance Worker needs to ask for further details such as "Where will you get a job?" and "Where have you sent resumes or filled out applications?" These responses must be documented on the Transition Plan.
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**Part I of the
Transition Plan
(continued)**

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- ▶ If the applicant or recipient states “I do not want services at this time,” the Transitional Assistance Worker should try to find out why services are not wanted. The Transitional Assistance Worker should ask “Why don’t you need any services?” Recommendations should still be made to ensure the applicant or recipient is fully informed of all the available services. **Document all recommendations along with the applicant’s or recipient’s responses on the Transition Plan.**

Reminder: In two-parent households each parent must complete a Transition Plan regardless of the parent’s exempt or nonexempt status.

**Part II of the
Transition Plan**

Part II of the Transition Plan is to be completed by the Transitional Assistance Worker.

Transitional Assistance Workers must clearly check off that they have explained the time-limited related requirements and all support services that are available to the applicant or recipient.

Reminder: It is very important to discuss the Earned Income Credit and other benefits to employment during the meeting.

Document any referrals and/or recommendations that have been made as a result of the Transition Plan meeting. If no referrals and/or recommendations were made, the Transitional Assistance Worker must document why no referrals or recommendations were made.

A comment section has been added to explain what else was discussed during the meeting and to include any factors that may limit employment, etc. If the Transitional Assistance Worker has additional comments and uses this section, it should be very specific and descriptive.

The applicant or recipient must receive a copy of Part I and II of the Transition Plan after each contact.

Reminder: The supervisor’s signature does not need to be on the Transition Plan at the time it’s given to the recipient.

Questions

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



Massachusetts Department of Transitional Assistance

Transition Plan
(To be completed for each grantee)

Name _____

TAO _____

SSN _____

Telephone Number _____

Case SSN _____

All adults without an exemption and members of their Transitional Assistance (TAFDC) household are limited to receiving Transitional Assistance for a total of 24 months within a continuous five-year (60-month) period. If you meet one of the exemptions described in the **TAFDC Program Brochure** which you have already received, the 24-month time limit rule may not apply to you. Refer to the **Reasons Why the 24-Month Time Limit May Not Apply** card for a description of the exemptions. If you have any questions about these exemptions, ask your worker.

60-Month Start Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Months Remaining of Transitional Assistance <input style="width: 50px; height: 20px;" type="text"/>
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Part I

A. What efforts have you made since the last Transition Plan contact to seek training or find a job?

Date of last Transition Plan contact _____ (Skip this question if initial Transition Plan)

B. Are you currently working or in a training activity? yes no If yes, check what applies to you.

- | | | |
|------------------------------------|-------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Skills/training and/or education program | <input type="checkbox"/> Supported Work |
| <input type="checkbox"/> full time | <input type="checkbox"/> Community Service | <input type="checkbox"/> Job Search |
| <input type="checkbox"/> part time | <input type="checkbox"/> Full Employment Program (FEP) | |

Hourly wage _____

If no, why not and when was the last time you worked? What type of work did you do?
(full-time, part-time & hourly wage)

If no, what training programs have you attended? _____

What is the highest level of education you completed? _____

C. What can you do at this time to increase your income and/or to find a job?

D. How will you support your family when your 24-month time limit expires?

E. What steps are you taking or will you take to prepare for the support of your family when your 24-month time limit expires?

F. Does Department of Revenue (DOR) have current information on the absent parent and is he/she paying support money? yes no Do you have new or additional information on the absent parent that you can now tell us? (Explain)

G. Are there health issues including drug or alcohol use that are preventing you from finding a job?

H. Have you or any household members had any changes in income, assets, household size, shelter costs or other circumstances that may affect your eligibility?

I have had the 24-month time limit rule explained to me and I am aware that my Transitional Assistance will stop after receiving benefits for 24 months as a nonexempt individual. The Employment Services Program and available support services have also been explained to me. (Check all that apply)

- I am currently exempt and not subject to the 24-month time limit.
- I do want services at this time. I do not want services at this time

What services would you like or why do you not want services?

Recipient/Applicant Signature Date

DTA use only					
Phone Contact	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date _____	Time of Call _____	Copy mailed <input type="checkbox"/> yes <input type="checkbox"/> no Date _____

Part II (To be completed by the Transitional Assistance Worker)

Indicate by if the following items were discussed with applicant/recipient

A.	Explained time-limit rule and number of months remaining, date of last payment and provided exemption card
	Explained work requirement rules
	Explained "banking" some of his or her 24 months of eligibility
	Explained Domestic Violence Waiver from certain program requirements and provided brochure, if appropriate
	Explained child care and transportation support services
	Explained the Full Employment Program (FEP) and Supported Work
	Explained eligibility for one year of transitional child care and transitional MassHealth
	Explained available earned income credits and provided handout
	Explained Employment Assistance Services (EAS)
	Explained education and/or training program(s)
	Updated blocks 98-100 of the PID with education and work history

Was an Employment Development Plan (EDP) completed? yes no

B. What referrals did you make for the applicant/recipient as a result of this contact?

- Child Care EAS Education & Training DOR Other

What are the specific referral details? (for example, name and location)

C. What recommendations did you make for the applicant/recipient?

D. What supports are necessary for the applicant/recipient to find or keep a job?

E. Transition Plan contact follow-up (review previous Transition Plan, if applicable)

Did applicant/recipient follow up on previous referrals? (Explain)

Reasons Why the 24-Month Time Limit May Not Apply

The following list gives examples of reasons why the 24-month time limit may not apply. Call your worker if you think one of these reasons applies to you or if you think you have other extraordinary circumstances.

The 24-month time limit rule does not apply to you if:

1. You are disabled.
 2. You are providing care for a disabled family member who lives with you. This disabled member could be your child, spouse, parent or grandparent or your spouse's parent or grandparent, or your child's other parent, grandparent or great-grandparent.
 3. You are in your last 120 days of pregnancy.
 4. The youngest child in your TAFDC assistance unit is under age two.
 5. The youngest child living in your home is under age two and would be in your TAFDC assistance unit except the child is receiving SSI.
- 24-MOEX
6. Your youngest natural or adopted child living in your home and not in your TAFDC assistance unit is under age two and was born before your Family Cap date.
 7. Your youngest child living in your home and not in your TAFDC assistance unit is under age three months.
 8. You are a teen parent under age 20 and attending school full-time (school may not be beyond high school level); or participating in a full-time GED program and a training program for 20 hours per week; or meeting special rules for teen-structured living requirements.
 9. You are a grantee who is not included in the TAFDC assistance unit and do not have a legal obligation to support the child for whom you are receiving benefits or you do have a legal obligation to support and you cannot work for pay because of your noncitizen status.
 10. You are age 60 or older.

Motivos Por Los Cuales No Se Aplica El Limite De Tiempo De 24 Meses

La siguiente lista le proporciona ejemplos de los motivos por los cuales posiblemente no se aplique el límite de tiempo de 24 meses a su caso. Llame a su trabajador si cree que cualquiera de estos motivos se aplica a su caso o si piensa que tiene otras circunstancias extraordinarias

La regla de límite de tiempo de 24 meses no se aplica a su caso si

1. Usted está incapacitado.
2. Usted debe cuidar a un miembro de la familia incapacitado que vive con usted. Este miembro incapacitado puede ser su niño, esposo/esposa, padre/madre, abuelo/abuela o el padre/madre/abuelo/abuela del esposo/la esposa, o el otro padre/madre/abuelo/abuela/bisabuelo/bisabuela del niño.
3. Usted se encuentra en los últimos cuatro meses de embarazo.
4. El niño más pequeño en su unidad de asistencia del programa de TAFDC es menor de dos años de edad.
5. El niño más pequeño, que vive en su casa y es menor de dos años de edad, que estaría en la unidad de asistencia de TAFDC, con la excepción del niño que recibe beneficios de Seguro de Ingreso Suplementario (SSI). 24-MOEX (S) (12/97)

6. Su niño más pequeño, natural o adoptado, que vive en su casa y que no se encuentra en la unidad de asistencia de TAFDC, es menor de dos años de edad y nació antes de su fecha de la Norma de Tope Familiar.
7. Su niño más pequeño que vive en su casa y que no se encuentra en la unidad de asistencia de TAFDC, es menor de tres meses de edad.
8. Usted es un padre/madre adolescente menor de 20 años de edad y que asiste a la escuela por tiempo completo (el nivel escolar no debe ser superior del grado 9 al 12 de educación secundaria), o participa en un programa de formación de educación general (GED) y un programa de capacitación por 20 horas a la semana; o se encuentra cumpliendo ciertas normas con respecto a los requisitos de vivienda en un establecimiento de formación estructurada.
9. Usted es un beneficiario que no está incluido en la unidad de asistencia del programa de TAFDC y que no tiene la obligación legal de proveer manutención al niño por quien recibe beneficios o sí tiene la obligación legal de proveer manutención al niño pero no puede trabajar debido a su condición de extranjero.
10. Usted es mayor de 60 años de edad.