

106 CMR: DEPARTMENT OF TRANSITIONAL ASSISTANCE

106 CMR 702.000: TRANSITIONAL CASH ASSISTANCE PROGRAM

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- 702.000: Overview of the Eligibility Process

The eligibility process consists 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 eligibility process is 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;

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- (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) Income Reporting, 106 CMR 702.900.

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 is not limited to, information about:

- (1) time limits for assistance;
- (2) fraud penalties;
- (3) school attendance requirements;
- (4) immunization requirements; and
- (5) protective payments for rent or utilities.

702.110: The Application Process

The application process consists of all the activities used to determine the eligibility of a TAFDC or EAEDC applicant. These activities start 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 given the opportunity, to apply for assistance without delay. Individuals who ask about assistance must be provided with oral and written information about the benefits, conditions of eligibility, rights and responsibilities associated with the cash assistance programs.

If asked, 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. The application is filed when the applicant signs and dates the prescribed forms. The application is completed by the worker during an intake interview.

An application is different 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 all parts of the application within 24 hours of filing, excluding weekends and holidays, he or she, or a Department representative shall, within 24 hours, complete the following activities:

- (1) Log the case in to the Department's system which includes recording the applicant's name, address, telephone number, and the date on which the application was filed;
- (2) Ask the applicant about, and make provisions to meet, his or her immediate needs in accordance with 106 CMR 702.125;
- (3) Inform the applicant of the steps that he or she must take to complete the application and of general verification requirements and have the applicant sign and date the first part of the application; and
- (4) Schedule within seven calendar days any additional interviews that may be necessary to approve or deny the application within 30 calendar days.

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- (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 a second scheduled interview, the application shall be denied for failure to keep an appointment.

702.120: The Application Interview

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

702.125: Application Activities

(A) Completion of Interviews. The worker is responsible for the completion of the application interview form, which is then signed by the applicant. The worker is responsible for assuring that the information recorded 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 number, driver's license, voter registration card, military service papers, marriage license, employment papers or any of the items provided in 106 CMR 703.220: *TAFDC Dependent Child: Younger than 18 Years Old* or 106 CMR 703.810: *EAEDC Identification of the Applicant* used in the verification of age.

(C) Development of Other Benefits. The worker must review any other benefits such as Social Security or SSI/SSP the applicant or members of the assistance unit may be entitled. *See* 106 CMR 702.700.

(D) Explanation of Rights and Responsibilities. The applicant must be informed at the time of application of his or her rights and responsibilities associated with the program for which he or she is applying. *See* 106 CMR 701.300: *Rights of Applicants and Clients*, and 106 CMR 701.400: *Responsibilities of Applicants and Clients*.

(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 SNAP benefits as part of the application and that SNAP eligibility will be determined according to SNAP 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, and/or SNAP benefits. The worker must make any necessary referrals for other benefits or services, such as child care. *See* 106 CMR 705: *Related Benefits*.

(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 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:

- (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 SNAP benefits;
 - (c) expedited SNAP benefits through EBT if he or she appears to be eligible for SNAP benefits; and/or
 - (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 SNAP benefits through an EBT transaction immediately; and/or
 - (c) the Temporary MassHealth card within one working day of the request.

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The amounts to be authorized for food and shelter vouchers are in the table below:

RENT OR MORTGAGE	Unheated Facility	\$102.00
	Heated Facility	126.30
FUEL		27.90
UTILITIES		18.60
FOOD (Individual)		41.80

(G) Pathways to Self-sufficiency Program (PATH) for TAFDC Applicants.

(1) TAFDC applicants 18 years of age or older shall participate in an intake and employment assessment process which may result in referrals to appropriate employment or education/training opportunities. The Department shall deny applications for either the entire assistance unit or the grantee if the applicant fails to participate in PATH without good cause.

(2) Under PATH, certain TAFDC applicants may also be subject to a Work Ready Job Diversion Program:

(a) Applicants 18 years of age or older who are determined by the Department to have the necessary job skills and experience must participate in a Work Ready Job Diversion Program.

(b) Applicants will be exempted from the Work Ready Job Diversion Program if they will be exempt from the work program (*See 106 CMR 703.150: TAFDC Work Program*) or have requested a disability exemption (*See 106 CMR 703.100: TAFDC Exemptions from Time-limited Benefits and Reduced Need and Payment Standards*).

(c) Applicants subject to the Work Ready Job Diversion Program must provide evidence of three job search contacts. Applicants must accept referrals to any appropriate Department-identified jobs.

(d) If no evidence of participation in the Work Ready Job Diversion Program is provided prior to day 30 of the application, the TAFDC application for the entire assistance unit will be denied. If the case is approved but there is no further participation or insufficient participation in the Program by the 60th day after application, the entire case will be terminated.

(3) Under PATH, certain TAFDC applicants may also be subject to the Initial Job Search Program:

(a) Applicants who are 18 years of age or older and not provided with a Work Ready Job Diversion referral under 106 CMR 702.125(G)(3), and who will not be exempt from the Work Program (*See 106 CMR 703.150: TAFDC Work Program*) or have a pending request for an exemption must provide evidence of job search in the 60-day period from the date of application.

(b) Applicants subject to the Initial Job Search Program must provide evidence of three job search contacts. The frequency of reporting of such contacts will be determined by the Department.

(c) If no evidence of Initial Job Search contacts are provided prior to day 30 of the application, the TAFDC application will be denied for the grantee and any other adult subject to the requirement. If otherwise eligible, the remainder of the assistance unit will be approved. If contacts are made by day 30, and the assistance unit is otherwise found eligible for TAFDC, the entire case will be approved. If the entire case is approved but there are no further contacts or insufficient contacts made by the 60th day after application, the grantee and any other adult subject to the requirement will be terminated.

(d) Any job search under PATH done on-line must be done on a website approved by the Department.

(4) The following TAFDC applicants do not have to participate in the Work Ready Job Diversion Program or the Initial Job Search Program:

(a) Those attending a secondary school full time;

(b) Those already participating in an education or training activity; and

(c) Those participating in an inpatient substance abuse treatment program licensed or approved by the Department of Public Health.

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(5) Good cause for not meeting PATH requirements may be granted based on an individual applicant's circumstances for reasons described in 106 CMR 701.380: *Good Cause Criteria* or if the applicant is pursuing a domestic violence waiver from work requirements in accordance with 106 CMR 703.110: *TAFDC Good Cause Waivers Due to Domestic Violence*. If an applicant states that he or she cannot participate due to domestic violence, the applicant must be immediately referred to a Department domestic violence specialist for assistance and verification of the circumstance.

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(H) Verification of Information. The worker shall require verification of the applicable eligibility factors for which verification is currently required. *See* 106 CMR 702.300 and 106 CMR 702.310.

702.130: Responsibility for Eligibility Determination

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

If the applicant then 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 ten 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) shall be sent to the applicant, or next of kin, if appropriate.

(A) Eligibility. If the applicant is determined 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.

(B) Ineligibility. If the applicant or any other family members for whom assistance is requested is determined 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 verifications, assistance shall also be denied. If the applicant subsequently submits the required verifications 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 reasons 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).

(C) Voluntary Withdrawal or Request to Close Case. Applicants and clients may voluntarily withdraw their application or request that their 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 client and recorded in the case record.

(D) Death. If the worker is told of the death of the applicant or client, assistance must be denied or terminated. Verification of the death may consist of contact with the funeral director or an appropriate third person, or a newspaper obituary or other media communication.

(E) Unable to Locate. If the worker cannot locate the applicant or client 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 if 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 was signed and dated, or the date on which the first part of the application was signed and dated, whichever is earlier.

(B) the date on which the verifications demonstrated that the eligibility requirements in 106 CMR 703.000: *Transitional Cash Assistance Program: Nonfinancial Eligibility* and 704.000: *Transitional Cash Assistance Program: Financial Eligibility* 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 members 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 a notice of denial is mailed within 30 calendar days of the date of application.

(B) Extensions. Applicants who have not provided verifications by the 22nd calendar day from the date of application shall receive an eight calendar day extension to provide 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 help 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 provided 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 providing 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 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 provide all verifications, then the worker shall deny the application for lack of verification 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 only reason for denial was the lack of verification 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 receiving all verifications.

702.170: Reapplication

An applicant who has been denied has the right, and must be given the opportunity, to reapply without delay in accordance with 106 CMR 702.110 through 106 CMR 702.160.

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If the worker could not determine 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 an eligibility determination 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.

If a Reapplication is submitted, it shall be associated with the original application and the applicant shall not be required to provide 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 provides 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 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 have met its application time standards if:

- (1) The applicant provides 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 in accordance with 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 have met its time standards if:

- (1) The applicant is provided 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 provides all required verifications within 30 calendar days of the date of the notice of denial for lack of verification (*See* 106 CMR 702.160(B)), the Department shall pay the eligible applicant all amounts owed. If the verifications show eligibility for all or any part of this time period, the date assistance begins is established in accordance with 106 CMR 702.150. The Department shall have met its application time standards if initial benefits are provided or notice of denial is sent within eight calendar days of receiving all verifications.

702.190: Failure to Register as Sex Offender

The Department shall not approve an application for new benefits for any person required to register pursuant to M.G.L. c. 6, §§ 178C through 178P, and who has failed to register until the individual registers as required by M.G.L. c. 6, §§ 178C through 178P. Prior to the denial of benefits, the Department shall provide the applicant with:

- (1) notice of the applicant's failure to register; and
- (2) a reasonable opportunity to be heard.

702.200: Eligibility Reviews

An eligibility review is a periodic review of a client's circumstances in relation to the eligibility requirements of each program. 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 client'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) Interview. An interview must be completed for the eligibility review and the generated form must be signed by the client.

(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.

(C) Related Benefits; Development of Other Benefits. The worker shall make any necessary referrals or arrangements for related services or benefits, and ask about other benefits which may have become available to the client.

702.240: Concluding the Eligibility Review Process

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

Assistance shall be terminated upon proper notification when the worker is unable to complete the eligibility review due to a (1) lack of verification 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, and the client subsequently submits the required verifications 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 client is determined to be eligible, assistance shall be authorized retroactive to the date of termination if the verification demonstrates continuous eligibility, or retroactive to the date on which all eligibility factors were met, whichever is later.

The client shall be notified of any proposed action that results from the eligibility review in accordance with 106 CMR 702.500.

If the client requests an appeal of a reduction/termination of benefits in which the sole issue is the lack of verifications and if the client then provides the required verifications during the appeal process, the Department shall take action in accordance with 106 CMR 343.350(B): *Prehearing Adjustment*.

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

702.300: Verification

Verification is the validation of oral and written statements by means of documentation, third party contacts, and self-declarations by the applicant or client 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). All documentation, as well as information obtained through third party contacts, shall be made part of the case record.

Eligibility factors must always be verified as required by 106 CMR 702.330. Verifications that are included in another case record shall be used to verify those factors that are not subject to reverification.

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 and EAEDC programs.

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When verification is required, only the documentation specified in the relevant sections of the regulations are 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 resolves an eligibility issue, the worker may require verification from other sources.

702.310: Responsibility for Verification

The applicant or client must meet financial and nonfinancial eligibility requirements. The applicant or client must submit the verifications required by policy to demonstrate that he or she meets these eligibility factors.

- (A) The applicant or client is responsible for the following:
- (1) obtaining the required verifications;
 - (2) contacting the worker if there is a delay or difficulty in obtaining verifications;
 - (3) cooperating with the worker to obtain verifications when worker assistance is requested; and
 - (4) signing collateral consent forms, if necessary.
- (B) The worker is responsible for:
- (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 eligibility;
 - (3) advising the applicant/client of the consequences of failure to provide verification;
 - (4) explaining the reason verifications are needed when requested and offering suggestions of where and how to obtain the verification; and
 - (5) assisting in obtaining required verification when aware that the applicant or client is unable to obtain the verification for reasons beyond his or her control.

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

702.311: Responsibility for Verifying Continued Eligibility

The client is responsible to provide verification of 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 client is responsible for cooperating with the worker in obtaining verification of continued eligibility, or for providing an acceptable reason for the unavailability of the verification within 20 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 client has taken all necessary steps on his or her part to obtain it;
- (B) illness or incapacity of the client or other family member has delayed providing the required verification;
- (C) the client was not adequately informed of his or her responsibility to provide the required verification;
- (D) the client was not informed of the specific documents, including alternative verification, required to verify the eligibility factor; or
- (E) other circumstances beyond the control of the client prevented him or her from obtaining the verification.

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If one of these situations exists, the client shall be informed of alternative verification methods, including self-declaration, (*See* 106 CMR 702.340), and allowed an additional ten 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 lack of verification, the client must be sent a notice of adverse action. (*See* 106 CMR 702.500). The notice must contain a statement informing the client that a second eligibility determination will be made if the absent verification and any verification required by changes in circumstances that have occurred in the interim are provided in the 30 calendar days following the termination/reduction date. If the client is subsequently determined eligible, assistance is authorized retroactive to the date of termination/reduction provided the verification demonstrate continuous eligibility or retroactive to the date all eligibility factors are met, whichever is later.

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

(A) An EAEDC applicant or client is responsible for establishing that he or she is disabled. The Department shall help the applicant or client in obtaining the necessary information and may require the applicant or client 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 client must provide the Department:

(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 703.193(C): *Physical Impairment* and, if applicable, 106 CMR 703.193(D): *Mental Impairment*.

(2) If an applicant or client, 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 information received from the applicant or client 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 help applicants and client in obtaining the information necessary to make a disability determination.

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

(a) referring an applicant or client to a competent medical authority as defined in 106 CMR 701.600: *Definition of Terms* if the applicant or client does not have a competent medical authority and, if requested, scheduling an appointment with the competent medical authority; and

(b) assisting the applicant or client in completing the Disability Supplement when, such help is requested for by the applicant or client.

(2) If the clinical and/or vocational information submitted by the applicant or client 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 client, to obtain information on any impairment that may potentially affect the applicant's or client's ability to work provided such impairments have been identified by the applicant or client, a competent medical authority or is otherwise evident in the record.

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

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(b) arranging for a competent medical authority to examine the applicant or client 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.

702.320: Information from Government Sources, Contractors and Banks

The applicant or client 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 applicant's or client's prior approval to acquire and use information from the sources and for the reasons indicated in 106 CMR 702.320. In certain circumstances the Department may provide information to government sources, contractors or banks.

702.330: Frequency of Verification

Some information, because it is not subject to change, only needs to 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 to require reverification. Such information includes, but is not limited to: age, noncitizen status, application for potential benefits, application for an SSN, cooperation with CSED 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 (*e.g.*, 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, living arrangement, temporary absence and residence.

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 703.000: *Transitional Cash Assistance Program: Nonfinancial Eligibility*, 704.000: *Transitional Cash Assistance Program: Financial Eligibility* and 707.000: *Transitional Cash Assistance Program: Employment Services Program* for TAFDC and EAEDC contain information about specific eligibility factors (including those not mentioned in 106 CMR 702.330), the acceptable verification of those eligibility factors, and the frequency with which they must be verified.

The provisions of 106 CMR 702.330 shall not apply whenever verification of an eligibility factor is required because the originally submitted documentation is missing or has been destroyed.

702.340: Methods of Verification

The acceptable sources of verification are detailed in the sections of 106 CMR where the eligibility requirement is stated. The method of verification differs depending upon the nature of the information.

702.340: continued

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 copy of the document must be made, if possible.

If circumstances prevent the copying of a document and another 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 client 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 client for each contact, except as specified in 106 CMR 702.320. If the applicant or client refuses to allow the Department to verify information by contacting a third party, assistance shall be denied, terminated, or reduced unless the applicant or client 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 client's right of rebuttal at a hearing, if requested.

(C) Self-declarations A self-declaration is a written statement of fact that may be given by the applicant or client or by a third party who has firsthand knowledge of the circumstances of the applicant or client. Applicants and clients who provide self-declarations must sign them under the penalties of perjury. Self-declarations shall only be accepted as the sole verification of categorical and financial eligibility, if third party verification is not feasible.

When the applicant or client and the worker have taken all necessary steps to obtain through collateral contact the documentary evidence required by 106 CMR 703.00: *Transitional Cash Assistance Program: Nonfinancial Eligibility* and 704.00: *Transitional Cash Assistance Program: Financial Eligibility* and the original document is not available, a self-declaration may be accepted as verification of the following eligibility factors only: 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 Division, 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 provided 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 client may access to information in the case record. See 106 CMR 701.330: *Right to Information*.

702.500: Notification of Proposed Action

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

Such notice must include a statement of the proposed action, including the change in the amount of financial assistance; the reasons for the proposed action; the citation to the regulations supporting the action; and an explanation of the client's right to request a fair hearing. Time standards for notification are provided 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 client's right to request a fair hearing, and the time standards governing appeal procedures are found in 106 CMR 343.000: *Fair Hearing Rules*.

702.610: Continued Assistance Pending Appeal Decision

Upon appeal, assistance may not be reduced or terminated, unless the right is waived by the client until a decision is rendered after a hearing, provided the client requested the hearing within the time limits provided in 106 CMR 343.000: *Fair Hearing Rules*, and none of the situations in 106 CMR 343.250: *Continuation of Benefits Pending Appeals* applies.

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

702.700: Development of Other Benefits

(A) Requirements. An applicant or client 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 own behalf or through an absent parent, must apply for these benefits as a condition of eligibility.

TAFDC or EAEDC assistance may generally be provided until other benefits are received, at which time eligibility will be reviewed. An applicant, however, who has applied for and is determined eligible for Unemployment Compensation (UC) is not eligible for EAEDC during any waiting period for UC benefits.

Except as noted in the previous paragraph, if these or other benefits become available during receipt of assistance, the client 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 client 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 703.500: *TAFDC Cooperation with Child Support Requirements* through 106 CMR 703.550: *TAFDC Family Abandonment Penalty*; and

(2) Any TAFDC applicant or client who is 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: Supplemental Security Income and State Supplement Program (SSI/SSP) Benefits

(A) Individuals who are eligible for SSI/SSP and TAFDC benefits may elect to receive either SSI/SSP or TAFDC but may not receive 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 client who is applying for SSI, the following rules, in accordance with 106 CMR 702.710(A)(1) through (3), apply:

(1) If no income is being deducted from the TAFDC grant, the countable income to the client is the incremental standard of payment. See 106 CMR 704.420: *TAFDC Table of Payment Standards - Exempt Assistance Units*.

702.710: continued

(2) If income is being deducted from the TAFDC grant, and some or all of that income is the personal income of the client, the countable income to the client is the incremental need standard less the applicant's personal income. *See 106 CMR 704.410: TAFDC Table of Need Standards - Exempt Assistance Units.*

(3) If income is being deducted from the TAFDC grant, and none of that income is the personal income of the client, the countable income to the client is the TAFDC grant divided by the number of people in the assistance unit.

(B) An EAEDC applicant or client who appears to meet the age or disability standards for Social Security Disability benefits (RSDI/SSI) set forth in 20 CFR Part 416, Subpart I, must apply for and cooperate in the Social Security application process as a condition of receipt of cash benefits. A person appears to meet the Social Security Disability (RSDI/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 or SSP, including the person subject to recoupment as specified in 106 CMR 703.191(A), is ineligible for EAEDC. The application must be completed within the EAEDC application or eligibility review time standards.

An applicant or client who must apply for Social Security Disability (RSDI/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 (SSA) to send the client'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 grant, and return the balance, if any, to the client. The Department's right to reimbursement for EAEDC benefits paid pending approval of a client's SSI benefits is not affected by a subsequent award of retroactive Social Security benefits, including, but not limited to, Social Security Disability Insurance (SSDI) benefits.

Verification of a Social Security Disability (RSDI/SSI) application must be provided by the applicant or client or by computer match with SSA in accordance with 106 CMR 702.320. When a cash applicant or client who is required to apply for the benefits fails to apply for and cooperate in the SSA application process or appeal a denial, if requested by the Department, he or she is ineligible for cash benefits and his or her assistance shall be denied or terminated.

702.720: Veterans' Services Benefits

(A) TAFDC applicants and clients may be eligible for non-federal Veterans' Services Benefits (VSB) under M.G.L. c. 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) EAEDC applicants or clients may be eligible for non-federal VSB under M.G.L. c. 115. Such EAEDC applicants or clients are not eligible for EAEDC. The worker must advise those who may be eligible for VSB that they must apply for such benefits as a condition of eligibility for EAEDC before a determination of eligibility for EAEDC can be made. Any time that an EAEDC client appears eligible for VSB, he or she must apply for such benefits and provide written notification of ineligibility from the Department of Veterans' Services office as a condition of continuing EAEDC eligibility.

702.800: Assignments for Third Party Recoveries

(A) Benefits may be provided under the TAFDC, EAEDC, or MassHealth 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 MassHealth 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.

702.800: continued

The applicant or client 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:

- (1) a court action or other proceeding;
- (2) notification to the applicant's or client's own insurance company; and/or
- (3) notification to any third party that may be liable.

(B) It is the responsibility of the applicant or client 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:

- (1) name and address of the applicant or client;
- (2) date and place of the accident, injury, or illness;
- (3) type of case (*i.e.*, industrial accident, personal injury, *etc.*);
- (4) explanation of the circumstances surrounding the accident, injury, or illness and the status of the case;
- (5) name and address of the applicant's or client's attorney;
- (6) name and address of all insurance companies involved including Personal Injury Protection (PIP) carriers, and the name of the insured individual;
- (7) a copy of the applicant's or client's automobile insurance Coverage Selection Page (if involved in an automobile accident);
- (8) a copy of any other type of insurance that the applicant or client owns that may be applicable;
- (9) a copy of any complaints and/or other legal documents filed by the applicant or client or on his or her behalf or on behalf of any member of the filing unit; and
- (10) a copy of the police report (if applicable).

Upon any partial or final settlement of the case, the applicant or client who signed the original assignment or his or her attorney or authorized representative (if the applicant or client 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 authorized agent for computing the amount of a lien.

REGULATORY AUTHORITY

106 CMR 702.000: M.G.L. c. 18.