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Department of Transitional Assistance

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Online Guide Transmittal 2025-14
March 27, 2025

To: **Department of Transitional Assistance Staff**

From: **Sarah Stuart, Associate Commissioner for Local Implementation and Special Populations**

Re: **SNAP: End of Recertification Interview Waiver for Simplified Reporting Households**

Overview

The waiver for recertification interviews (COVID-19) detailed in OLGT 2024-27 has ended. **Beginning March 28th, staff must interview all Simplified Reporting households at recertification, if their interview was not already waived**. The recertification interview will no longer be waived for households that provide all mandatory verification(s). EDSAP households remain waived from recertification interviews per existing rules for EDSAP cases.

To coincide with this change, the Department will implement the following changes:

- Increase the number of slots for recertification interviews.
- Resume auto-scheduling of recertification interviews for non-EDSAP and Baystate CAP cases.
- Remove the COVID-19 Interview Waived option for all SNAP cases.
- Auto-initiate all recertifications completed online through DTA Connect portal or mobile app.
- Expand text and email reminders for households due to recertify.

Purpose

The purpose of this Online Guide Transmittal is to advise staff of:

- the end of recertification interview waiver for Simplified Reporting households,
- enhancements coinciding with the end of the waiver, and
- the corresponding updates to the Online Guide.

Interview Slots

To accommodate the resumption of recertification interviews for all Simplified Reporting households, the Department will increase the number of allowable telephone appointments.

Auto-Scheduling of Appointments

With the resumption of recertification interviews for all Simplified Reporting cases, BEACON will resume the auto-scheduling of interviews. BEACON will automatically schedule recertification interviews using the rules that were in place before auto-scheduling was suspended due to the pandemic.

- The auto-scheduling process will continue to exclude EDSAP and Baystate CAP households, who are waived from the recertification interview requirement.

Removal of COVID-19 Interview Waived Selection

Because the COVID-19 waiver has ended, BEACON will no longer include "COVID-19 Interview Waived" as a dropdown selection in the Interview page.

Note that this dropdown selection was already removed for application interviews.

Outstanding Waived Recertifications

Staff might still be working on recertifications that already qualified for the interview waiver. Staff can determine this by reviewing the BEACON Interview Page to see if the *COVID-19 Interview Waived* dropdown was already selected.

All recertifications that were already waived due to *COVID-19 Interview Waived* will continue to be waived. **Do not schedule an interview for these households**.

Any SIMP-12 recertification that does not have *COVID-19 Interview Waived* already selected must be interviewed.

Auto-Initiate DTA Connect Recertifications

All recertifications submitted online through DTA Connect will be automatically initiated and sent to the Work Number for match processing. This will resolve a defect in the current implementation, which does not auto-initiate or match recertifications submitted with no changes.

Expanding Text and Email Reminders

Based on the findings of the J-PAL study (see 2024-21), all households due to recertify (or complete an Interim Report) will now receive text and e-mail reminders.

The reminder to recertify will be sent up to two times: first after BEACON sends the recertification form (Day 44) and second if the client has not returned the form 20 days before the reevaluation end date.

The reminder that verification is outstanding will be sent after a VC-1 is generated.

Procedural Reminders

As the Department prepares to fully resume the regular recertification process, staff must remember the following:

- To complete a recertification, the process must **always** be initiated. Although BEACON will initiate the process automatically when a client submits a recertification online, **staff must always check the Reevaluation Initiate/Reinitiate page** to ensure this was done. If not, staff must initiate the process. Please note that Recertifications that are **uploaded** through DTA Connect as a photo or scanned into the Electronic Case Record (ECF) **must be initiated to start the recertification process**. Similarly, if a recertification is being completed telephonically, the Recert must also be initiated. See BEACON Recertification Process.
- If the two cold calls at recertification are **unsuccessful**, staff must **not** go to the Interview page. The correct procedure is to open the Phone page and mark that the call was performed but not answered. Staff must also send a Recertification Interview Appointment Letter. Staff must complete the Interview page only if the call is successful and the client completes the interview.

Revised Online Guide Pages

Topic:	SNAP
Book:	Certification Types
Chapter:	Simplified Reporting
Page:	Simplified Reporting – Recertification
Topic:	COVID-19
Page:	Temporary COVID-19 Verification Procedures
Topic:	COVID-19
Page:	Processing Cases with Paid Family Medical Leave
Topic:	SNAP
Book:	Expenses and Deductions
Chapter:	Health Insurance/Medical Expenses
Subchapter:	Medical Expenses
Page:	Medical Expense Deduction During Review Periods
Topic:	SNAP
Book:	Expenses and Deductions
Chapter:	Health Insurance/Medical Expenses
Subchapter:	Medical Expenses
Page:	Entering Medical Expense Data in BEACON

Obsolete Transmittals

- **OLGT 2024-27:** Termination of COVID-19 Recertifications and Continuation of Recertification Interview Waiver

Questions

If you have any policy or procedural questions, after conferring with the appropriate TAO personnel, please have your Systems Information Specialists or TAO management email them to DTA.Procedural Issues@massmail.state.ma.us.

Systems issues should be directed to the Systems Support Help Desk.

Simplified Reporting – Recertification

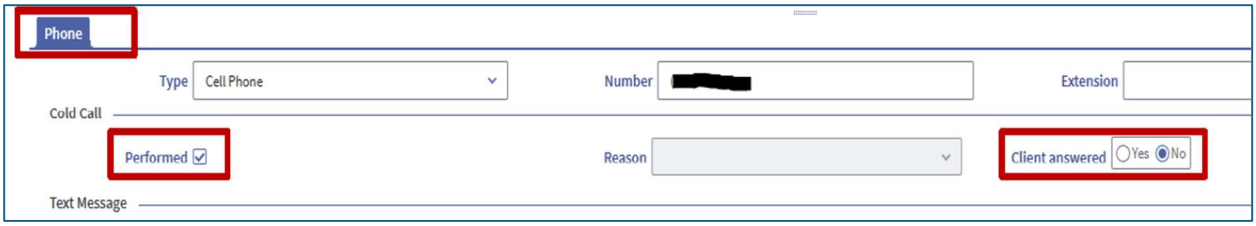
INDEX

Overview (Back to Index)

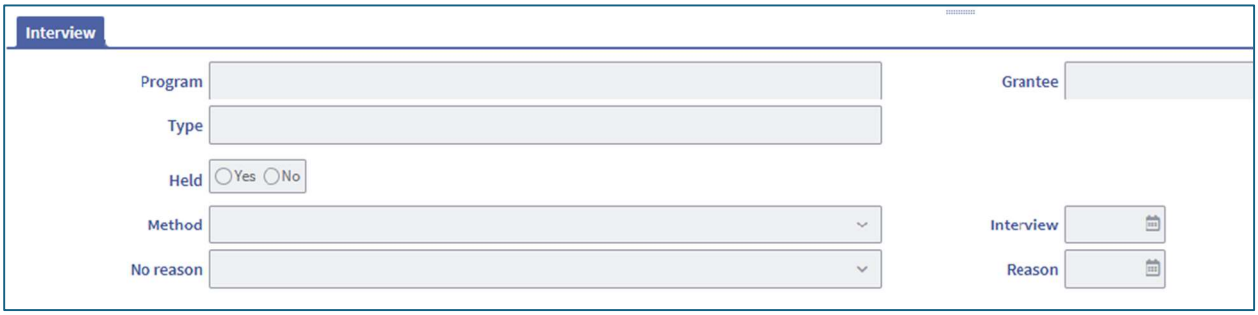
SNAP clients are required to recertify periodically to redetermine eligibility. This involves the completion of the Recertification form or a telephonically signed recertification, an interview (if applicable) and verification of eligibility factors.

Steps in the Recertification Process (Back to Index)

- The Recertification form is mailed to the head of household 45 days before the end of the certification period. Households with a phone number in BEACON will also get a recertification reminder via text and e-mail.
- Clients may return the Recertification form to the Document Processing Center or to the TAO, submit the Recertification electronically via DTAConnect.com or via DTA Connect mobile application, call the DTA Assistance Line to recertify telephonically, or complete one at a TAO.
- If the household is not eligible for one of the Elderly/Disabled recertification interview waivers, attempt two cold calls. If both cold calls are unsuccessful:
    - In the Phone page: **Check** the *Performed* box and indicate **No** in the *Client answered* field.



  - Schedule and send a recertification interview appointment letter.
  - **Do not** complete the Interview page if the cold calls are unsuccessful.
- The "Perform Cold Call Recertification" action requires staff to complete two cold calls, please be sure to conduct both cold calls and note in the narrative the outcome.
- An interview is conducted to discuss household circumstances, available resources and outstanding verifications.
  - If the client is not available at the time of a scheduled interview, a NOMI is sent by batch for SNAP-only cases. When the cash case manager reschedules the first missed interview, this satisfies the role of a NOMI. If the case manager does not reschedule the missed interview, a NOMI must be sent manually.
- The case manager reviews all available data sources.
  - The case manager sends a Verification Checklist (VC-1) for any outstanding item(s).



- If all mandatory verifications are received and procedures for optional verifications (see below for more details) are followed, the case is authorized and, if still eligible, is approved for a new certification period.
- If a Recertification form is submitted, but the client does not complete the recertification process, they will receive a Notice of Benefits Ending.

The BEACON Recertification Process (Back to Index)

Staff will receive Recertifications through the Process Online Recertification Action, the Process Scanned Recertification Action, or the Available/Reviewed Scanned Documents View.

The Reevaluation workflow must be used to initiate, complete and submit a recertification.

You must start/initiate the Recertification process in the following situations:

- You are speaking with a client within the 45-day recertification period and able to complete the interview and workflow.
- A signed form is returned to the Department: This will be assigned to FAW staff as a Process Scanned Recertification Action. Economic Assistance case managers will see the form availability on the Available/Reviewed Scanned Documents View.
- A client uploads a photo of a signed recertification form through DTA Connect, which gets scanned into the client's Electronic Case File (ECF). The FAW who gets the Action to review this document must also initiate the recertification process.
- The Recertification process is completed online (BEACON will initiate this automatically): This will be assigned to FAW staff as a Process Online Recertification Action. Economic Assistance case managers will see the form availability on the Reevaluations Due View.

When Recertification Occurs Before the Last Cyclical Month of the Current Certification Period (Back to Index)

If a client completes the recertification process before the release date of their last month of benefits, BEACON will take the following steps:

- apply all verified changes reported at recertification to the case; and
- recalculate the household's benefits.

Note	BEACON will not assign the household a new eligibility period until the end of the current certification period.

Interview (Back to Index)

A Recertification an interview is required for all households on Simplified Reporting. The interview is an important opportunity to ask clients questions about their household circumstances, and to determine which verifications may be required and to make an accurate eligibility determination. Interviews can identify additional supports the client may need, such as an ADA Accommodation or an Assisting Person. The interview is also a valuable opportunity to address other services and options available to the client, such as Domestic Violence, Voter Registration, SNAP Path to Work, DTA Connect, and whether they wish to block access to online services.

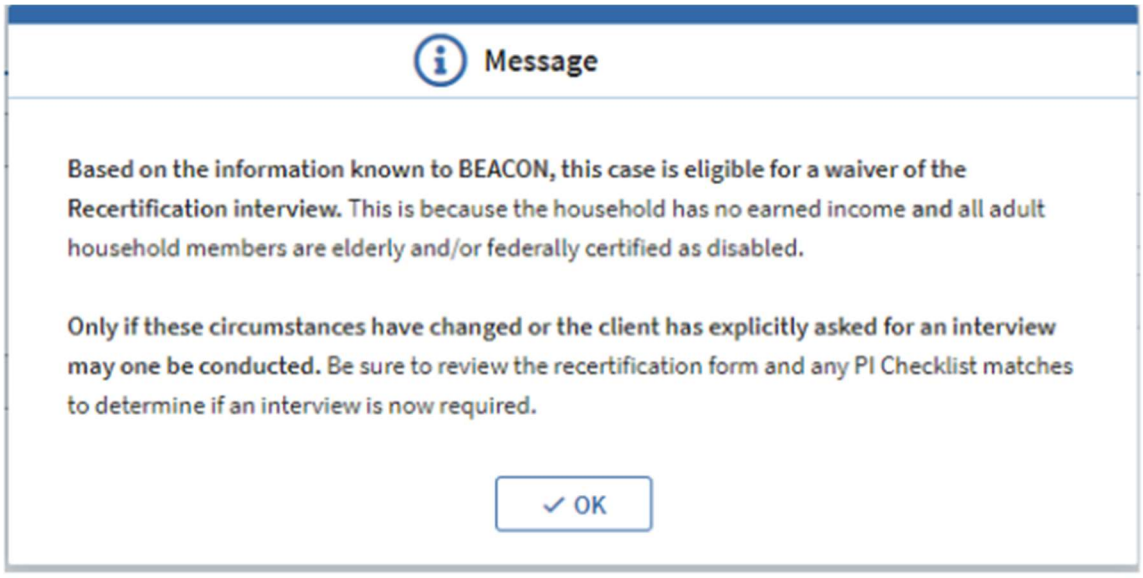
Important	You must use the submitted Recertification and information available in the case record to conduct interviews and/or request verifications. There are several components of SNAP eligibility that are not asked on the form because verification is always required.

Waived Interview for Elderly/Disabled Households (Back to Index)

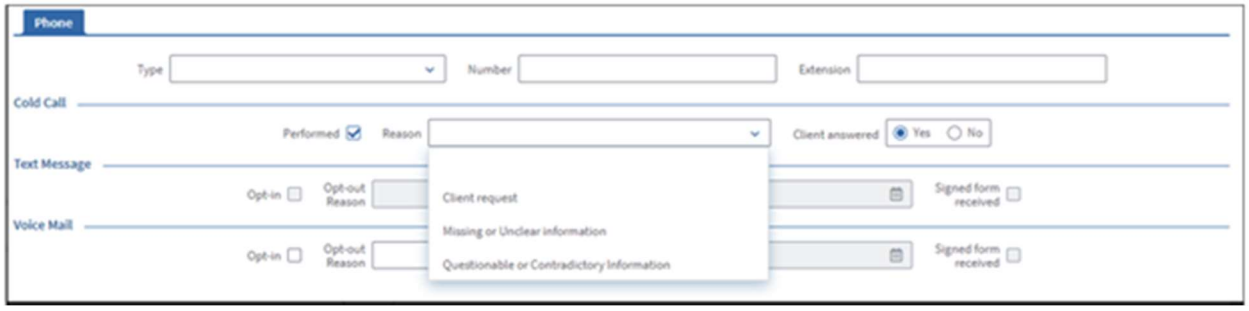
The Recertification interview may be waived for households where all adult members are elderly or federally certified as disabled and there is no earned income. Households with

minor children are still eligible for this waiver as long as the previous conditions are met. The option to waive a recertification interview does not apply to cases assigned to TBA.

When a recertification is initiated, BEACON will determine if it is eligible for an interview waiver based on the information on file. If the household meets the waiver criteria, the following message will display:



The Interview page will also reflect this waived status.



Contacting Households Eligible for a Waived Recertification Interview (Back to Index)

If a household is eligible for a waived Recertification interview but returns a signed Recertification form with missing pages, incomplete sections or contains questionable or contradictory information (that cannot be verified using available resources), two cold calls must be attempted. Cold calls are used to clarify information but does not necessarily mean an interview has been held or is needed. You must identify the reason for the cold call in the Phone page.

If the client is reached, you must discuss the areas requiring clarification. Do not update the Interview page just because contact with the client is made. You must obtain a telephonic self-declaration if a missing page involves an item for which a telephonic self-declaration is acceptable (per Self-Declarations). You must send a VC-1 for any item that

is not acceptable via telephonic or verbal self-declaration, not available through a trusted source, or not already verified in the ECF.

If the client cannot be reached, you must send a VC-1 for clarification of the section that is incomplete, questionable or contradictory. The VC-1 must request items that would otherwise be discussed.

Use Additional Verification and copy the following language:

"We received your Recertification form but it is missing information that we need to process your case. You may call us to let us know what your current circumstances are, you may complete the highlighted sections of this form, or you may submit verification of any changes."

- If any of the missing/contradictory sections involve mandatory elements, such as earned/unearned income, the Additional Verification must be coded as Mandatory.
- If the only missing/contradictory sections are for optional verifications, such as a rent expense, the Additional Verification must be coded as Optional.

You must not attempt contact at Recertification if:

- no change is reported;
- the information reported is consistent with what is known to the Department; and
- the change reported is clear but proof has not been provided. In this situation, a Verification Checklist (VC-1) must be sent if the change is not available to the Department though a trusted source, documentary evidence already in the case record, or self-declaration.

The option to update the interview status/schedule an appointment will only be allowed if the cold call is unsuccessful and an appropriate cold call reason is selected. If an interview must be conducted or scheduled, you must annotate a justification reason in the Interview page.

If a household eligible for this waiver submits a Recertification form and subsequently contacts the Department to confirm receipt of the form, an interview must not be held simply because the client is on the phone. However, an interview that would otherwise be waived must be held:

- if the household requests an interview;
- when the Simplified Reporting Recertification form contains information that is unclear, questionable or contradictory; or
- before closing the household at recertification.

Notice of Missed Interview (NOMI) (Back to Index)

A NOMI must be sent to a client who does not keep a scheduled interview. It is considered a negative error or an invalid case action for Quality Control purposes if the NOMI is not sent and the household is subsequently closed or denied.

The DTA Assistance Line places outbound calls to SNAP clients at the time of their scheduled telephonic interviews. When a SNAP-only client does not answer for their scheduled telephonic interview after two attempts, BEACON will update the Interview

page with the status of Missed Interview, and send a NOMI centrally. A batch narrative will be entered on the case that evening.

Important	When a combo client misses their interview, and the cash case manager reschedules the appointment, a NOMI does not need to be sent. If the cash case manager does not reschedule the appointment, they must send a NOMI. BEACON will not automatically generate a NOMI for combo cases.

Remember	SNAP-only clients can automatically reschedule their telephonic interviews and appointments using the DTA Connect mobile app and DTAConnect.com platforms. See Clients to Reschedule Appointments - SNAP.

Verifications (Back to Index)

Income and expenses must be verified at recertification.

Before you send a VC-1, you must determine whether the item(s) requiring verification:

- is a permanent verification that was already provided;
- is available through a verified-upon-receipt source or the Work Number;
- can be verified by a scanned document in the Electronic Case Folder; or
- was already self-declared on the Recertification form or another written/typed statement, or verified with a telephonic self-declaration.

If you cannot verify an item(s) based on the information available, you must issue the client a VC-1. If you send a VC-1, you must ensure that the outstanding item(s) is listed on the Verification tab. Verified items must be marked by selecting the appropriate Documents of Evidence on the Verification tab. An item must not be marked as verified before the corresponding verification is received.

Note	In rare circumstances, clients may submit verification of income that indicates that their income never changes. An example of this is a pension letter indicating that the client receives a specific amount and it is not subject to any cost of living or other adjustment. In those limited circumstances, clients do not need to re-verify that income source, amount or frequency.

Staff must review all information available in the case record to determine what verifications are necessary. For example, the Recertification form does not include preprinted information about income. Staff must be sure to check the income on record

and request updates of the income situation at Recertification if they were not already provided or available.

Action: DTA Connect – Reported Change (Back to Index)

If a client uses DTA Connect to report a change during their 45-day recertification period, BEACON will create the Action: **DTA Connect – Reported Change**. When this occurs, BEACON will add a pencil to re-visit the page(s) pertinent to what the client reported on DTA Connect.

If you receive this Action, you must review the change(s). If the information the information from the client is not questionable, incomplete or contradictory, mark the item as verified and write a detailed narrative.

Note	If the pertinent item is not displayed on the Verification tab, it is likely because the client went back into DTA Connect and removed the item that they originally reported. If this occurs, just write a detailed narrative and disposition the Action. To find out what the client originally reported, open the Client Communication tab in BEACON and review the DTA Connect datasheet.

If the item is questionable, incomplete or contradictory information (e.g., client reported new dependent care expenses but did not specify whether they are necessary for work, school, training, etc.), you must attempt to cold call the client two times. If one of the calls is successful, you must address this information with the client and determine at that time whether a VC-1 must be sent.

If the call is unsuccessful, you must send a VC-1. Use Additional Verification to request information about the missing verification (e.g., dependent care, medical, etc.) and code it as Optional, and copy the following language:

"You submitted a change on DTA Connect, but we need more information to process this change. You may update the information on DTA Connect, call us at 877-382-2363 to discuss how you may verify this item, or you may submit verification of **[MISSING VERIFICATION]**."

After taking the appropriate steps, you must disposition the DTA Connect – Reported Change action using the normal Business Process procedures.

When to Process a Recertification with Optional Verifications Outstanding (Back to Index)

Recertifications must be processed without delay if:

- the only outstanding verification(s) is optional; and
- the case will not be denied or reduced to a $0 benefit level if the optional verification(s) is not credited.

If a VC-1 issued at Recertification is only for an optional verification(s), you must review what the household's benefit level will be if the expense(s) is not credited. Complete the reevaluation workflow without entering the unverified expense(s) and wrap up the case. If not counting the expense(s) results in a benefit level that is greater than zero, you must immediately process the Recertification. If the verification(s) is subsequently provided, a supplement may be owed.

If not counting the expense(s) results in a $0 benefit level or the case being denied for over-income, the recertification must not be processed at this time. Rather, you must follow these steps:

1. remove the authorization to process the case
2. create an Action to process the case on the BEACON Release Date that occurs right before the reevaluation end date
3. for more information on creating an Action, see Creating Follow-up Actions
4. if the optional verification(s) is received on or before the BEACON Release Date, enter the expense(s) and approve the Recertification
5. if verification is not received by the BEACON Release Date, process the case without entering the expense(s)

Example: John, whose SSN ends in 3, submits their Recertification for October 2024 on September 11, 2024. With the Recertification, John includes pay stubs to verify their earnings. However, John also reported that they are now paying legally obligated child support expenses, but did not submit verification that they're currently making the payments and that the payments are legally obligated. You send a VC-1 for the child support payments and obligation, and wrap up the case without crediting these expenses. But when the child support expenses are not credited, John's SNAP benefits are denied. Since John's SSN ends in 3 and his Recertification is for October 2024, you create an Action to process the case on the BEACON Release Date, September 30, if the optional verification is not received. On September 30, because John did not follow up with the requested verification, you process the case and it is subsequently denied.

Reviewing Data Sources at Recertification (Back to Index)

SVES

You must **only** run a SVES request at recertification/reevaluation for:

- new household members, and
- existing household members who are receiving or presumed to be receiving RSDI and/or SSI when either income **has not been updated within the last year**.

You can determine if the income has been updated within the last year by clicking on the External Agency – Other Income button in the selected client's Other Income Status page. The Current Effective date will have the most recent date the income was updated. Use the income listed in the External Agency – Other Income screen if it has been updated within the last year. BENDEX and/or SDX will batch in new data as it becomes available.

Do **not** run a SVES request for Bay State CAP clients. SSA updates a Bay State client's case as new information is reported to SSA. In addition, DTA cannot make income changes to Bay State CAP cases.

Work Number

When a recertification is initiated, BEACON will be prompted to check for Work Number matches. If there is a Work Number match a PI Checklist match will be created.

Case managers must review wages available from Work Number with the client to confirm for accuracy and that the income is reasonably expected to continue over the certification period.

a. If the client confirms that the information is accurate, update the information in BEACON and mark the item as verified.
b. If the client confirms they are working for the listed employer but disputes the accuracy of the Work Number wage information (or the wages are not listed in the Work Number), send a mandatory VC-1 for earned income.
c. If the client says that they are no longer working for the listed employer and the Work Number displays wages within the last 30 days, send a mandatory VC-1 for termination of employment. If Work Number does not display wages within the last 30 days, you may accept the client's verbal self-declaration that the earned income has ended.

Other Data Sources

Applicable data sources must be reviewed before processing a recertification. For Recertification examples, see External Databases.

Sources include the DUA, MobiusView, and SAVE (if applicable). The results from SAVE, if applicable, are the only results that must be attached to the ECF. **You must detail all data sources that were reviewed in the case narrative.**

Notice of Benefits Ending (Back to Index)

A Notice of Benefits Ending is sent to SNAP households when their Recertification form is returned but a timely case closing occurs at the end of the certification period because the recertification process was not completed. A SNAP client would receive one of the following, based on the applicable situation:

- Recertification Form Returned but Mandatory Verifications are Missing

  The household submitted a Recertification form timely, and was interviewed, but the recertification is not authorized due to outstanding mandatory verifications. A VC-1 was sent with a due date on or before the closing date.

- Recertification Form Returned but No Interview Completed

  The household submitted a Recertification form timely, had a cold call attempted, and an interview scheduled, but the household missed the scheduled interview.

- Recertification Form Is Returned Too Close to the Closing Date

  The household submitted a Recertification form after the apply-by-date, but before the closing date. The notice acknowledges receipt of the *Recertification* form and

informs the client that other requirements in the recertification process need to be completed.

Reinstating Untimely or Incomplete Recertifications (Back to Index)

BEACON will close a case if the recertification process is not complete by the BEACON release date (a few days prior to the end of the certification period). If a client submits a *Recertification* form after the BEACON release date but before the certification end date, you must:

1. reinstate case and enter the Form Received date to initiate the recertification. If the client comes to the TAO, and does not provide a form but signs the form that is generated from BEACON based on the interview, the Form Received date would be the date of that in-office interview
2. click Save
3. complete all required pages and follow procedures for a timely recertification

Note	If a Recertification form is returned after the certification end date, but within 30 days of the certification end date, you must use the form to create a Request for Assistance (RFA). If the Recertification form is returned more than 30 days after the certification end date, the client must reapply through the normal application process.

If verifications are received prior to closing, the Benefit Effective Date field will be blank on the Interview Wrap up page. Fault will not be determined because although late, the recertification requirements were met by the closing date. Enter the client's next cyclical issuance date (day after closing date) as the Benefit Effective Date and wrap up the case. If verifications are received after the closing, the Benefit Effective Date field on the Interview Wrap up page will be set based on the BEACON fault reason. The Fault Reason and Classification will be displayed in Interview Wrap up.

The Verification Received field will be enabled only for reinstatement of cases closed/denied for one of the following reasons:

- Failed to keep appointment for review
- Your certification period has ended
- Initiated but Failed to Recertify
- Fail to submit the required verifications

Extended Reinstatement Period (Back to Index)

In limited and extenuating circumstances, a case can be reinstated up to 3 months after the recertification closing date if one of the following is true:

- A scanned SNAP prefilled *Recertification* form with a DTA received date between the SNAP notice sent date and the recertification closing date is available to be processed; or

- A scanned verification with a DTA received date between the SNAP notice sent date and the recertification closing date plus 30 days is available to be processed.

Denying a Reinstated Recertification (Back to Index)

If a reinstated recertification is not dispositioned by the 30th day following the closing date, BEACON will generate a notice to the client and deny for one of the following reasons:

- You Did Not Complete the SNAP Recertification Process after Reinstatement.
- You Did Not Submit the Required Verifications for Recertification after Reinstatement.

The case will not be eligible to be reinstated again. The client must reapply through the normal application process.

Last Update: March 27, 2025

Temporary COVID-19 Verification Procedures

INDEX

Permanent Procedures

Self-Declarations (Back to Index)

With the release of OLGT 2021-39: Cross Programs: Telephonic Signature, new procedures were issued regarding how to verify self-declarations. See Self-Declaration.

Certain Temporary COVID-19 Procedures Have Been Rolled Back to Pre-COVID Procedures (Back to Index)

The following procedures no longer fall under Temporary COVID-19 procedures. For these topics, you must follow the procedures outlined in the Regular Online Guide:

- PI Matches – you must return to pre-COVID procedures when processing FIDM matches. See: Matches - Contacting the FIDM Unit
- SNAP Applications with Outstanding Optional Verifications – if a VC-1 is sent at application for optional verifications you must not process the application until optional verifications are received or until day 30. If the client fails to provide the optional verification(s) by day 30, a Complete SNAP Application action will be sent to the FAW Action pool. Once the action is pulled, you must wrap the case without using the optional verifications if the client did not submit verifications. See: Processing Cases with Only Optional Verifications Outstanding
- The Assignment of Third-Party Recovery (A-16) and the Agreement to Repay Cash Assistance (RER-1) forms, and The Relocation Benefit Verification Form (RBV) are available in BEACON for central print. See Accident and Incident Overview-EAEDC, Accident and Incident Overview-TAFDC, and Relocation Benefits - Case Manager Responsibilities. Permanent procedures for child support cooperation and good cause have been revised to accommodate the hybrid work model.
- The Assignment of Support Rights, Cooperation with Child Support, or Good Cause Claim form (T-A34/36) and the Authorization for Reimbursement of Assistance (AP-SSI-IAR) forms have updated procedures that must be used. See Completing the Assignment of Support Rights, Cooperation with Child Support, or Good Cause Claim Form, Child Support Good Cause Verification, and Authorization for Reimbursement of Assistance (AP-SSI-IAR).

- Immunizations, Permanent procedures have been revised to accommodate hybrid work. See Immunizations Verification and Good Cause.
- Terminated income, for TAFDC and EAEDC. See Verifications Policy and Procedures (TAFDC) and Verifications Policy and Procedures (EAEDC).
- SLAM for SNAP, TAFDC and EAEDC and SNAP. See Addressing SLAM.
- Disability Verification Procedures for EAEDC See Disability Verifications-EAEDC.
- SNAP Disabled Noncitizen Verification Procedures. See Disabled Noncitizen- SNAP.
- SNAP Disability Verification Procedures See Processing a Claim of Disability to Qualify for SNAP Eligibility.
- Application for Other Benefits. See: Application for Other Benefits-EAEDC and Application for Other Benefits-TAFDC.
- TAFDC Pathways to Work Sanction Process. See Consequences for Not Meeting the Work Rules-Overview.
- SNAP Work Rules.

Temporary COVID-19 Procedures

Appointments (Back to Index)

The ability to schedule and generate in-office appointments has resumed to ensure that clients who cannot be serviced through the phone have access to Department services at their local office. An in-office appointment may be scheduled for a client to provide Department services in accordance with an ADA accommodation, if they cannot be reached due to having no working contact number, or if an in-office appointment is requested by the client.

Other circumstances, such as client concerns for confidentiality or safety, may also warrant an in-office appointment. A consultation with the DV Specialist is required when the request is related to domestic violence to determine the best way to work with that client.

SVES (Back to Index)

Cross Programs

Recertification/Reevaluation

The temporary SVES procedures at recertification have become permanent procedures. For more information, see Simplified Reporting – Recertification.

Disability (Back to Index)

SNAP-Only

SNAP-only clients must be certified as federally disabled through the Social Security Administration, through MassHealth, through the Veterans Administration at 100% disability or by one of the other sources outlined in the SNAP Disability Requirements and Verifications Online Guide page.

Important	If the client does not provide verification of their disability, and there is no data on SVES or MassHealth, you must process the case without coding the client as disabled.

Self-Declaration

Terminated Income (Back to Index)

SNAP

If a client reports that an income source has been terminated, it must be ended in BEACON. If a client reports that they are not terminated, but currently have no hours/pay the income source must be zeroed out. If it is unclear whether they are still employed, two cold call attempts must be made to try and clarify. If cold call attempts to the client are unsuccessful, the source must be ended in BEACON.

A verbal self-declaration that a client is no longer working must be accepted for SNAP only. Similarly, if a client submits a written note indicating they are not working, or if they include this information on a Recertification form, it is acceptable verification of proof of termination. No additional verification is needed as terminated income is not being counted at this time.

> **Exception:** If there is a Work Number Match that is active and displaying wages within 30 days of the case manager reviewing the case, and the client reports that they are unemployed, they must provide documentary evidence for proof of termination from the employer. If the client reports having trouble obtaining this verification, the case manager must institute collateral contact to assist. Each attempt at collateral contact must be recorded in the narrative. As a last resort, a written self-declaration that the client is no longer employed may be accepted. Terminated income, if any, is still not countable.

SNAP

If unemployment compensation has ended for a client, the terminated unemployment income that falls within the client's initial cyclical month of application period must be counted. Since DUA is a verified upon receipt source, this is the only terminated income that must be counted. Case managers must also remove this income after it is used in the initial month of application. For more information regarding unemployment income ending, please see Processing Cases with Pandemic Unemployment Compensation.

The Work Number (Back to Index)

SNAP

Application

If a client reports earned income and the wages are available via the Work Number, you must confirm with the client during the interview whether the employer and wage information listed is correct. If the client confirms that the Work Number information is correct, the Earned Income page must be updated with Work Number information.

Note	If the work number is not showing current pay but the client states they are still working at the listed employer, you must ask a manager or supervisor to look up the information in Equifax.

If the client indicates they are no longer employed or the wages in Work Number are not accurate, a mandatory VC-1 must be sent for the applicable item, i.e., wages or proof of termination.

If the client is stating they are having a hard time obtaining information, you must attempt collateral contact. Remember to document all attempts of collateral contact in the narrative. If collateral contact is unsuccessful, a written self-declaration will be accepted as a last resort.

If a case manager is reviewing a case and Work Number has an employer that is active with no wages displayed within 30 days of the date the case manager is reviewing the case, and the client has indicated no earned income, disposition the match as a terminated source in BEACON.

If the client has indicated no earned income and Work Number data is displayed as inactive in BEACON, even if there are wages listed within the last 30 days, disposition the employer as a terminated source.

Recertification

The temporary Work Number procedures at recertification have become permanent procedures. For more information, see Simplified Reporting – Recertification.

Voter Registration (Back to Index)

If a client submits a voter registration form and it populates as an Action to Process Scanned Document or is available in the Scanned Document History page in the ECF or Available/Reviewed Scanned Documents view, disposition the document as Reviewed Not Relevant. These must not be printed and mailed on behalf of the client. You must conduct a courtesy call and inform the client that they can register to vote online at: https://www.sec.state.ma.us/OVR/. However, if the client does not have access to the internet and would like a new mail-in voter registration sent to them, you must send an email with the client's name and address to your management team and copy your supervisor. The management team will determine which in-office staff will be assigned to mail the form from the local office.

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Processing Cases with Paid Family and Medical Leave Income

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Paid Family and Medical Leave (Back to Index)

Paid Family and Medical Leave (PFML) is a state benefit that provides some individuals who work in Massachusetts with up to 26 weeks of paid leave for medical or family reasons. The Department of Family and Medical Leave (DFML) administers the program. The program provides temporary income replacement to eligible workers who are welcoming a new child into their family, are struck by a serious illness or injury, need to take care of an ill or ailing relative, and for certain military considerations. Not all workers are eligible for PFML.

PFML is **countable unearned income** for TAFDC, EAEDC and SNAP.

Information about benefits and eligibility can be found at the website: https://www.mass.gov/orgs/department-of-family-and-medical-leave or by calling 833-344-7365.

Some TAFDC and EAEDC clients must apply for PFML if they have not already done so. For information about which TAFDC clients must apply for PFML see Application for Other Benefits-TAFDC.

For information about which EAEDC clients must apply for PFML see Application for Other Benefits-EAEDC.

SNAP Households (Back to Index)

Application

If a client is receiving PFML at application, the only income type the client can select to best fit this income type on the online web application is Other. When a case manager first reviews the web application, the case manager will not know what type of income the client is receiving. When you speak with the client during the interview, you must confirm if the client is receiving PFML, enter in the information on the Other Income Status page, and a mandatory VC-1 must be issued upon confirmation. If the cold call attempts are unsuccessful, you must issue an appointment letter.

If the client fails to submit the required verification by the VC-1 due date, the application will be denied.

Interim Reports Submitted Online (Back to Index)

If a client reports that they are receiving PFML at Interim Report, the only income type the client can select to best fit the PFML income type on their Interim Report is Other. When a case manager first reviews the Interim Report, the case manager will not know what type of income the client is receiving. Since contact with the client is not required at Interim Report, you must issue a mandatory, User-entered VC-1 for Additional Verification entering in the Details field: Other Income. In the Document(s) of evidence field enter:

"You have indicated you are receiving "Other" income. Please provide verification of the income type and the gross monthly amount you are receiving."

An appointment letter must not be sent at Interim Report, even when you are sending a mandatory VC-1.

If verification is not provided, the case will automatically close on the release date.

Case Maintenance (Back to Index)

If a client reports that they have terminated their employment, the case manager must end the employment record.

Job termination may be verbally self-declared. If a client reports that they are not terminated, but currently have no hours/pay, the income source must be zeroed out. If it is unclear whether they are still employed, and your two cold call attempts to the client are unsuccessful, the source must be ended in BEACON. A verbal self-declaration that a client is no longer working must be accepted.

You must inquire if the client receives PFML when the client states they have ended a job or have taken a leave. If the client reports that they are not receiving PFML, no additional action is required. If the client reports that they are receiving PFML, and the case is certified as Simplified Reporting, you must determine if the amount of PFML income when added to the case will place the client over the gross income limit for their household size. If the reported income would not place the client over the gross income limit, no verification is required, and no income is to be entered into BEACON. The case manager must detail this information in the narrative to be reviewed at the next reporting period.

If the reported income will place the client over the gross income limit, the case manager must send a mandatory VC-1 for PFML income. If the client fails to submit the required verification by the VC-1 due date, the case manager must close the case for Noncooperation with a reason of Fail to provide the required verifications.

Recertification (Back to Index)

If a client is receiving PFML at recertification, the only income type the client can select to best fit this income type on the online recertification is Other. When a case manager first reviews the recertification, the case manager will not know what type of income the client is receiving. When you speak with the client during the interview, you must confirm if the

client is receiving PFML, enter in the information on the Other Income Status page, and a mandatory VC-1 must be issued upon confirmation. If the cold call attempts are unsuccessful, you must issue an appointment letter.

If verification is not provided, the case will automatically close on the release date.

Entering Paid Family and Medical Leave in BEACON (Back to Index)

A new PFML drop-down section has been created on the Other Income Status page under Type in BEACON. All PFML payments must be entered using the new drop-down selection as unearned income for TAFDC, EAEDC and SNAP. For more information regarding entering unearned income in BEACON, please click here.

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Medical Expense Deduction During Review Periods

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Medical Expenses at Interim Report (Back to Index)

Clients are not required to report changes in medical expenses at Interim Report (IR). However, a client at IR may **voluntarily** report changes in medical expenses by writing the change in the Additional Notes section (or elsewhere on the form); verbally reporting the change during a call or in-person interaction; and/or submitting medical documentation with the form.

You must not ask clients who submit an Interim Report to submit documentary evidence of medical expenses, unless they voluntarily report one of the following changes:

- A change in medical expenses resulting in the household's total medical expenses going **from less than $190 per month to Actuals (i.e., more than $190 per month)**.
- A change in medical expenses resulting the household's total medical expenses **remaining in the Actuals range**.

Important	If a client does not report any medical information on the IR form and they have existing medical expenses, you must not call or send a letter to ask the client about their medical expenses. You must leave the medical expense record as is.

Procedures for Verifying Changes in Medical Expenses at IR (Back to Index)

Client Reports Change in Medical Expenses that Results in Standard Medical Deduction (SMD)

If a client at IR clearly indicated their medical information (including a breakdown of each type and cost) on the IR form, **and the change results in the household's total medical expenses being less than or equal to $190 per month**, you must accept the information on the IR form as a written self-declaration.

At IR, clients who report a change in medical expenses resulting in the SMD must provide at least **a telephonic self-declaration of medical expenses** if they:

- wrote on the IR form that their medical expenses changed, but omitted necessary details (such as the amounts) to complete the written self-declaration; or
- did not report a change in medical expenses in writing, but reported during a call or in-person interaction that their medical expenses changed.

If the client at IR voluntarily indicates a change in medical expenses, but you are unsure whether they are still in the SMD range (>$35/month, ≤$190/month), you must follow the optional verification procedures detailed in Simplified Reporting Interim Report.

Reminder	Staff must act on verified-upon-receipt information. This means that if a client **voluntarily** supplies verification of their medical expenses, you must act upon them. The medical expense amount must be updated in BEACON, even if the client was not actually required to provide documentary evidence.

SMD into Actuals

At IR, if a client is already receiving the SMD and they voluntarily indicate a change in medical expenses (verbally or in writing) that brings their monthly total into Actuals, you must send them an optional VC-1 for verification of **all** medical expenses.

This means that if the household is already receiving the SMD solely based on their self-declaration of medical expenses in the SMD range, they must also submit documentary evidence of the items that they previously self-declared.

Example: A client is currently receiving credit for $150 per month in prescriptions. DTA credited this expense based on the client's self-declaration because $150 is in the SMD range (>$35/month, ≤$190/month). At IR, the client reports $50 per month in health insurance. Because the additional $50 brings the household's total medical expenses into Actuals (>$190/month), staff must send a VC-1 for both the prescriptions and the health insurance.

Note	In some cases, a client getting the SMD will have already submitted documentary evidence of medical expenses, even though they were only required to provide a self-declaration. In such cases, if the client at IR reports a change that brings their medical expenses into Actuals, they do not need to reverify the item for which they already provided documentary evidence.

Remaining in Actuals

At IR, if a client is already credited with medical expenses above $190 per month and they voluntarily indicate a change in medical expenses that keeps their monthly total in

Actuals, you must send them an optional VC-1 for only the medical expenses that changed. (Since the total medical expenses were already in the Actuals range, the ECF already includes documentary evidence of the items that did not change.)

Example: A client is currently receiving credit for $200 per month in prescriptions. DTA credited this expense based on a print-out from a pharmacy (rather than the client's self-declaration) because $200 per month is in the Actuals range. At IR, the client reports $50 per month in health insurance. Because the additional $50 will keep the household's total medical expenses above $190 per month, staff must send a VC-1 for only the health insurance. The client does not have to reverify prescriptions because they did not change and documentary evidence is already in the ECF.

$0 into Actuals

At IR, if a client voluntarily indicates a change in medical expenses (verbally or in writing) that brings their monthly total from being less than $35 per month into Actuals, you must:

1. Use the medical items and amounts that the client wrote on the form as a self-declaration that their medical expenses are at least less than or equal to $190 per month. If the information on the form is incomplete or no form was submitted, follow the Telephonic Signature procedures to have the client self-declare a portion those medical expenses that are less than or equal to $190 per month.
2. Enter all the medical expenses into BEACON. You must select the appropriate Expense Type in the Health Insurance and/or Medical Expense pages and enter the self-declared amounts.
3. Send an optional VC-1 for all the medical expenses (including those that client already self-declared). Please note that in order for the household to receive an Actual medical expense deduction, all medical expenses except mileage must be verified through documentary evidence.
4. Mark the self-declared items of the medical expenses as verified. Do NOT mark as verified the portion of medical expenses that need documentary evidence and cannot be verified via telephonic or written self-declaration. Write a detailed narrative.
5. If there are otherwise no missing mandatory verifications, process the case without crediting the medical expenses that are marked as unverified. Only credit the SMD.
6. If not crediting medical expenses above $190 per month results in the case getting denied or approved at $0, the case must not be processed at this time. Rather, you must:
    - remove the authorization to process the case.
    - create an Action to process the case on or before the BEACON Release Date for the IR.
    - If the medical expense verification is received on or before the BEACON Release Date, enter all the medical expenses into BEACON and approve the case. Credit the household with the medical expenses above $190 per month.
    - If the medical expense verification is not received by the BEACON Release Date, process the case without entering the portion of the medical expenses that brings the total medical expenses above $190 per month. Only credit the household with the standard medical deduction.

Medical Expenses at Recertification (Back to Index)

At recertification, clients are prompted to indicate whether their medical expenses have changed. They may report changes in medical expenses by writing the change on the form (in the Medical Costs section); verbally reporting the change during a call, in-person interaction, or interview; and/or via medical documentation submitted.

You must not ask clients at recertification to submit documentary evidence of medical expenses unless they report one of the following changes:

- A change in medical expenses resulting in the household's total medical expenses going **from less than $190 per month to Actuals (i.e., more than $190 per month)**.
- A change in medical expenses resulting in the household's total medical expenses **remaining in the Actuals range**.

Important	If a client at recertification leaves the Medical Costs section blank, staff must accept this as a self-declaration that the eligibility factor has not changed. Staff must not pursue additional verification from the client, and must leave the medical expense record as is.

Procedures for Verifying Changes in Medical Expenses at Recertification (Back to Index)

Client Reports Change in Medical Expenses that Results in SMD

If a client at recertification clearly indicated their medical information (including a breakdown of each type and cost) on the recertification form, **and the change results in the household's total medical expenses being less than or equal to $190 per month**, you must accept the form as a written self-declaration.

At recertification, clients who report a change in medical expenses resulting in the SMD must provide at least **a telephonic self-declaration of medical expenses** if they:

- wrote on the recertification form that their medical expenses changed, but omitted necessary details (such as the amount) to complete the written self-declaration; or
- did not report a change in medical expenses in writing, but told the worker during an interview, call, or in-person interaction that their medical expenses changed.

If the client at recertification indicates a change in medical expenses, but you are unsure whether they are still in the SMD range, you must follow the optional verification procedures detailed in Simplified Reporting - Recertification.

Reminder	Staff must act on verified-upon-receipt information. This means that if a client **voluntarily** supplies verification of their medical expenses, you must act upon them. The medical expense amount must be

	updated in BEACON, even if the client was not actually required to provide documentary evidence.

SMD into Actuals

At recertification, if a household already receiving the SMD indicates a change (verbally or in writing) in medical expenses that results in the household going from SMD into Actuals, you must send an optional VC-1 for verification of **all** medical expenses.

Remaining in Actuals

At recertification, if a client is already credited with medical expenses above $190 per month and they indicate a change (verbally or in writing) in medical expenses that keeps their monthly total in Actuals, you must send them an optional VC-1 for verification of only the medical expenses that changed. (Since the total medical expenses were already in the Actuals range, the ECF includes documentary evidence of the items that did not change).

$0 into Actuals

At recertification, if a client indicates a change in medical expenses (verbally or in writing) that brings their monthly total from being less than $35 per month into Actuals, you must follow the same steps for IR detailed in the $**0 into Actuals** section above.

Important	You must not remove **recurring** medical expenses that are on record at the point of recertification unless the client reports that they have changed and fails to perform the appropriate follow-up (i.e., self-declaration if within SMD range or verification if within Actuals range). A pop-up may appear if there are pre-existing medical expenses on record with an older Medical Expense Type and/or no Subtype (i.e., Subtype indicated as "Not Applicable") asking you to delete or end the record and add a new record. You do not have to delete or end the existing record. Instead, you must consider, given the circumstances, if the record needs to be updated based on the procedures on this page. **Non-recurring** expenses will be automatically removed at their designated end date. For more information, see Nonrecurring Medical Expenses.

Examples (Back to Index)

Telephonic Self-Declaration Accepted: Cory (he/him) is federally disabled and was credited with $100 in monthly medical expenses when he initially applied for SNAP. At recertification, Cory writes on his recertification form that his total medical expenses increased from $100 to $140 per month. Because Cory's medical expense total remains less than or equal to $190 per month, Cory must provide a self-declaration of the change. Moreover, since Cory did not break down each medical expense type, amount, and frequency on the form that he submitted, he must provide a telephonic self-declaration to confirm these missing details. If BEACON will not allow the record to be updated because they are pre-existing medical expenses with an older Medical Expense Type and/or no Subtype (i.e., Subtype indicated as "Not Applicable"), in those instances you would delete or end the pre-existing medical expense record and create a new record using the updated Types, Subtypes and frequency.

Verification Needed: Elizabeth (she/her) is federally disabled and in the process of recertifying her SNAP case. Elizabeth is reporting an increase in her total medical expenses from $180 to $210 per month. Since the total monthly amount is over $190, verification is required. Staff must use the medical information that Elizabeth wrote on her recertification form as a self-declaration that her medical expenses are (at least) less than or equal to $190 per month. Staff must then send Elizabeth an optional VC-1 for all the medical expenses and, pending the return of the full medical verification, process the case with credit given for the SMD.

No Self-Declaration or Verification Needed: Kevin (he/him) is elderly and was credited with $100 in monthly medical expenses when he initially applied for SNAP. At IR, Kevin does not provide any written information about his medical expenses but calls DTA to verbally report that his total medical expenses have not changed. Because Kevin reported no change, staff do not need to send a VC-1 or ask Kevin to provide a self-declaration. The previously verified amount of $100 in medical expenses must continue to be used in Kevin's SNAP benefit calculation.

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Entering Medical Expense Data in BEACON

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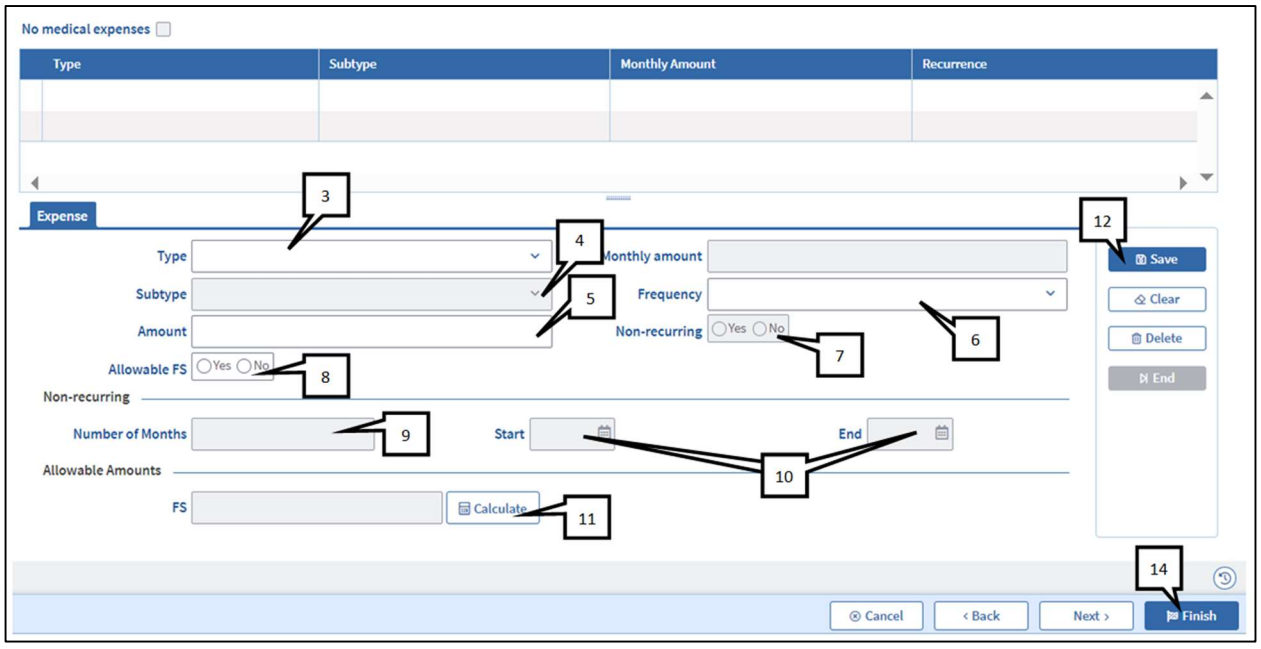
Overview (Back to Index)

The Medical Expenses page identifies medical expenses incurred by an elderly or disabled household member.

This page is usually enabled so that new medical information can be entered at any time. This page is marked for reedit any time a SNAP RFA includes someone who is at least age 60 and/or federally disabled.

Entering Medical Expenses (Back to Index)



1. Access the Medical Expenses page.

2. Select the client who incurs the medical expenses from the Household Member List. (On each applicable BEACON page, you can access this list by clicking the following icon at the top left corner of the page: )
3. For Type, select an appropriate expense type from the dropdown list.
4. For Subtype, select an appropriate expense type from the dropdown list. This field will be disabled until you select a Type.
5. For Amount, enter the amount of the expense in dollars and cents.

Note	You will need to add a decimal point when entering expenses that are not a whole dollar amount. Example: If a weekly payment of $40.50 is made and is entered as 4050, BEACON will add a decimal point and make the amount $4050.00.

6. For Frequency, select the appropriate frequency of the expense from the dropdown list.
7. For the Non-recurring radio buttons, Yes or No will be automatically chosen based on Frequency selection. If you select "One Time" from the Frequency dropdown, BEACON will automatically select Yes. If you select any other option from the Frequency dropdown, BEACON will automatically select No.
8. For Allowable FS, if the medical expense is an allowable deduction for SNAP, select yes—otherwise, select no. The allowable amount will be displayed at the bottom of the page.
9. Enter the Number of Months for any non-recurring (One Time) medical expense. You must use the Optimal Proration Tool to determine the number of months for which the client will receive full credit for their non-recurring medical expenses.

   To use the Optimal Proration Tool to determine the number of the months that will be most beneficial to the client, follow the steps in the Non-Recurring Medical Expenses page. The Number of Months field will be disabled for any medical expenses with a Frequency other than One Time (i.e., recurring medical expenses).
10. For any non-recurring medical expense, BEACON will automatically set the Start and End Date based on entries in the Number of Months field.

    For more information on establishing the start date for non-recurring medical expenses, see Non-Recurring Medical Expenses.
11. Click Calculate. BEACON will add up the total **recurring** and **non-recurring** medical expenses recorded in the page.
12. To save the record, click Save.
13. To add expenses, repeat previous steps.
14. Click Next to save and go to the next page in the workflow, or click Finish to save your entries or changes and to exit the page and the workflow.

Update a Medical Expense Record (Back to Index)

1. Select a client from the Household Members list and select the record to be updated from the select list.

2. Update all relevant data, following the steps detailed above in Entering Medical Expenses.

Important	The Type and Subtype fields are disabled for the existing record. In circumstances where these fields must be edited, the existing Medical Expense record must first be ended or deleted, and a new Medical Expense record entered.

Important	If a client has older, pre-existing medical expenses on record with an older Medical Expense Type and/or no Subtype (i.e., Subtype indicated as "Not Applicable"), a pop-up will appear in the Medical Expense page in BEACON asking you to delete or end the record and add a new record. You do not have to delete or end the existing record, instead **you must consider the circumstance of the case before deleting or ending any existing medical expense**. For instance, clients are not required to report changes to medical expenses for an Interim Report or during the case maintenance period. If a client is reporting changes to an existing medical expense and BEACON will not allow the record to be updated, in those instances you would delete or end the pre-existing medical expense record and create a new record using the updated Types, Subtypes and frequency.

End or Delete a Medical Expense Record (Back to Index)

1. To delete, select the appropriate household member from the members list, select the record to be deleted from the select list, and click Delete.

Important	Only records that have not been saved or used in a calculation can be deleted. If the record has been saved or used in a calculation you must end the record (see end a record below).

2. To end, select the record to be end dated from the select list and click End.
3. Click Save to save the end dated record to BEACON.
4. Click Next to save and go to the next page in the workflow, or click Finish to save and to exit the page and the workflow.