



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 99-1
January 27, 1999

TO: Transitional Assistance Office Staff

FROM: Joyce Sampson, Assistant Commissioner for Field Operations

RE: 1999 Social Security/SSI COLA Update and 1999 COLA Reports for TAFDC, EAEDC, Food Stamps and SSI

Introduction

Effective January 1999, Social Security benefits and SSI payments increased by 1.3 percent; the patient paid amounts (PPAs) increased by \$6 for SSI rest home cases; and the base level Medicare Part B premium increased from \$43.80 to \$45.50 per month.

This memo:

- transmits procedures for updating the 1999 Social Security/SSI COLA; and
- provides information concerning the reports used to monitor and track the 1999 Social Security/SSI COLA updates.

PACES Actions

PACES updated ongoing cases with 1999 Social Security (Type A) and/or SSI (Type 1) income.

The January Social Security (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.

**PACES Actions
(cont.)**

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 1.3 percent and the associated Medicare premium, if any, was 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 2TA, 4**

For all non-Monthly Reporting cases, this update may have resulted in a grant change or case closing effective the first benefit cycle in February and/or adjusted February food stamp benefits or food stamp case 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
Client 50**

Cases with client number 50 were not automatically updated. Update these cases at the next eligibility review and enter the appropriate income amounts onto PACES.

**PACES Actions
Category 9**

This update may have resulted in adjusted February food stamp benefits. PACES notices were used to notify these cases. Category 9 cases with status code 0 were not adjusted. Category 9 cases containing both food stamp (FS) members (status code 1 or 2) and State Supplemental Food Stamp (SSFSP) members (status code 6 or 7), were not adjusted due to the need to prorate income.

**PACES Actions
SSI Rest
Homes**

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

MCB Cases

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

If a recipient questions the amount of his or her SSI payment, use the Social Security/SSI Verification Request Form which is described on page 4 of 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 food stamp benefits, or files a timely appeal, check the appropriate report and the BENDEX (Social Security) or SDX (SSI) Inquiry Screens. If the Social Security and/or SSI amounts(s) on PACES are different from what is on the BENDEX or SDX Inquiry Screen, or are not available, follow the normal process to request verification and correct the income information on file, if appropriate.

Note: Enter Social Security 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 recipient number on the PACES Worksheet.

**Requesting
Verification**

The TPQY (Third Party Query) process, previously used to verify recipient Social Security/SSI income information, has been eliminated and replaced by a manual process in which PACES is updated from information displayed on the Social Security/SSI Verification Request Form.

*The Social Security / SSI Verification Request Form
(Attachment B)*

- If the amounts do not match or are not available, a Social Security/SSI Verification Form (Attachment B) must be sent or given to the recipient to verify the Social Security and/or SSI benefit amounts.
 - If a form is sent to a recipient, a multilingual card must also be inserted.
 - To receive a printout from the Social Security Administration of the current income amount(s), the recipient may either call a special automated toll-free number, 1-800-772-1213, displayed on Attachment B, or bring the form to the appropriate local Social Security Administration office.
 - After the Social Security/SSI Verification Request Form is returned by the recipient, PACES must be updated with the correct amount(s), if appropriate.
 - An initial supply of this form will be sent to each Transitional Assistance Office. Copies are to be made as needed.
 - Use of these forms is no longer restricted only to the COLA Project. Therefore, any remaining forms must not be destroyed at the end of this project. Refer to Field Operations Memo 98-53 for further information.
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**Use of Code
18 and Code
38 Timely
Appeal Filed**

The following specialized procedures are to be followed for the 1999 Social Security/SSI Project only when a timely appeal is filed and either food stamp benefits or State Supplemental Food Stamp benefits are owed to a recipient. Complete an FSP-14A, the Automated Food Stamp Benefit Request Form.

To issue food stamp benefits only:

- Write V-18 COLA (under the V-16 Reason) and write COLA 1/99 in the top right corner of the form.
- Complete a PID by entering Code 18 in block 60 and the amount of food stamp benefits owed to a recipient in block 61.

To issue State Supplemental Food Stamp benefits only:

- Write V-38 COLA (under the V-16 Reason) and write COLA 1/99 in the top right corner of the form.
- Complete a PID by entering Code 38 in block 60 and the amount of State Supplemental Food Stamp benefits in block 61.

Follow all applicable procedures currently in effect for issuing FS benefits and SSFSP benefits. Refer to Field Operations Memo 98-8 for further information concerning automated proration of income.

Important: Use of Code 18 to issue food stamp benefits or Code 38 to issue State Supplemental Food Stamp benefits because a timely appeal was filed will be allowed only for the months of February and March 1999.

Reports

The 1999 Social Security/SSI COLA for TAFDC, EAEDC and Food Stamps was completed in January. Six reports were generated.

This section of the memo defines the purpose of each report, the actions to be taken and the report fields.

The first three reports are for informational purposes only. The last three reports require worker action. Since the first three reports contain the same data elements, the data elements and definitions will be displayed once.

1999 Social Security/SSI COLA Listing for CAT 2TA, 4, 9 Case/ Recipient Updates (Informational only)

Purpose: List all cases or recipients updated on PACES, including calculated Social Security amounts and updates from the MCB SDX file.

Actions: This report is for reference only.

Data Element: Definition

Case Name	Head of household
Cat	Category of assistance
Case SSN	9-digit social security number of casehead
Dep Num	2-digit recipient number updated from BENDEX and/or SDX
Old Social Security	Old amount of Social Security on PACES
New Social Security	New amount of Social Security on PACES
Old SSI	Old amount of SSI on PACES
New SSI	New amount of SSI on PACES

1999 Social Security/SSI COLA Listing for CAT 2TA, 4, 9 Calculated Case/ Recipient Updates (Informational only)

Purpose: List all cases or recipients updated with a calculated Social Security amount on PACES. Reasons for the calculation include: no BENDEX record or use of the new Social Security amount before the COLA.

Actions: This report is used primarily for reference if a recipient questions the amount of Social Security. Use the BENDEX Inquiry Screen to verify Social Security amounts.

Check the manual list of cases using the new Social Security amounts (see Field Operations Memo 98-56) with the report. Using the new RSDI amount before the COLA may have resulted in a calculation. Complete a PACES Worksheet, if necessary.

The following Transitional Assistance Office will not receive this report: **Nantucket**

1999 MCB/SSI Update for CAT 2TA, 4, 9 (Informational only)

Purpose: List all cases or recipients updated on PACES using the MCB SDX file.

Reminder: Recipients receiving SSI from MCB do not appear on the SDX inquiry screens.

Actions: This report is for reference only.

The following Transitional Assistance Offices will not receive this report: **Boston Family Housing, Nantucket, Orleans and Quincy Centralized TAFDC.**

1999 SSI Not Known for CAT 2TA, 4, 9 (Action required)

Purpose: List all cases or recipients with a Type 1 (SSI) amount on PACES for which there is no current SDX record.

Actions: Review all cases on the report.

**1999 SSI Not
Known for
CAT 2TA, 4, 9
(Action
required)
(cont.)**

Perform a PACES inquiry of the DEPD and GRT1 Screens to see what income type and to whom Social Security/SSI income is attributed.

Perform an FMCS inquiry (WA) for each case listed by looking at the BENDEX (H) and SDX (D and E) Screens to verify the actual type and amount of Social Security/SSI for each recipient.

Compare the income types and to whom the income is attributed with the result of the PACES inquiry.

Complete a PACES Worksheet to attribute the income to the correct recipient and to remove incorrect income types and amounts.

Data Element:	Definition
Case Name	Head of household
Cat	Category of assistance
Case SSN	9-digit social security number of casehead
Dep Num	2-digit recipient number updated from BENDEX and/or SDX
Old SSI	Old amount of SSI on PACES

The following Transitional Assistance Office will not receive this report: **Nantucket**

**Cases With
More Than Six
Amounts of
Social Security/
SSI for CAT
2TA, 4, 9
(Action
required)**

Purpose: List all cases where there are more than six BENDEX or SDX records. These cases must be manually updated by the worker.

Actions: Review all cases on the report.

**Cases With
More Than Six
Amounts of
Social Security/
SSI for CAT
2TA, 4, 9
(Action
required)
(cont.)**

Perform a PACES inquiry of the DEPD and GRT1 Screens to see what income type and to whom Social Security/SSI income is attributed.

Perform an FMCS inquiry (WA) for each case listed by looking at the BENDEX (H) and SDX (D and E) screens to verify the actual type and amount of Social Security/SSI for each recipient.

Compare the income types and to whom the income is attributed with the results of the PACES inquiry.

Complete a PACES Worksheet to attribute the income to the correct recipient and to remove incorrect income types and amounts.

Reminder: Block 1 of the PACES Worksheet has space for only six entries. Therefore, Social Security amounts for dependents in these cases must be combined to make sure that the total Social Security/SSI case income is contained in block 1.

Data Element:	Definition
Case Name	Head of household
Cat	Category of assistance
Case SSN	9-digit social security number of casehead

The following Transitional Assistance Offices will not receive this report: **Boston Family Housing, Brockton, Framingham, Hyannis, Milford, Nantucket, NewMarket Square Homeless Unit, North Adams, Northampton, Oak Bluffs, Pittsfield, Plymouth, Revere, Taunton and Wareham.**

**Category 9
Cases
Containing
Both
FS and
SSFSP
Household
Members
(Action
required)**

Purpose: List all category 9 cases containing household members receiving FS benefits (dependent status 1 or 2) in combination with household members receiving SSFSP benefits (dependent status 6 or 7). These cases must be manually updated by the worker.

Action: Review all cases on the report.

The SSFSP member(s) SSI and/or Social Security income must be prorated to determine how much will be countable to the FS household. Prorate the income of the SSFSP member in accordance with current instructions contained in Field Operations Memo 98-8.

Data Element:	Definition
Case Name	Head of household
CAT	Category of assistance
Case SSN	9-digit social security number of casehead
HH Size	Number of household members in food stamp (FS) household
ST HH	Number of household members in State Supplemental Food Stamp (SSFSP) household

The following Transitional Assistance Offices will not receive this report: **Athol, Falmouth, Greenfield, Hyannis, Nantucket, North Adams, Oak Bluffs, Orleans, Quincy Centralized TAFDC and Wareham.**

Questions

Policy questions should be directed by your Hotline designee to the Policy Hotline at (617) 348-8478. Systems questions should be directed to Customer Service Center at (617) 348-5290.



**Commonwealth of Massachusetts • Department of Transitional Assistance
SSI Recipients Residing in Rest Homes or Community Support Facilities (Level IV)**

As you are an SSI recipient residing in a rest home or community support facility, your monthly income will increase on 1/1/99 due to the effect of the federal cost-of-living adjustment in your SSI benefits. In most instances, this increase will amount to \$6 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 needs allowance of \$60 per month will remain the same.

(Medical Assistance Policy Manual Citation: 130 CMR 519.003)

Fair hearings will not be granted if the sole issue you wish to appeal regards the validity of 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 Transitional Assistance by filing a request within 30 days of receipt of this notice. A form for this purpose is available at any Transitional Assistance office.

SSI Level IV - 12/98



Social Security/SSI Verification Request Form

Date _____

Transitional Assistance Office

Name (Grantee)

Social Security Number

Name (Other Household Member)

Social Security Number

Address City State ZIP

Dear _____:

You or a member of your household is listed on the Department's files as receiving one or more of the following benefit types: Social Security and/or Supplemental Security Income (SSI).

This may affect your eligibility and the amount of your cash and/or food stamp benefits since the income from the programs listed above is 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 the current Social Security and/or Supplemental Security Income (SSI) to your Transitional Assistance Worker.

Call 1-800-772-1213 to request a computer printout of the gross Social Security and/or Supplemental Security Income for the household member named above or go to the local Social Security Administration office to request a printout of the current gross income.

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.

Transitional Assistance Worker