

Transitional Cash Assistance Program  
The Eligibility Process

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702.000: Overview of the Eligibility Process

The eligibility process consists primarily of the determination and review of eligibility. Verification, case maintenance, notification, and consideration of the appeal, if any, are activities which support the determination and review of eligibility.

The various activities that comprise the eligibility process are described in the following sections:

- (A) Applications, 106 CMR 702.110;
- (B) Eligibility Review, 106 CMR 702.200;
- (C) Verification, 106 CMR 702.300;
- (D) Case Maintenance, 106 CMR 702.400;
- (E) Notification, 106 CMR 702.500;
- (F) Appeals, 106 CMR 702.600;
- (G) Development of Other Benefits, 106 CMR 702.700;
- (H) Assignments for Third Party Recoveries, 106 CMR 702.800; and
- (I) Monthly Reporting, 106 CMR 702.900.

702.100: Reserved

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702.105: Case Management Requirements for the TAFDC Program

The Department shall provide a written or verbal summary of the regulations and requirements for the TAFDC program. This summary shall include, but not be limited to, information about:

- (1) the duration of assistance and benefits;
- (2) children ineligible due to the Family Cap provision as specified in 106 CMR 203.300;
- (3) penalties for fraud;
- (4) school attendance requirements;
- (5) immunization requirements; and
- (6) protective payments for rent or utilities.

702.110: The Application Process

The application process consists of all the activities conducted for the purpose of determining the eligibility of a TAFDC or EAEDC applicant. These activities are initiated with the filing of an application and concluded with a final disposition of the application.

702.115: Filing of Applications

(A) Right to Apply

Every person has the right, and must be afforded the opportunity, to apply for assistance without delay. Individuals who inquire about assistance must be provided with oral and written informational material about the benefits, conditions of eligibility, rights and responsibilities associated with the cash assistance programs.

If requested, an application must be taken even though an individual appears to be ineligible.

(B) Definition

An application is a signed and dated request for assistance on a form prescribed by the Department. The application is filed when the applicant signs and dates the prescribed forms. The application is completed by the worker during an intake interview.

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An application is distinguished from an inquiry, which is simply a request for information about the TAFDC program or its eligibility requirements. An inquiry may result in an application, referral to another agency, or no further action.

(C) Application for Dependent Children

The application for a dependent child must be filed by the grantee or the grantee's authorized representative.

(D) Activities to be Completed Within 24 Hours

If the worker cannot complete both parts of the application form within 24 hours of filing, excluding weekends and holidays, he, or a Department representative, shall within 24 hours complete the following activities:

- (1) Log the case in Department records. Logging includes recording the applicant's name, address, telephone number, and the date on which the application for assistance was filed;
- (2) Ask the applicant about, and make provisions to meet, his immediate needs, in accordance with 106 CMR 702.125;
- (3) Orally inform the applicant of the steps that he must take to complete the application and of general verification requirements and have the applicant sign and date the first part of the application form;
- (4) Schedule within seven calendar days any additional interviews that may be necessary to permit the provision of the initial benefits or denial of the application within 30 calendar days.
  - (a) If the applicant fails to appear for the scheduled interview, the interview shall be rescheduled for the earliest possible date.
  - (b) If the applicant fails to appear for two scheduled interviews, the application shall be denied for unreasonable failure to cooperate.

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702.120: The Application Interview

Each determination of eligibility shall include a face-to-face interview with the applicant.

702.125: Application Activities

(A) Completion of Forms

The form for the determination of initial eligibility is the application. The worker is responsible for the completion of the form, which is then signed by both the worker and the applicant. The worker is responsible for assuring that the information recorded on the form accurately represents what the applicant states about his or her circumstances.

(B) Identification of the Applicant

The worker must establish the identity of the applicant. Proof of identity may be a Social Security card, driver's license, voter registration card, military service papers, marriage license, employment papers or any of the items in 106 CMR 203.570 or 320.500 used in the verification of age.

(C) Development of Other Benefits

The worker must review with the applicant any other benefits such as Social Security or SSI to which the applicant or members of the assistance unit may be entitled. See 106 CMR 702.700: Development of Other Benefits.

(D) Explanation of Rights and Responsibilities

The applicant must be informed at the time of application of the rights and responsibilities associated with the program for which he or she is applying. See 106 CMR 701.300: Rights of Applicants and Recipients, and 106 CMR 701.400: Responsibilities of Applicants and Recipients.

(E) Related Benefits and Services

The worker must inform the applicant that eligibility for TAFDC or EAEDC benefits will confer eligibility for MassHealth as specified in the regulations of the Division of Medical Assistance; that he or she may choose to apply for food stamp benefits as part of the application process and that his or her food stamp eligibility will be determined according to food stamp eligibility criteria; and that if he or she is found ineligible for TAFDC or EAEDC he or she may make a separate application for MassHealth, food stamp benefits and/or EAEDC or TAFDC. The worker must make any necessary arrangements for referrals for other benefits or services, such as Emergency Assistance or child care. See Chapter 705: Related Benefits.

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(F) Immediate Needs

At the intake interview, or within 24 hours of the filing of the application if the intake interview cannot be held immediately, the worker must ask the applicant if he or she is in immediate need of food, shelter (including rent, fuel and utilities) or medical care. If so, and if the applicant appears to be eligible based on the information available, the worker shall inform the applicant of the option to receive an advance on the cash benefits in the following manner:

- (1) An applicant has the option to receive:
  - (a) a shelter voucher;
  - (b) a food voucher, if he or she appears to be ineligible for food stamp benefits;
  - (c) expedited food stamp benefits through EBT if he or she appears to be eligible for food stamp benefits;
  - (d) a temporary MassHealth card, if needed.
- (2) If any of the above is requested, and the applicant appears to be eligible the worker shall authorize:
  - (a) the food and/or shelter vouchers immediately;
  - (b) expedited food stamp benefits through an EBT transaction immediately; and/or
  - (c) the Temporary MassHealth card within one working day of the request.

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(G) Verification of Information

The worker shall require verification of the applicable eligibility factors for which verification is currently required. See 106 CMR 702.300: Verification and 106 CMR 702.310: Responsibility for Verification.

The worker shall also inform the applicant of the required verification(s) by a written notice on a form prescribed by the Department. The notice shall include a list of common forms of documentation that may be submitted to satisfy the verification requirement and a statement advising the applicant of the availability of worker assistance. The form should be given to the applicant immediately but in any case must be received by him or her within seven calendar days of the date of application.

702.130: Responsibility for Eligibility Determination

Individuals and families shall make application at the local office serving the community in which they currently reside.

If the applicant subsequently moves to an area covered by another office before a determination of eligibility is made, the original office shall retain responsibility for completing the application process. The new office shall cooperate with the original office and shall assist the applicant when necessary. If the applicant is determined eligible, the case shall be established and transferred by the original office within 10 calendar days of the eligibility determination to the new office.

702.140: Concluding the Application Process

The application process shall be concluded by an approval or denial of assistance unless the applicant voluntarily withdraws his or her application.

The approval or denial must be fully supported by the facts recorded in the case record.

Immediately upon the determination, adequate notice (see 106 CMR 702.500: Notification of Proposed Action) shall be sent to the applicant, or next of kin, if appropriate.

(A) Eligibility

If the applicant is determined to be eligible, he or she shall be notified in writing of the approval. The notice to the applicant shall include the effective date of eligibility; the amount of assistance authorized; the calculations used in the income determination; and an explanation of the right to appeal.

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(B) Ineligibility

If the applicant or any other family member(s) for whom assistance is requested is determined to be ineligible, the applicant shall be notified in writing of the denial.

If the worker is unable to complete the application process solely because of the lack of verification(s) required to make a determination of eligibility, assistance shall also be denied. If the applicant subsequently submits the required verification(s) within 30 calendar days of the date of the denial notice, the worker shall process the application in accordance with 106 CMR 702.170.

The written notice of denial shall include the reason(s) for the denial; the specific regulations supporting the denial; and an explanation of the right to appeal. If eligibility is denied because the assistance unit's income exceeds financial eligibility standards, the notice shall also include the calculations used in the income determination. If the adverse action is the result of the lack of verifications required to make a determination of eligibility, the written notice shall contain a statement informing the applicant of the missing verification and a statement informing the applicant that a second eligibility determination will be made based on the date of application, if all required verifications are submitted within 30 calendar days of the date of the denial notice.

If the applicant appeals a denial in which the sole issue is the lack of verification and if the applicant subsequently provides the required verifications during the appeal process, an adjustment may be made in accordance with 106 CMR 343.350(B)(1) of the Fair Hearing Regulations.

(C) Voluntary Withdrawal or Request to Close Case

The applicant or recipient may voluntarily withdraw his or her application or request his or her continued assistance be terminated at any time. The request must be made in writing and must be confirmed by a notice sent to the applicant or recipient and recorded in the case record.

(D) Death

If the worker is advised of the death of the applicant or recipient, assistance is denied or terminated. Verification of the death consists of contact with the funeral director or an appropriate third person, or a newspaper obituary or other media communication.

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(E) Unable to Locate

If the worker is unable to locate the applicant or recipient after reasonable attempts, assistance must be denied or terminated.

702.150: Date Assistance Begins

Assistance to eligible applicants begins on:

- (A) the date of application provided the submitted verifications demonstrate that the applicable financial and nonfinancial eligibility factors have been met as of that date. The date of application is the date on which the full application form was signed and dated, or the date on which the first part of the application form was signed and dated and the case was logged in Department records, whichever is earlier.
- (B) the date on which the verifications demonstrated that the eligibility requirements in Chapters 203 and 204 have been met by the applicant, provided this date does not precede the date of application, if the verifications submitted during the application process, as well as those submitted within the time frames of 106 CMR 702.140(B), do not establish eligibility on the date of application; or
- (C) the day following the date assistance ended for the member(s) of the filing unit in another state, the date of application in the Commonwealth or the date all eligibility factors are met, whichever is later, if one or more members of the filing unit was receiving public assistance in another state.

702.160: Time Standards for Applications

(A) Completed Verifications

For those applicants who provide all required verifications within 22 calendar days of the date of application, the determination of eligibility shall be completed so that the initial benefits are provided or notice of denial is mailed within 30 calendar days of the date of application.

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(B) Extensions

Applicants who have not submitted verifications by the 22nd calendar day from the date of application shall receive an eight calendar day extension to obtain and submit the required verifications. At the time the eight day extension is granted, the worker shall send the applicant a list of all outstanding eligibility factors to be verified and the alternative verifications allowed for those eligibility factors. The worker shall advise the applicant that assistance is available to obtain such verification. An additional 15 calendar day extension may be granted to applicants who make a written request for such an extension and who have a reasonable explanation for not having submitted all verifications. The applicant's written request for an extension must be received by the office by the 30th day following the date of application. Reasonable explanations for granting an extension include but are not limited to the following:

- (1) the verification is dependent on a third party and the applicant has taken all necessary steps on his or her part to obtain it;
- (2) demonstrated serious illness or incapacity of the applicant or other family member has delayed provision of the required verifications.

The worker shall make a determination of eligibility so that the initial benefits are provided or a notice of denial is mailed within eight calendar days of the receipt of all verifications.

If by the last day of the initial eight day extension period the applicant fails to either submit all verifications or request an additional extension, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.

If an additional extension is requested and granted and by the final day of the 15 day extension period the applicant fails to submit all verifications, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.

If the applicant subsequently submits all required verifications within 30 calendar days of the date of the denial notice and if the sole reason for the denial was the lack of verification(s) required to make a determination of eligibility, the worker shall make a second eligibility determination based on the date of application so that the initial benefits are provided or a notice of denial is mailed within eight calendar days of the receipt of all verifications.

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702.170: Reapplication

An individual whose application for assistance has been denied has the right, and must be afforded the opportunity, to reapply for TAFDC without delay in accordance with 106 CMR 702.110 through 702.160.

If the worker was unable to make a determination of eligibility solely because required verifications were not provided, and if the applicant subsequently submits all required verifications within 30 calendar days of the date of the denial notice, the applicant shall not be required to submit another application. The worker shall make a second determination of eligibility based on the information submitted during the initial application process and during the 30 calendar days subsequent to the denial notice. If the verifications demonstrate that the applicant was eligible for all or any part of this time period, the date assistance begins shall be determined in accordance with 106 CMR 702.150: Date Assistance Begins.

If a reapplication is submitted, it shall be associated with the original application and the applicant shall not be required to resubmit any verifications that are in the case record and that are not subject to change.

702.180: Meeting Application Time Standards

- (A) If an applicant submits all required verifications, and initial benefits are provided or notice of denial is mailed within 30 calendar days of the date of application, the Department shall be considered to have met its application time standards.
- (B) If an applicant was informed orally within 24 hours of the date of application of general verification requirements and in writing within seven calendar days of the date of application of specific verification requirements (see 106 CMR 702.115 and 702.125) the Department shall be considered to have met its application time standards if:
  - (1) The applicant submits all required verifications within 22 calendar days of the date of application and the initial benefits are provided or a notice of denial is mailed within 30 calendar days of the date of application; or
  - (2) The applicant is granted an extension under 106 CMR 702.160 and the initial benefits are provided or a notice of denial is mailed within eight calendar days of the receipt of all verifications.
- (C) If an applicant was informed orally within 24 hours of the date of application of general verification requirements (see 106 CMR 702.115), but due to the applicant's failure to keep a scheduled appointment (see 106 CMR 702.115) was not informed in writing within seven calendar days of the date of application of specific verification requirements (see 106 CMR 702.125), the Department shall be considered to have met its time standards if:

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- (1) The applicant is provided with a written notice of the specific verification requirements at the time of the intake interview; and
  - (2) Initial benefits are provided or notice of denial is mailed within eight calendar days of receipt of all verifications.
- (D) If an applicant submits all required verifications within 30 calendar days of the date of the notice of denial for lack of verification(s) required to make a determination of eligibility (see 106 CMR 702.160(B)), the Department shall pay the applicant determined to be eligible all amounts for which he or she would have been eligible. If the verifications demonstrate that the applicant was eligible for all or any part of this time period, the date assistance begins is established in accordance with 106 CMR 702.150: Date Assistance Begins. The Department shall be considered to have met its application time standards if initial benefits are provided or notice of denial is sent within eight calendar days of the receipt of all verifications.

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702.200: Eligibility Reviews

An eligibility review is a periodic review of a recipient's circumstances in relation to the eligibility requirements of each program. An eligibility review is necessary to establish that a recipient remains eligible to receive assistance. The focus of the eligibility review process is on those factors of eligibility that are potentially subject to change.

702.210: Frequency of Eligibility Reviews

A recipient's eligibility shall be reviewed as determined by the Department.

702.220: The Eligibility Review Interview

An eligibility review may require an interview as determined by the Department.

702.230: Eligibility Review Activities

(A) Form

A Department-prescribed form must be completed for the eligibility review.

(B) Verification

Verification of eligibility factors not previously verified, or reverification of factors subject to change, shall be required. Factors subject to change include, but are not limited to, income, assets, school attendance, health-insurance coverage, disability and household composition.

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(C) Related Benefits; Development of Other Benefits

The worker shall make any necessary referrals or arrangements for related services or benefits, and inquire about any other benefits which may have become available to the recipient.

702.240: Concluding the Eligibility Review Process

Each eligibility review shall be concluded by a finding of continued eligibility and of the proper amount of the grant, or by a finding of ineligibility. If the worker is unable to complete the eligibility review because the recipient has died or cannot be located, assistance shall be terminated upon notification of death or after reasonable attempts to locate the recipient. (See 106 CMR 702.140: Concluding the Application Process.)

Assistance shall be terminated upon proper notification when the worker is unable to complete the eligibility review due to (1) a lack of verification(s) required to determine eligibility, or (2) lack of response to the eligibility review notice. Where termination has occurred solely as the result of lack of verification(s), and the recipient subsequently submits the required verification(s) within 30 calendar days of the termination date, the worker shall determine eligibility based upon information submitted within the 30-calendar-day period following the termination date.

If the recipient is determined to be eligible, assistance shall be authorized retroactive to the date of termination if the verifications demonstrate continuous eligibility, or retroactive to the date on which all eligibility factors were met, whichever is later.

The recipient shall be notified of any proposed action that results from the eligibility review in accordance with 106 CMR 702.500: Notification of Proposed Action.

If the recipient requests an appeal of a reduction/termination of benefits in which the sole issue is the lack of verifications and if the recipient subsequently provides the required verifications during the appeal process, the Department shall take action in accordance with 106 CMR 343.350(B) of the Fair Hearing Regulations.

The eligibility review must be fully supported by the facts recorded in the case record.

702.300: Verification

Verification is the validation of oral or written statements by means of documentation, third party contacts, and self-declarations by the applicant or recipient in accordance with 106 CMR 702.340. Verification must be provided during the eligibility review process or at the time of changes affecting eligibility (see 106 CMR 702.330: Frequency of Verification). All documentation, as well as information obtained through third party contacts, shall be made part of the case record.

The following eligibility factors must always be verified in accordance with the frequency required by 106 CMR 702.330. Verifications that exist in another case record shall be used to verify those factors that are not subject to reverification.

- (A) age;
- (B) relationship;
- (C) ESP status;
- (D) noncitizen status for noncitizens included in the assistance unit;
- (E) application for a social security number for individuals included in the assistance unit;
- (F) income; and
- (G) assets.

The Department shall require verification of factors, including additional verification of documentation already submitted, when the information available to the Department is contradictory, inconsistent or incomplete, or the Department determines that verification is necessary to ensure efficient administration of the TAFDC program.

When verification is required, only the documentation specified in the relevant sections of this manual is acceptable unless unavailable in accordance with 106 CMR 702.311. Alternative methods of verification for unavailable documents shall be accepted in accordance with 106 CMR 702.340. If none of the verifications listed in these regulations adequately resolves an eligibility issue, the worker may require verification from other sources.

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702.310: Responsibility for Verification

To establish eligibility for assistance, the applicant or recipient must meet financial and nonfinancial eligibility requirements. The applicant or recipient must submit the verifications required by TAFDC policy to demonstrate that he or she meets these eligibility factors.

(A) The applicant or recipient is responsible for the following:

- (1) obtaining the required verification(s);
- (2) contacting the worker if there is a delay or difficulty in obtaining the verification(s);
- (3) cooperating with the worker to obtain the verification(s) when worker assistance is requested; and
- (4) signing collateral consent forms, if necessary.

(B) The worker is responsible for the following:

- (1) identifying the eligibility factors that must be verified;
- (2) identifying and providing written notice of the specific documents and the alternative documents, if applicable, that must be submitted to verify the eligibility factors;
- (3) advising the applicant/recipient of the consequence of failure to provide verification(s);
- (4) explaining the reason verifications are needed when requested and offering suggestions of where and how to obtain the verification(s); and
- (5) assisting in obtaining required verification(s) when the worker is aware that the applicant or recipient is unable to obtain the verification(s) for reasons beyond his or her control.

If the required documentation is not submitted and the worker is unable to obtain such verification or to determine if the eligibility factors have been met, assistance for the affected household member(s) must be denied, terminated or reduced.

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702.311: Responsibility for Verifying Continued Eligibility

The recipient is responsible for providing verification of those eligibility factors that have not previously been verified as well as those that are subject to change in accordance with 106 CMR 702.330. The recipient is responsible for cooperating with the worker in obtaining verification(s) of continued eligibility, or for providing an acceptable reason for the unavailability of the verification(s) within 10 calendar days of the worker's request.

The following are acceptable reasons for unavailability:

- (A) the verification is dependent on a third party and the recipient has taken all necessary steps on his or her part to obtain it;
- (B) illness or incapacity of the recipient or other family member has delayed provision of the required verification(s);
- (C) the recipient was not adequately informed of his or her responsibility to provide the required verification(s);
- (D) the recipient was not informed of the specific documents, including alternative verification(s), required to verify the eligibility factor; or
- (E) other circumstances beyond the control of the recipient prevented him or her from obtaining the verification(s).

If one of the above situations applies, the recipient shall be informed of alternative verification methods, including self-declaration, in accordance with 106 CMR 702.340, and allowed an additional 10 calendar days to meet his or her verification responsibility. The worker shall also offer assistance in obtaining any requested documents and/or shall use collateral contact as a means of verification in accordance with 106 CMR 702.340.

If the benefits of any member of the assistance unit are terminated or reduced due to the lack of verification(s) needed to make a determination of eligibility, the recipient must be sent a written notice of adverse action. (See 106 CMR 702.500: Notification of Proposed Action.) The written notice must contain a statement informing the recipient that a second eligibility determination will be made if the absent verifications and any verifications required by changes in circumstances that have occurred in the interim are submitted in the 30 calendar days following the termination/reduction date. If the recipient is subsequently determined eligible, assistance is authorized retroactive to the date of termination/reduction provided the verification(s) demonstrate continuous eligibility or retroactive to the date all eligibility factors are met, whichever is later.

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702.315: Responsibility for and Assistance in Verifying Disability for the EAEDC Program

(A) An EAEDC applicant or recipient is responsible for establishing that he or she is disabled. The Department shall assist the applicant or recipient in obtaining the necessary information and may require the applicant or recipient to attend an exam required by the agency or organization under contract/agreement with the Department to provide disability evaluation services.

(1) The applicant or recipient must provide the Department with:

- (a) clinical and/or laboratory findings establishing that he or she has an impairment or combination of impairments that substantially reduces or eliminates his or her ability to support himself or herself; and
- (b) information regarding the various vocational factors as specified in 106 CMR 320.220(C) and, if applicable, 106 CMR 320.220(D).

(2) If an applicant or recipient, without good cause, does not appear for a scheduled medical examination, fails to provide required medical releases, or otherwise fails to cooperate in the disability determination process, the Department or the agency or organization under contract/agreement with the Department to provide disability evaluation services, when required, shall make a determination of disability based on such information as it has received from the applicant or recipient and other available sources.

Religious or personal reasons opposing medical examinations or tests do not constitute good cause.

(B) The Department and, if applicable, its agents, shall take reasonable steps to assist applicants and recipients in obtaining the information that is necessary to make a disability determination.

(1) The worker and/or an agent of the Department is responsible for:

- (a) referring an applicant or recipient to a competent medical authority as defined in 106 CMR 701.600 if the applicant or recipient does not have a competent medical authority as defined in 106 CMR 701.600 and, if requested, arranging an appointment with the competent medical authority.

Such referral, including referrals to specialists, shall be made when, after inquiry by the worker, the applicant or recipient indicates that such assistance is needed; and

- (b) assisting the applicant or recipient in completing the Disability Supplement when, after inquiry by the worker, such assistance is requested by the applicant or recipient.

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(2) If the clinical and/or vocational information submitted by the applicant or recipient is incomplete or ambiguous so that a disability determination cannot be made, the agency or organization under contract/agreement with the Department to provide disability evaluation services is responsible for:

(a) gathering the information needed to make a disability determination by contacting any competent medical authority, physician, psychologist, or nurse practitioner and/or hospital identified by the applicant or recipient, to obtain information on any impairment that may potentially affect the applicant's or recipient's ability to work provided such impairment(s) has been identified by the applicant or recipient, a competent medical authority as defined in 106 CMR 701.600 or is otherwise evident in the record.

The competent medical authority who completed the medical report(s) shall be contacted for additional information and/or clarification and/or, if appropriate, further tests as may be necessary, prior to contacting any other competent medical authority; and

(b) arranging for a competent medical authority as defined in 106 CMR 701.600 to examine the applicant or recipient to obtain additional information or tests, as necessary, to clarify the incomplete or ambiguous clinical and/or vocational information that has been submitted to the Department by and/or obtained by the agency or organization under contract/agreement with the Department to provide disability evaluation services from a competent medical authority as defined in 106 CMR 701.600.

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702.320: Information from Government Sources, Contractors and Banks

The applicant or recipient must be informed that the Department will regularly request information from other sources for purposes of verifying eligibility and the effective administration of the Department's programs. These include, but are not limited to, any federal, state, local or county agency, providers under contract with the Department, welfare departments in other states and banks and other financial institutions. In addition, the Department may conduct other matches authorized by law.

The Department need not obtain the prior approval of the applicant or recipient to acquire and use information from the sources and for the reasons indicated in this section. In certain circumstances the Department may provide information to government sources, contractors or banks.

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702.330: Frequency of Verification

Some information, because it is not subject to change, need only be verified once unless at a later date questions are raised about the current validity of the verification or unless the Department has reason to believe that a change has or may have occurred for which reverification is required. Such information includes, but is not limited to, the following: age, noncitizen status, application for potential benefits, application for an SSN, cooperation with CSEU unless good cause has been determined, death, identity, paternity, pregnancy, relationship, and windfall/lump sum payments.

Information that is subject to frequent change must be reverified at eligibility reviews, at times of reported changes, or whenever the Department receives information that a change has or may have occurred that affects continued eligibility. Such factors include, but are not limited to, bank deposits, cash on hand, health insurance coverage, incapacity, income, IRAs, Keoghs and pension plans, school attendance, securities, unemployment, and work-related expenses, i.e., dependent care.

Other factors are subject only to occasional change and therefore need only be reverified at the time of a reported change or whenever the Department has reason to believe that a change has or may have occurred for which verification is required. Such information includes, but is not limited to, the value of real estate and vehicles, living arrangement, temporary absence, residence, joint ownership of assets, and inaccessibility of assets.

The Department in all cases may require reverification when information available to the Department is contradictory, inconsistent or incomplete, or the Department determines that reverification is necessary to ensure efficient administration of the TAFDC or EAEDC program.

106 CMR 203, 204 and 207 for TAFDC and 106 CMR 320 and 321 for EAEDC contain information regarding specific eligibility factors (including those not mentioned in this section); the acceptable verification of those eligibility factors; and the frequency with which they must be verified.

The provisions of this section shall not apply whenever verification of an eligibility factor is required because the originally submitted documentation is missing or has been destroyed.

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702.340: Methods of Verification

The acceptable sources of verification are detailed in the sections of these regulations where the eligibility requirement is stated. The method of verification differs depending upon the nature of the information.

If one method of verification is preferred to another, the preferred method is stated.

Methods of verification include original documents, collateral contacts, self-declarations, and worker observation.

(A) Original Documents

When the verification is an original document, a photocopy of the document must be made, if possible.

If circumstances prevent the photocopying of a document and a copy is not available, the worker shall record in the case record the date and source of the document, a summary of its contents and the date the summary was made. The applicant or recipient shall be permitted to keep the original document.

(B) Collateral Contact

Collateral contact is verbal or written confirmation of a household's circumstances by a third party, and it may be used to verify certain types of information. The worker shall obtain written consent from the applicant or recipient for each contact, except as specified in 106 CMR 702.320: Information from Government Sources, Contractors and Banks. If the applicant or recipient refuses to allow the Department to verify information by contacting a third party, assistance shall be denied, terminated, or reduced unless the applicant or recipient provides alternative verification.

The worker shall record the date on which the statement was made, the relevant information, the identification and position of the person making the statement, and a means of contacting that person in the future should it become necessary to support the applicant's or recipient's right of rebuttal at a hearing, if requested.

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(C) Self-Declarations

A self-declaration is a written statement of fact that may be given by the applicant or recipient or by a third party who has firsthand knowledge of the circumstances of the applicant or recipient.

When the applicant or recipient and the worker have taken all necessary steps to obtain through collateral contact the documentary evidence required by 106 CMR 203 and 204 or 106 CMR 320 and 321 and the original document is not available, a self-declaration may be accepted as verification of the following eligibility factors: cash on hand, ownership of bank deposits, inaccessibility of joint bank accounts and securities, age, relationship, noncitizen status, Canadian-born Indian status, good cause for failure to cooperate with the Child Support Enforcement Unit, good cause for refusing a bona fide offer of employment or training for employment, paternity, temporary absence and health insurance coverage.

The self-declaration shall be filed in the case record.

702.400: Case Maintenance

Case maintenance consists of action necessary to issue payments, adjust the grant amount, change an address, update the Department's computerized files, implement regulatory or procedural changes and document any action taken and the reasons for such action in the case record.

The time standards for certain TAFDC case maintenance actions are set forth in 106 CMR 701.530: TAFDC Table of Time Standards.

702.410: Documentation in the Case Record

The case record is the permanent collection of the information necessary for determining eligibility and providing benefits and referrals for services.

All decisions regarding eligibility and case actions must be based on information documented in the case record.

Information in the case record is protected by provisions of confidentiality. See 106 CMR 701.320: Right to Confidentiality. The applicant or recipient has access to information in the case record in accordance with the right to information. See 106 CMR 701.330: Right to Information.

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702.500: Notification of Proposed Action

The applicant or recipient must be provided with written notice of any action proposed by the Department that would affect his or her claim to cash benefits, Food Stamps, MassHealth, or other benefits.

Such notice must include a statement of the proposed action, including the amount of financial assistance; the reasons for the proposed action; citation to the regulations supporting the action; and an explanation of the recipient's right to request a fair hearing. Time standards for notification are set forth in 106 CMR 343.140: Time Limits and 343.210: Timely Notice Exceptions.

702.600: Appeals

Information regarding the appeal process, the applicant's or recipient's right to request a fair hearing, and the time standards governing appeal procedures are found in 106 CMR 343.000 et seq., Fair Hearing Rules.

702.610: Continued Assistance Pending Appeal Decision

Assistance may not be reduced or terminated unless waived by the recipient until a decision is rendered after a hearing, provided the recipient requested the hearing within the time limits set forth in 106 CMR 343.000 et seq., Fair Hearing Rules, and none of the situations set forth in 106 CMR 343.250: Continuation of Benefits Pending Appeals pertains.

Assistance paid pending the appeal is subject to recoupment if the Department's action is upheld.

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702.700: Development of Other Benefits

(A) Requirements

An applicant or recipient of TAFDC or EAEDC who may be eligible to receive other benefits, such as Unemployment Compensation, Social Security, Railroad Retirement or Workers' Compensation, on his or her behalf or through an absent parent, must apply for these benefits as a condition of eligibility.

If such benefits are available at the time of application, the applicant must apply for them at that time. A person who is eligible for Unemployment Compensation is not eligible for EAEDC, including while the applicant is being processed and during any waiting period for Unemployment Compensation benefits. Otherwise, assistance may be provided until actual benefits are received, at which time eligibility will be reviewed.

If these or other benefits become available during receipt of assistance, the recipient must apply for such benefits to remain eligible. Eligibility will be reviewed when the benefit is actually received.

(B) Exceptions

- (1) A TAFDC applicant or recipient is not required to apply for other benefits which may be available through an absent parent if good cause for refusing to cooperate in determining paternity or obtaining child support payments has been found in accordance with 106 CMR 203.700 through 203.790; and
- (2) A victim of a violent crime is not required to seek compensation for the violent crime, whether through the Compensation to Victims of Violent Crimes Act or other source.

702.710: SSI Benefits

- (A) Individuals who are eligible for both SSI and TAFDC benefits may elect to participate in either program, but may not participate in both. The worker must advise such individuals of their option to apply for either program.

In determining how much of a TAFDC grant is countable as income to a TAFDC recipient who is applying for SSI, the following rules apply:

- (1) If no income is being deducted from the TAFDC grant, the countable income to the SSI applicant is the incremental standard of payment (see 106 CMR 204.420 or 204.425).

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- (2) If income is being deducted from the TAFDC grant, and some or all of that income is the personal income of the SSI applicant, the countable income to the SSI applicant is the incremental need standard minus the SSI applicant's personal income (see 106 CMR 204.410 or 204.415).
  - (3) If income is being deducted from the TAFDC grant, and none of that income is the personal income of the SSI applicant, the countable income to the SSI applicant is the TAFDC grant divided by the number of people in the assistance unit.
- (B) An EAEDC applicant or recipient who appears to meet the age or disability standards for Supplemental Security Income (SSI) must apply for and cooperate in the SSI application process as a condition of receipt of EAEDC. A person appears to meet the SSI standards for disability if he or she is unable to or has a reduced capacity to work because of a physical or mental impairment that has lasted or is expected to last one year or more. A person who is determined to be eligible for SSI, including the SSI person subject to recoupment as specified in 106 CMR 320.200(A), is ineligible for EAEDC. The application must be completed within the applicable EAEDC application or eligibility review time standards.

An applicant or recipient who must apply for SSI as a condition of EAEDC eligibility must complete a form prescribed by the Department that authorizes reimbursement to the Department of EAEDC assistance received pending SSI approval. The form authorizes: (1) the Social Security Administration to send the recipient's retroactive check to the Department; (2) the Department to deduct from that check the amount of EAEDC paid during the period covered by the SSI check, and return the balance, if any, to the recipient. The Department's right to reimbursement for EAEDC benefits paid pending approval of a recipient's SSI benefits is not affected by a subsequent award of retroactive Social Security benefits, including, but not limited to, SSDI benefits.

Verification of an SSI application must be provided by the applicant or recipient or by computer match with the Social Security Administration (SSA) in accordance with 106 CMR 702.320. When an EAEDC applicant or recipient who is required to apply for SSI fails to apply for and cooperate in the SSI application process, he or she is ineligible for EAEDC and his or her assistance shall be denied or terminated.

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702.720: Veterans' Services Benefits

- (A) TAFDC applicants and recipients may be eligible for non-federal Veterans' Services benefits under Massachusetts General Laws, Chapter 115. They may elect to participate in either the TAFDC or the Veterans' Services program, but may not participate in both. The TAFDC worker must advise such individuals of their option to apply for either program.
  
- (B) An EAEDC applicant or recipient may be eligible for non-federal Veterans' Services Benefits (VSB) under Massachusetts General Laws, Chapter 115. Such an EAEDC applicant or recipient is not eligible for EAEDC. The worker must advise the applicant or recipient who may be eligible for Veterans' Services Benefits that he or she must apply for such benefits as a condition of eligibility for EAEDC before a determination of eligibility for EAEDC can be made. A written notification of eligibility or ineligibility from the Veterans' Services office must be provided by the applicant before a determination of eligibility for EAEDC can be made. Any time that an EAEDC recipient appears to be eligible for VSB, he or she must apply for such benefits and provide written notification of ineligibility from the Veterans' Services office as a condition of continuing EAEDC eligibility.

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702.800: Assignments for Third Party Recoveries

Benefits may be provided under the TAFDC, EAEDC, MassHealth or Emergency Assistance programs as a result of an accident, injury, or illness. When payment is expected to be provided by liability insurance, Workers' Compensation, or other source, the Department and the Division of Medical Assistance require an assignment which conveys and transfers to the Department the right to recover an amount equal to the benefits provided as a result of said accident, injury, or illness. This assignment is required as a condition of initial and continuing eligibility at application, eligibility review, or at any time that the information becomes known to the Department.

The applicant or recipient is required to notify the Department, in writing, when a claim for compensation or recovery has begun, and of any settlement negotiations before they become final. A claim includes, but is not limited to:

- (A) a court action or other proceeding;
- (B) notification to the applicant's or recipient's own insurance company; and/or
- (C) notification to any third party that may be liable.

It is the responsibility of the applicant or recipient to provide the details of a claim for any member of the filing unit. The information required includes, but is not limited to, the following:

- (A) name and address of the applicant or recipient;
- (B) date and place of the accident, injury, or illness;
- (C) type of case (i.e., industrial accident, automobile, etc.);
- (D) explanation of the circumstances surrounding the accident, injury, or illness and the status of the case;
- (E) name and address of the applicant's or recipient's attorney;
- (F) name and address of all insurance companies involved including Personal Injury Protection (PIP) carriers, and the name of the insured individual;
- (G) a copy of the applicant's or recipient's automobile insurance Coverage Selection Page (if involved in an automobile accident);
- (H) a copy of any other type of insurance that the applicant or recipient owns that may be applicable.

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- (I) a copy of any complaints and/or other legal documents filed by the applicant or recipient or on his or her behalf or on behalf of any member(s) of the filing unit; and
- (J) a copy of the police report (if applicable).

Upon any partial or final settlement of the case, the applicant or recipient who signed the original assignment or his or her attorney or authorized representative (if the recipient has one) is required to provide the Department with information on the amount of the settlement and the details surrounding it.

Failure to comply with any of these provisions is grounds for denial, closing, and/or referral to the Bureau of Special Investigations.

Workers may not compute the amount of a lien, but must make a referral to the Department's collection agent, which is the only authorized agent for computing the amount of a lien.

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702.900: TAFDC Monthly Reporting and Retrospective Budgeting Overview (MRRB)

The Monthly Reporting system requires certain TAFDC filing units (702.930) to report every month on the income and financial status of the filing unit during a prior month.

Retrospective budgeting applies only to filing units subject to Monthly Reporting. The grant is determined through the use of income and circumstances in an earlier month.

An assistance unit's benefits are determined prospectively for the first two cyclical months, and retrospectively thereafter with the exceptions noted in 106 CMR 702.930(A).

702.910: Definitions

(A) Budget Month

The Budget Month is the first of the three cyclical months in retrospective budgeting, made up of those Sunday-to-Saturday weeks whose Saturdays fall in the cyclical month prior to the household's Report Month. Filing units that are subject to Monthly Reporting must report income received in the Budget Month by completing a Monthly Report and, based upon the income received in this Budget Month, a grant is paid or assistance is terminated for the corresponding Payment Month.

(B) Cyclical Month

The period of payment that is based on the last digit of a grantee's social security number.

(C) Department's Effective Termination Date (DETD)

The actual date on which the case action to terminate (or divert) is made effective.

(D) Earned Income Case

A filing unit that currently has countable earned income.

(E) Initial Retrospective Report Month (IRRM)

The cyclical month in which the filing unit receives its first Monthly Report.

(F) Payment Month

The Payment Month is the third of the three cyclical months in retrospective budgeting. The Payment Month is the cyclical month in which benefits are received or are terminated/suspended based upon the income received in the corresponding Budget Month. The Payment Month immediately follows the Report Month.

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(G) Prospective Budgeting

A budgeting method whereby eligibility and grant amount are based on the filing unit's projected income and assets in the month of application and the cyclical month immediately following the month in which eligibility is determined. Prospective budgeting is also used for filing units exempt from Monthly Reporting. See 106 CMR 702.930.

(H) Report Month

The Report Month is the second of the three cyclical months in retrospective budgeting. The Report Month is the cyclical month in which the filing unit receives a Monthly Report and during which the report must be completed and submitted. The Report Month immediately follows the Budget Month.

(I) Retrospective Budgeting

A budgeting method whereby the grant amount is based on the filing unit's actual income and family circumstances in an earlier month. Retrospective budgeting is only used for filing units that are subject to Monthly Reporting.

(J) Suspended Assistance

The Department may suspend, rather than terminate, assistance for one month for assistance units that are subject to Monthly Reporting and who become ineligible for only one month due to a regular and periodic extra paycheck from a recurring income source.

702.920: Initial Determination of Eligibility and Grant Amount

- (A) The Department shall establish initial eligibility prospectively based on its best estimate of income and circumstances that will exist in the first cyclical month and the cyclical month immediately following.
- (B) After the first two cyclical months in which benefits have been paid, the grant amount shall be determined retrospectively based on the actual income and family circumstances received in the corresponding Budget Month for filing units that are subject to Monthly Reporting. Filing units that are not subject to Monthly Reporting continue to have the grant amount determined prospectively. See 106 CMR 702.930(A).
- (C) In the case of an addition to an existing filing unit that is subject to Monthly Reporting, that additional individual's needs shall be determined prospectively and then added to the existing grant, until such time as that individual's eligibility information is included on the Monthly Report. The individual's need shall be determined from the date of application (or in the case of a newborn baby, from the date of birth) if assistance is requested prior to the Department's Effective Termination Date (DETD) for the Monthly Report corresponding to the cycle in which he or she was born. See 106 CMR 702.950(C)(1).

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702.930: TAFDC Monthly Reporting and Retrospective Budgeting

(A) Requirements

Monthly Reporting and retrospective budgeting requirements shall apply to:

- (1) TAFDC filing units whose members have earned income unless a member(s) is participating in the Full Employment Program;
- (2) TAFDC filing units that have income deemed from individuals with earned income who live with the filing unit; and
- (3) TAFDC recipients who are temporary workers employed by temporary employment agencies, whether or not they are currently receiving income.

All categorical, financial, and related criteria not specifically addressed by 106 CMR 702.900 et seq. shall remain in effect.

Except as provided in (B) below, all filing units subject to Monthly Reporting and retrospective budgeting shall submit a completed Monthly Report. Filing units on Monthly Reporting that report zero earnings must return a completed Monthly Report for the following Payment Month.

(B) Exemptions

Filing units are exempt from Monthly Reporting and retrospective budgeting if their only income (including income deemed from an individual living with the unit) is one or more of the following:

- (1) from public assistance;
- (2) unearned;
- (3) earnings from the Full Employment Program;
- (4) earnings deemed from the parent(s) of a teen parent;
- (5) from self-employment; and/or
- (6) from a dependent child who is: (i) a full-time student; (ii) a part-time student, not employed full-time; or (iii) regardless of student status, employed in a Workforce Investment Act (WIA) program;

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(C) Eligibility Reviews

Eligibility reviews shall occur in accordance with 106 CMR 702.200, 702.210, 702.220, 702.230, and 702.240.

(D) Information Required on the Monthly Report

(1) Information required includes, but is not limited to:

- (a) the Budget Month information of the filing unit regarding income, family composition, and other circumstances relevant to eligibility and the amount of the assistance;
- (b) any changes in assets, or other relevant circumstances affecting continued eligibility, that the filing unit expects to occur in the current month or future months;
- (c) stepparent's income when appropriate; and
- (d) the income of the parent(s) of a minor parent(s) in accordance with 106 CMR 204.236, when appropriate.

(2) Verifications that are required by the Monthly Report must be included and filed with the Monthly Report. Verifications may include, but are not limited to:

- (a) Paystubs from wages or salary received in all income cases;
- (b) Copies of other benefit checks or awards; and
- (c) Proof of changes in circumstances.

702.940: Determination of Continued Eligibility and Grant Amount

(A) Eligibility is determined prospectively. In order to determine eligibility, the Monthly Report must be returned to the Department within 20 days from its initial mailing and the Monthly Reporting requirements must be fulfilled.

If eligibility is terminated, the Department shall notify the grantee of the action, the reasons for and the specific regulations supporting such action, and an explanation of his or her right to request a hearing. This notice must be mailed so as to arrive no later than the resulting payment or in lieu of such payment.

(B) Grant amount is determined prospectively or retrospectively in accordance with 106 CMR 702.920, 702.930, 702.940, 702.950 and 702.960. If the grant amount is adjusted, the Department shall notify the grantee of the action, the reasons for and the specific regulations supporting such action, and an explanation of his or her right to request a hearing. This notice must be mailed so as to arrive no later than the resulting payment or in lieu of such payment.

(C) All income received in the Budget Month shall be considered in determining the Payment Month grant amount.

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702.950: Inadequate or Incomplete Monthly Report

(A) The Monthly Report is considered inadequate:

- (1) when the report is not signed by the grantee;
- (2) when the grantee fails to provide necessary verifications for other than the earned income section;
- (3) when the grantee fails to answer any question regarding the status of any currently eligible dependent that appears on the Monthly Report;
- (4) when the grantee fails to answer any question regarding unearned income or current assets that appear on the Monthly Report;
- (5) when, for any other reason, the report cannot be processed.

(B) Incomplete or Missing Monthly Report

A Monthly Report is considered incomplete if the grantee has not filed the Monthly Report or has not provided all the information and verifications required by the earned income section, and good cause in accordance with 106 CMR 702.970 is not determined to exist.

A Monthly Report is considered missing if it is not returned to the Department within the first 10 days from its initial mailing, and good cause in accordance with 106 CMR 702.970 is not determined to exist.

(C) Consequences of Incomplete, Inadequate or Missing Monthly Report

- (1) A Monthly Report shall be considered filed on time if it is not inadequate or incomplete and is received by the Department by the DETD. A missing Monthly Report shall result in the Department issuing an additional Monthly Report to the recipient. This Monthly Report shall state that benefits will not be issued if the missing Monthly Report is not received within an additional 10-day period, unless good cause in accordance with 106 CMR 702.970 is determined to exist.
- (2) If the recipient files a completed Monthly Report within the 20-day period outlined above, the Department shall process the Monthly Report and make a payment based on the information contained therein. If, based on the information in the Monthly Report, the recipient is found ineligible, or eligible for an amount different than the prior payment, the Department shall send adequate notice (as defined in 106 CMR 343.200) to the recipient informing him or her of the change, and of his or her right to a fair hearing in accordance with 106 CMR 343: Fair Hearing Rules, et seq. Timely notice requirements of 106 CMR 343.140 shall not apply.

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- (3) If the recipient does not file a completed Monthly Report within the 20-day period, a notice of adverse action will be issued. If the Monthly Report is returned after the 20-day period, and before the DETD, the Monthly Report shall be processed without penalty.
- (4) If the Monthly Report is not received by the DETD, the recipient must comply with reinstatement requirements in accordance with 106 CMR 702.960 in order to obtain benefits.
- (5) If the Monthly Report remains inadequate (or if the IRRM Monthly Report remains missing or incomplete), the next scheduled payment shall be diverted. The recipient shall be notified that he or she must report to the local office to complete and file that Monthly Report and a current Monthly Report in order to receive the diverted payment. If the cash benefit was diverted due to the IRRM Monthly Report, the recipient shall be informed that future missing or incomplete Monthly Reports will result in termination, unless good cause in accordance with 106 CMR 702.970 is determined to exist.

702.960: Reinstatement

Eligibility for a recipient requesting reinstatement or delivery of assistance shall be determined prospectively in all instances.

Benefits shall be determined in accordance with (A) and (B) below.

- (A) If a recipient's cash benefit is diverted due to an inadequate Monthly Report, benefits shall be determined:
  - (1) retrospectively from information on the completed version of the inadequate Monthly Report, provided a current report is filed within 30 days from the date the cash benefit was diverted. Benefits shall be effective as of the date the cash benefit was diverted; or
  - (2) prospectively in accordance with 106 CMR 702.920 once the cash benefit has been diverted for more than 30 days.
- (B) If a recipient is terminated due to an incomplete or missing Monthly Report, benefits shall be determined:
  - (1) retrospectively, without earned income disregards (\$30 and one-third or \$30 and one-half, work-related expenses and child care) unless good cause in accordance with 106 CMR 702.970 is determined to exist. Reinstatement may only occur after a recipient files a completed version of the incomplete Monthly Report which resulted in his or her termination, plus a current Monthly Report.

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If both reports are filed within 30 days of the date the case was closed, the case shall be reinstated effective the first day of the Payment Month.

- (2) retrospectively, without earned income penalties if good cause in accordance with 106 CMR 702.970 is determined to exist. Benefits shall be effective as of the date the case was closed.
- (3) prospectively, in accordance with 106 CMR 702.920 once the cash benefit has been diverted for more than 30 days.

702.970: Good Cause for Incomplete or Non-Filed Earned Income Section of a Monthly Report

The Department shall provide an opportunity for a recipient to assert good cause, in accordance with this section. Good cause may only be determined if the following situation(s) exists:

- (A) Verification of earnings is unobtainable by fault of the employer;
- (B) On the IRRM Monthly Report, the recipient did not understand the earned income section or his or her responsibilities; or
- (C) Owing to a verified emergency (as determined by the local office director or his or her designee), the recipient is unable to complete the earned income section on the Monthly Report by the DETD.
- (D) A recipient is unable to complete or file a Monthly Report because he or she has a physical or mental incapacity, unresolvable illiteracy, or monolingual limitations other than Spanish or English.

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702.980: Supplemental Payments

A recipient participating in Monthly Reporting who experiences a loss of income due to a reduction or termination of income received in the Budget Month shall be eligible for a Supplemental Payment for the Budget Month if the combined countable earned and unearned income and the assistance grant received in the Budget Month falls below the Need Standard for that assistance unit, provided:

- (A) A recipient requests a Supplemental Payment by means of:
  - (1) a visit to the local office stating a loss of \$100 or more or an anticipation of a loss of one hundred dollars or more in gross income to be received in the Budget Month (the current cyclical month) as compared to the income received two months prior to that month; or
  - (2) a notation as specified by the Department on his or her Monthly Report stating a loss of any amount of gross income received in the Budget Month covered by the completed Monthly Report as compared to the income received two months prior to that month.
- (B) The assistance grant received in the Budget Month and the Supplemental Payment received for the Budget Month does not exceed the Payment Standard (see 106 CMR 204.420 and 204.425).
- (C) The recipient provides the necessary information for the determination of eligibility for and calculation of the Supplemental Payment as follows:
  - (1) For a declaration of a loss of \$100 or more as specified in (A) (1) above, the recipient must provide:
    - (a) verification of the income received in the Budget Month (current cyclical month) up to and including the date of request; and
    - (b) an estimate of the income, if any, to be received in the remainder of the Budget Month (current cyclical month).
  - (2) For a recipient who makes the specified notation on his or her Monthly Report as specified in (A)(2) above, he or she must provide the verification of income received in the Budget Month as specified in 106 CMR 702.930.

The Department must issue the Supplemental Payment to an eligible recipient or an adequate notice of denial to an ineligible recipient within three working days of the receipt of the request and/or necessary verification(s), whichever is later.

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When the worker determines that the recipient has received a Supplemental Payment for an amount that he or she was not entitled to receive, the worker must make a referral to the Bureau of Special Investigations in accordance with 106 CMR 706.200 et seq.

A Supplemental Payment is noncountable income for TAFDC purposes (see 106 CMR 204.250: Noncountable Income).