



Office of the Inspector General

Commonwealth of Massachusetts

Glenn A. Cunha
Inspector General

The Bureau of Program Integrity's Review of the Work Program Requirement for Transitional Aid to Families with Dependent Children

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One Ashburton Place, Room 1311 | Boston, MA 02108 | (617) 727-9140 | www.mass.gov/ig

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Executive Summary

In 2013, the Legislature created the Bureau of Program Integrity (Bureau) within the Office of the Inspector General to monitor the quality, efficiency and integrity of public benefits programs administered by the Executive Office of Health and Human Services.

The Bureau submitted its first report, “The Bureau of Program Integrity’s 2013-2014 Review of the Department of Transitional Assistance,” in February 2014. As the next subject for review, the Bureau selected the Work Program Requirement (Work Requirement) of the Transitional Aid to Families with Dependent Children (TAFDC) cash benefits program. This review occurred between March 2014 and June 2014.

The Work Requirement is based upon a federal mandate to engage TAFDC recipients in work-related activities in order to facilitate their transition to self-sufficiency. Some recipients, such as disabled individuals, qualify for exemptions from the Work Requirement. Recipients who are subject to the Work Requirement must participate in work-related activities for a certain number of hours per week. The Work Requirement is intended to reinforce the temporary nature of TAFDC benefits and to help recipients achieve economic stability without these benefits.

The Bureau chose to review the Work Requirement because it is critical to the mission of the TAFDC program and to recipients’ self-sufficiency. The Department of Transitional Assistance (Department) must meet federal standards for the Work Requirement in order to qualify for federal funds that support the TAFDC program. From studying the welfare reform legislation filed in 2013, the Bureau recognized that the Work Requirement was a priority for policy reform. In accordance with the Bureau’s statutorily-defined role, the Bureau analyzed processes by which the Department implements the Work Requirement. The Bureau recommends changes to improve Work Requirement processes and avoid fraud, waste and abuse within the TAFDC program.

To provide a broad perspective on the Work Requirement, the Bureau conducted an analysis of data provided by the Department. The Bureau reviewed the population of TAFDC recipients as of February 1, 2014 who were eligible for the Work Requirement. The vast majority of those recipients – nearly 70% – qualified for statutory exemptions. Recipients with such exemptions are excused from Work Requirement activities and are eligible to receive TAFDC benefits for a longer period of time than nonexempt recipients. The most prevalent reasons for exemptions were based on disabilities and caring for children under the age of two. The Bureau also analyzed other categories of recipients who had short-term exceptions from Work Requirement participation and extensions of their TAFDC benefits. The Bureau attempted to analyze the population of TAFDC recipients who were actually participating in the Work Requirement and those who were sanctioned for failing to participate, but the Department’s data did not provide enough information to complete such an analysis. To administer the Work Requirement more effectively, the Department must improve the quality and scope of the Work Requirement data that it collects.

To conduct a close analysis of Work Requirement processes, the Bureau analyzed a sample of thirty cases. In these cases, the Bureau found that case managers did not comply with current Department standards for assessing recipients for the Work Requirement. The Bureau concluded

that case managers' initial assessments were focused on determining whether a statutory exemption might apply, rather than discussing recipients' employment capabilities and training needs. The Bureau also found that case managers did not reevaluate recipients later in the benefits period and did not engage in timely and thorough transition planning. Assessment is challenging work, and the Department must provide appropriate training, tools and staff resources to support it. Moving forward, the Department must promote a model for case management with ongoing, individualized assessment as a central focus.

In its sample of cases, the Bureau identified other ways to improve Work Requirement processes. The Bureau found that case managers did not track cases to anticipate and plan around key milestones, such as when exemptions from the Work Requirement were due to expire. The Bureau also found evidence that the Department's current process for sanctioning noncompliant recipients, which involves four complicated stages, did not foster compliance with the Work Requirement. Ultimately, in administering the Work Requirement, the Bureau concluded that the Department must achieve an effective balance between automated processes and individual attention to recipients. The Bureau makes several recommendations to improve the tracking of cases with system enhancements and new procedures.

In October 2013, before the Bureau started this Review, the Department analyzed its administration of the Work Requirement and identified strategies for improvement. In formulating recommendations, the Bureau took into consideration the Department's analysis of concerns with the Work Requirement and initiatives that the Department currently has under way to address those concerns. The Bureau's recommendations include:

- Improvements to BEACON, the Department's interactive eligibility database;
- Stronger verification and screening procedures;
- Clear standards for initial and ongoing assessment of recipients;
- Reevaluation of the sanction process for recipients who do not comply with the Work Requirement;
- Development of new strategies for helping recipients with barriers and disabilities achieve economic stability; and
- Training for case managers.

The Bureau's recommendations to improve Department processes will complement and support the new policies and programs outlined in welfare reform legislation, signed by Governor Patrick on July 7, 2014. With improvements to processes, the Department will be better equipped to achieve the critical mission of helping recipients pursue and achieve economic self-sufficiency. In accordance with its statutory mandate, the Bureau will continue in its oversight role and will monitor the Department's response to these recommendations, as well as the Department's implementation of statutory reforms.

Introduction

I. The Office of the Inspector General

The Office of the Inspector General (the Office) was established in 1981 for the purpose of preventing and detecting fraud, waste and abuse in the expenditure of public funds. G.L. c. 12A, § 7. The Office seeks to prevent fraud, waste and abuse before they happen by implementing a three-part strategy: early intervention, education and the provision of technical assistance. The Office also conducts civil and criminal investigations related to fraud, waste and abuse, and coordinates with various state and federal prosecutors to target individual wrongdoing.

The Office is an independent agency, separate and apart from the Executive Branch. The Inspector General is appointed by a majority vote of the Attorney General, the State Auditor and the Governor for a term of five years. *Id.* at § 2. The Inspector General is appointed without regard to political affiliation, and solely on the basis of integrity and demonstrable ability to perform the functions of the job. *Id.* Pursuant to the enabling statute, employees of the Office of the Inspector General are prohibited from holding or running for any elective public office, and must refrain from participating in any political campaign of any candidate for public office. *Id.* at § 4. As a result, the Office approaches its investigative and review work with independence and neutrality.

In order to carry out its mandate, the Office is authorized to supervise, coordinate and conduct audits and investigations relating to the expenditure of public funds by state agencies. *Id.* at § 8. Additionally, the Office recommends policy adjustments, procedural improvements and legislative initiatives, and can oversee the implementation of suggested policies at an agency's request. *Id.* The Office has broad inspection and summons powers in order to pursue its investigations. *Id.* at § 9.

In recent years, the Office has been involved in a variety of initiatives specifically related to benefits programs under the Executive Office of Health and Human Services (EOHHS), including MassHealth and the Health Safety Net. In January 2013, pursuant to a legislative mandate, the Office issued a report entitled "Review of Eligibility for the Transitional Aid to Families with Dependent Children Program" (the Office's 2013 Report), which focused on eligibility and fraud issues in the Transitional Aid to Families with Dependent Children program (TAFDC).

II. The Bureau of Program Integrity

Established in August of 2013, the Bureau of Program Integrity (the Bureau) is charged with monitoring the quality, efficiency and integrity of public benefits programs administered by EOHHS. The Legislature directed the Inspector General to hire and supervise a director and staff for the Bureau, and the Bureau is located within the Office of the Inspector General. G.L. c. 6A, § 16V.

In creating the Bureau, the Legislature outlined the following duties in G.L. c. 6A, § 16V:

1. Monitor the quality, efficiency and integrity of EOHHS programs;
2. Prevent, detect and correct fraud, waste and abuse;
3. Review current eligibility intake and determination procedures for public benefit programs administered by EOHHS;
4. Assist in development of any new intake procedures and regulations for eligibility determination;
5. Monitor whether eligibility regulations are being followed by the administering agency;
6. Assist with the coordination with other state agencies to transmit and collect data on beneficiaries;
7. Coordinate with the Program Integrity Division under the Department of Transitional Assistance;
8. Provide training to employees on methods of intake procedures and eligibility determinations;
9. Automate reporting of indicators of potential fraud cases; and
10. Coordinate and consult on eligibility verification for recipients of benefit programs through the sharing of information with other agencies and departments.

On February 28, 2014, the Bureau released its first report entitled “The Bureau of Program Integrity’s 2013-2014 Review of the Department of Transitional Assistance” (2013-2014 Review). By filing the 2013-2014 Review, the Bureau fulfilled the following legislative mandate in Section 184 of Chapter 38 of the Acts of 2013:

SECTION 184. Notwithstanding any general or special law to the contrary, the director of the bureau for program integrity shall review the management and operations of the department of transitional assistance, including any reports conducted by external consultants, and recommend whether the current organizational structure is effective for ensuring that only those persons who are eligible receive public benefits. In examining the organizational structure, the director shall study and report on whether the department would benefit from additional investigators to work with caseworkers to identify cases of waste or abuse. The director shall also make recommendations on a standardized filing system for case file organization to be implemented throughout all of the department offices. The director shall make a report to the general court on the director’s recommendations by filing the same with the clerks of the senate and the house of representatives on or before March 1, 2014.

In the 2013-2014 Review, the Bureau made recommendations for improving eligibility processing, program integrity efforts, and management and operations at the Department.

The Bureau submits this “Review of the Work Program Requirement for Transitional Aid to Families with Dependent Children” (Work Requirement Review) in keeping with its ongoing mandate to “monitor whether eligibility regulations are being followed by the administering

agency” and “monitor the quality, efficiency and integrity of EOHHS programs.” G.L. c. 6A, § 16V.

III. The Department of Transitional Assistance

The Department of Transitional Assistance is one of sixteen agencies that fall within EOHHS and is responsible for administering both state and federally-funded cash and food-assistance programs. As of June 2014, the Department had 22 regional transitional assistance offices (TAOs) located throughout the Commonwealth and approximately 1,548 employees. Today, the Department serves one out of every eight people in Massachusetts, including working families, children, elders and people with disabilities.

The Department states its mission as assisting low-income individuals and families in meeting their basic needs, increasing their incomes and improving their overall quality of life. The Department identifies its three main goals as: (1) increasing the personal and economic well-being of their recipients and providing necessary benefits; (2) reducing homelessness; and (3) improving customer service.

The Department administers two cash assistance programs, Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled and Children (EAEDC). In addition, the Department administers the Supplemental Nutrition Assistance Program and the State Supplement Program (SSP).¹ The Department is responsible for conducting intake procedures, reviewing applications, determining eligibility, administering benefits and conducting internal oversight of these programs.

The Department’s recordkeeping currently includes an interactive eligibility database called BEACON. The record for each benefits case includes the electronic record on BEACON and the physical case file. Staff members who handle TAFDC cases are called case managers. BEACON supports initial intake interviews by guiding the case manager through a pre-programmed interview with fields designed for data collection. BEACON automatically reviews the data to identify eligibility issues and to calculate benefits for eligible recipients.

IV. Transitional Aid to Families with Dependent Children (TAFDC)

The TAFDC program is for a recipient who has at least one dependent child under eighteen (or under nineteen if the dependent child is still in high school) or is pregnant and within 120 days of the expected date of birth. The Department issues TAFDC benefits to members of a household, commonly referred to as an assistance unit.

¹ The Bureau does not focus on EAEDC, SNAP and SSP in this Work Requirement Review. EAEDC is a small cash benefits program for elderly individuals, disabled persons and dependent children who are in the care of someone who is not related to them. SNAP is a non-cash, food-assistance program fully funded by the federal government. It is formerly known as food stamps. SSP is a federally-regulated benefits program for those who are eligible for Supplemental Security Income; certain individuals over 65, blind persons and the disabled.

TAFDC recipients must meet income and asset limits; to be eligible, recipients may not own countable assets collectively valued at over \$2,500 and may not receive earned or unearned income over limits set according to a variety of criteria.² Recipients have a responsibility to report any change of circumstances that may affect their eligibility or the amount of their grant within ten days of such change. 106 CMR 701.420. Recipients must also be U.S. citizens or legal immigrants, reside in Massachusetts and comply with a variety of program standards set in state and federal regulations.³ As of May 2014, the TAFDC program included approximately 45,000 households in Massachusetts, and the average cash benefit distribution per household for fiscal year 2013 was \$453 per month.⁴ To administer the TAFDC program, Massachusetts applies state and federal funds.

A primary requirement that TAFDC recipients must fulfill in order to keep their benefits is called the Work Program Requirement (Work Requirement).⁵ The goal of the Work Requirement is to transition recipients to employment or some other means of self-sufficiency. The Work Requirement is governed by a complicated mix of state and federal standards.

V. Temporary Assistance to Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) is the federal program that contributes funding to TAFDC. States are required to contribute a minimum amount annually, known as the “maintenance of effort” (MOE) requirement, to TANF-related populations and activities.⁶ Congress distributes the bulk of federal TANF funding through fixed block grants to each of the states.⁷ Block grants provide funding for a variety of benefits, services and activities that address disadvantaged families with children.

A central component of TANF is its emphasis on transitioning recipients to work so that the benefits are truly temporary. Work-eligible TANF recipients must participate in work activities for a minimum number of hours each month as a condition for receiving cash benefits, unless they are excused from this requirement.⁸ Under federal regulations, TANF recipients are work-eligible if they are the head of household for the assistance unit or if they are adults residing in the household of the assistance unit. Adults who are not eligible for TANF benefits themselves

² See 106 CMR 204.010, et seq.

³ See 45 CFR 206.10; 106 CMR 203.000.

⁴ See Department of Transitional Assistance, Facts and Figures (June 2014), available at: <http://www.mass.gov/eohhs/docs/dta/facts-figures/dta-fac-figs-june14.pdf>.

⁵ For the purposes of this Work Requirement Review, “recipient” refers to either a grantee or other person. Grantees and other persons are eligible for the Work Requirement. The Department assigns the label “grantee” to the applicant and head of household for the TAFDC assistance unit. The label “other person” refers to an adult residing with the Grantee and dependents. The other person in an assistance unit may be the Grantee’s spouse, partner or the other parent of the dependents.

⁶ See 45 CFR 263.1-263.9.

⁷ Gene Falk, Cong. Research Serv., R40946, The Temporary Assistance for Needy Families Block Grant: An Introduction (Oct. 23, 2013), p. 1, available at: <http://www.fas.org/sgp/crs/misc/R40946.pdf>.

⁸ See 45 CFR 261.10.

but receive them on behalf of dependents are also work-eligible. The federal definition of work-eligible excludes the following: (1) noncitizens who do not receive benefits; (2) parents caring for disabled relatives; and (3) recipients of MOE-funded assistance under a Tribal TANF program. Federal regulations allow states to exclude recipients of Supplemental Security Income (SSI) and Social Security Disability Income (SSDI).⁹ States have discretion to set additional parameters for excluding recipients from the Work Requirement within their TANF-funded programs.¹⁰ However, they must meet federal requirements for participation. All recipients who fit the definition of work-eligible in the federal regulations must be included when states calculate the number of recipients who are participating in Work Requirement activities.¹¹

Each state is required to achieve a 50% minimum overall work participation rate for all TANF families with a work-eligible individual. In two-parent households where both parents are eligible for the Work Requirement, the minimum participation rate is 90%.¹² States must supply data regularly to the federal government for an annual calculation of the work participation rate. Federal standards determine which recipients are included in this rate.

Recipients cannot receive federal TANF funds for more than five years or 60 cumulative months, whether or not consecutive. States may extend the five-year limit to 20% of TANF recipients based on hardship, which each state defines.¹³

VI. Supplemental Security Income (SSI)

Congress created the Supplemental Security Income (SSI) program in 1974 to provide federal funding and assistance to elderly and disabled individuals. Federal funding supports SSI, but states can supplement it.¹⁴ The Social Security Administration (SSA) administers SSI and regulates eligibility requirements, oversees disbursement of monthly funds, and tracks and monitors recipients.

To be eligible for SSI, low-income recipients with limited resources must be either 65 years of age or older, or a person of any age who is blind or disabled. The SSA has defined disability as “the inability to do any substantial gainful activity by reason of any medically determinable

⁹ See 45 CFR 261.2(n)(1)-(n)(2).

¹⁰ As discussed in Work Requirement Review, Section II(E), Massachusetts has a number of additional exemption categories for TAFDC. Other states also have their own exemption categories. For example, California exempts adult household members who are receiving state disability insurance or temporary worker’s compensation. Delaware exempts those who meet the state definition of disabled, while Montana excludes full-time students who enroll in its Parents as Scholars program. For additional information, see David Kassabian, et al., Office of Planning, Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services, OPRE Report 2013-27, Welfare Rules Databook: State TANF Policies as of July 2012 (November 2013), available at: http://anfdata.urban.org/databooks/Databook%202012%20FINAL_Nov2013_web.pdf.

¹¹ See 45 CFR 261.22 (work rate calculation).

¹² See 45 CFR 261.21 (overall work rate); 45 CFR 261.23 (two-parent work rate).

¹³ See 45 CFR 264.1(c).

¹⁴ Social Security Administration, 05-11000, Supplemental Security Income (SSI) (2012), available at: <http://www.ssa.gov/pubs/EN-05-11000.pdf>.

physical or mental impairment” for at least a period of one year. 20 CFR 404.1505(a). Disabled recipients who receive SSI are subject to periodic medical reviews to assess whether their medical conditions have improved. If a disabled recipient is able to return to work, he will no longer qualify for SSI benefits.¹⁵ As of May 2014, the average nationwide monthly benefits payment for an individual on SSI was \$536.75.¹⁶

¹⁵ Social Security Administration, 05-11011, What You Need to Know When You Get Supplemental Security Income (SSI) (2013), available at: <http://www.ssa.gov/pubs/EN-05-11011.pdf>.

¹⁶ See Social Security Administration, SSI Monthly Statistics, Supplemental Security Income Recipients (May 2014), available at: http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/2014-05.html.

Work Requirement Review

I. Approach to Review

In this Work Requirement Review, the Bureau provides a basic overview of the Work Requirement and the processes by which the Department applies, monitors and enforces it. The Bureau does not intend for this Review to be a comprehensive assessment of all aspects of the Work Requirement. Instead, the Bureau analyzed processes related to the Work Requirement and offers recommendations for improving them. The Bureau conducted this Review using statutes and regulations in effect as of July 1, 2014.

To research this Review, the Bureau reviewed Department regulations and training materials as well as the Department's analysis of its administration of the Work Requirement. The Bureau also met with Department administrators and interviewed more than a dozen staff members to help inform the Bureau's review. The Bureau also researched the Department's policies, procedures and operations memos regarding the Work Requirement and observed recipient interviews at the TAOs.

The Bureau requested TAFDC data based on specific queries related to the Work Requirement and analyzed the data to identify broad populations and trends. The Bureau requested BEACON data for the entire population of TAFDC grantees and other persons (*i.e.*, recipients who are generally required to complete the Work Requirement) who were receiving benefits as of February 1, 2014. Finally, the Bureau used the BEACON data to identify a small population of cases for close analysis.¹⁷

The Bureau reviewed the physical files and BEACON records for a group of 30 cases from five of the largest regional TAOs (based upon the size of the total recipient population): Brockton, Chelsea, Dudley Square (Boston), Newmarket Square (Boston) and Worcester. The Bureau spent one day at each of the five chosen TAOs and provided a list of the cases selected for review to each office upon arrival. Upon receipt of the case files, the Bureau checked personal data to ensure that TAO staff delivered the specific files that the Bureau had requested. Once the Bureau confirmed that the Department had provided the correct files, Bureau staff then electronically scanned the entire contents of each file and created a digital copy of the entire file. A Bureau staff member reviewed each file based on a written protocol, recorded results and drafted a narrative summarizing each file. A second Bureau staff member confirmed the results of the file review and narrative.

In the sections that follow, the Bureau's Review of the Work Requirement includes the following:

- An overview of the relevant regulatory standards for the Work Requirement;
- A summary of concerns identified by the Office and the Department;
- A broad data analysis;

¹⁷ See Work Requirement Review, Section IV(A) for a more detailed description of the file selection process.

- The results of the Bureau’s case file review; and
- The Bureau’s recommendations for improving the Work Requirement.

II. Introduction to the Work Requirement

The population of TAFDC recipients breaks down into several categories in relation to the Work Requirement: exempt recipients, participating recipients, sanctioned recipients, recipients who qualify for a short-term exception and recipients who qualify for a longer-term exemption.¹⁸ Some recipients fall into each of these categories at different times during their TAFDC benefits period. For all work-required recipients, benefits are limited to a cumulative maximum of 24 months in a continuous 60-month period. 106 CMR 203.200(A). A discussion of the Work Requirement standards for assessment, participation, sanctioning, exceptions and exemptions follows below, along with an explanation of the time limits for TAFDC benefits. At the end of this section, the Bureau provides a brief explanation of the process for requesting an extension of benefits past the 24-month benefits period.

A. Work Requirement Assessment

The initial assessment for the Work Requirement occurs at the initial intake interview. Case managers must explain the Work Requirement and provide materials, such as brochures and orientation materials.¹⁹ The initial screening during the interview is to determine whether recipients are subject to the Work Requirement, or if they qualify for any exemption(s). As discussed in further detail below, qualifications for some exemptions are self-evident (*e.g.*, pregnancy and age(s) of recipients and children), but disability-related exemptions require more extensive screening and verification.

During the interviews, case managers and recipients must discuss recipients’ skills, education, employment history and interests. They must also discuss barriers to employment and identify health-related, cognitive or vocational barriers or disabilities.²⁰ The Department relies primarily on recipients’ self-reporting, but case managers can access information about recipients’ employment history in data-match resources. BEACON prompts case managers with interview questions and requires data entry in specific fields that identify educational background, employment history, barriers to employment and professional interests. Case managers also use the “TAFDC Applicant Information Form” (see Appendix A for a copy of this form) to gather information from recipients. Based on the information obtained at the initial assessments, case managers identify recipients in BEACON as exempt or nonexempt (*i.e.*, either excused from or

¹⁸ A recipient may also request a waiver of any TAFDC program requirement, including the Work Requirement, based on good cause due to domestic violence if the imposition of a specific requirement would place the recipient or his or her child in further risk of domestic violence. The Department can grant domestic violence waivers on a case-by-case basis, for a temporary or permanent duration, as determined by the Department. 106 CMR 203.110.

¹⁹ See Department of Transitional Assistance, A User’s Guide: Transitional Assistance Programs and BEACON, Section XI–B, p. 7 (hereinafter, BEACON Guide). See also Department of Transitional Assistance Operations Memo 2014-44A (July 10, 2014), p. 1, 5 (hereinafter, Operations Memo 2014-44A).

²⁰ See 106 CMR 207.100 and 106 CMR 207.110.

required to fulfill the Work Requirement) and provide the reason for either designation. In addition, case managers begin the process of self-sufficiency planning with recipients by identifying their needs and capabilities and making referrals to appropriate services or Work Requirement activities. In some situations, case managers refer recipients for additional assessment by other Department staff. For example, if a recipient discloses domestic violence issues, the case manager refers the recipient to the Domestic Violence Unit located within the Department, and a specialist from the unit conducts a more detailed assessment of the recipient. If a recipient identifies cognitive barriers, the case manager refers the recipient to a staff member who has been trained to administer testing for learning disabilities.

For recipients who are required to fulfill the Work Requirement, case managers must provide information and individual guidance. For each recipient, case managers must create an “Employment Development Plan,” which is the Department’s term for a self-sufficiency plan that is individualized to the recipient’s abilities, interests and needs, as determined at the initial assessment.²¹

As follow-up to the initial assessment, case managers must monitor recipients’ progress.²² The Department also requires case managers to contact recipients for periodic follow-up interviews and reevaluations.²³ For example, when recipients no longer qualify for exemptions, case managers must update BEACON immediately with new exemption status information and contact recipients to conduct another assessment interview as soon as possible.²⁴ To help guide these reevaluations, the Department provides a form called a “Transition Plan,” which asks basic questions about recipients’ employment search and potential obstacles. (See Appendix B for a copy of this form).

States employ a variety of strategies for assessment and self-sufficiency planning. Research supports developing effective assessment processes and case management processes as a starting point for all state TANF programs.²⁵ Research also indicates that effective assessment and delivery of services to recipients with disabilities or substantial barriers to employment requires a combination of strategies and efforts. At minimum, working with this population requires a focus on the individual, staff training, effective tools and ongoing evaluation of strategies.²⁶

²¹ See 106 CMR 207.110.

²² See BEACON Guide, Section XI-B at 14.

²³ See *id.* at 8-11.

²⁴ See *id.* at 3.

²⁵ See Dan Bloom et al., Urban Institute, Office of Planning, Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services, TANF Recipients with Barriers to Employment (August 2011), available at: http://www.acf.hhs.gov/sites/default/files/opre/barriers_employ.pdf.

²⁶ See Bret Barden, Office of Planning, Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services, OPRE Report 2013-56, Assessing and Serving TANF Recipients with Disabilities (December 2013), available at: http://www.acf.hhs.gov/sites/default/files/opre/tanf_ssi_assessment_brief_full_report_2.pdf.

B. Work Requirement Participation

After the Department determines eligibility, recipients have 60 days before they must comply with the Work Requirement. 106 CMR 203.400(A)(1). They may satisfy the Work Requirement by: (1) working in a paid job; (2) working full-time in the Department's Full Employment Program, which is designed to provide TAFDC recipients with work experience;²⁷ (3) participating in community service; (4) participating in a combination of work and community service; (5) participating in substance abuse treatment while living in a substance abuse shelter; (6) doing an unpaid work-study or internship program; (7) providing childcare to a teen parent's dependent child so that the teen parent can go to school (applies when the teen parent and dependent child live with the recipient, often a grandparent); (8) participating in a Department-approved employer-based program where the employer agrees to hire the recipient once the program is completed; (9) completing vocational education or training that does not exceed 12 months; or (10) complying with housing search requirements if the recipient is living in an emergency shelter. 106 CMR 203.400(A)(2).

Case managers record and verify Work Requirement activities. 106 CMR 203.400(B). Recipients must complete the minimum hours of participation required by the regulations and provide verification of participation for time periods determined by the Department. 106 CMR 207.115. Recipients whose youngest child in the assistance unit is between age two and age six must complete twenty participation hours to satisfy the Work Requirement.²⁸ Recipients whose youngest child in the assistance unit is older than six must complete 30 hours of work participation. 106 CMR 203.400(5)(b). In households that receive TAFDC for two parents, each parent must participate for the required hours based on the youngest child's age. 106 CMR 203.400(5). If the Department finds good cause for the failure to complete required hours, the Department will not hold the recipient responsible for completing them. 106 CMR 701.380.

C. Work Requirement Sanctioning Process

Department regulations allow for sanctioning recipients who do not satisfy the Work Requirement in an escalating pattern that includes four stages, discussed below.²⁹ Before imposing a sanction, the Department must notify the recipient and determine if there is "good cause" – a just reason for failing to engage in a Work Requirement activity or to complete the required hours.³⁰ The Department reports that the entire sanctioning process can take 120 days or more.³¹ In other words, recipients who refuse to participate in the Work Requirement activities can receive TAFDC benefits for at least 120 days without consequences before the Department

²⁷ See 106 CMR 207.180 for more detail regarding the Full Employment Program.

²⁸ See 106 CMR 203.400(A)(5)(a). A child is in the assistance unit if the child was already born when the recipient first applied for TAFDC or if the child was born within ten months after application. 106 CMR 203.300. The Department's term for a child who is ineligible for benefits based on this rule is "family cap child."

²⁹ See 106 CMR 207.200.

³⁰ See BEACON Guide, Section XI-B at 10.

³¹ See Department of Transitional Assistance White Paper Briefing, Challenges: Massachusetts and the Federal TANF Work Participation Requirement (October 3, 2013), p. 29 (hereinafter, White Paper).

can terminate them from the program. The current sanction workflow involves a combination of automated processes and individual case review by case managers and supervisors. (See Appendix C for an overview of the sanction process).

1. Stage 1

When recipients do not engage in a Work Requirement activity or complete the required hours by Day 61 of the benefits period, the Department imposes a sanction and sends a mandated Employment Development Plan to the recipient.³² Additionally, the Department requires such recipients to participate in a temporary community service activity coordinated by the Department. 106 CMR 207.200(A)(2). Once a case manager confirms a community service site, the Department sends a mandated Community Service Referral and Response form to the recipient.³³

2. Stage 2

Recipients who do not respond to the Department's intervention during Stage 1 face suspension of their benefits at Stage 2. They must work at a job, participate in a mandated community service activity or participate in other Work Requirement activities for a period of two consecutive weeks in order for the Department to remove the sanction. 106 CMR 207.200(B)(1). Additionally, recipients must verify continued participation to prevent the Department from initiating the sanctioning process again. To verify participation, recipients must complete forms providing specifics on the approved activity and obtain signatures of third parties as required. Case managers must enter data in a timely fashion in several fields on BEACON in order to stop automated sanction notices before they issue.³⁴

3. Stage 3

Recipients who do not engage in the Work Requirement within twenty days after a Stage 2 notice receive an additional warning notice that suspension of their TAFDC benefits is imminent. At this stage, the suspension of benefits applies only to the recipient (a grantee or "other person") who failed to fulfill his or her Work Requirement; as a result, the Department reduces the total benefit amount but does not eliminate monthly benefits for the rest of the assistance unit. 106 CMR 207.200(B)(2). For the suspension of benefits to occur, the case manager and supervisor must review the recipient's case and approve the suspension in BEACON to ensure that the sanction action is appropriate. After this authorization, the Department sends recipients another sanction notice, along with forms and referrals for mandated community service or other Work

³² See Department of Transitional Assistance Operations Memo 2005-8 (February 2, 2005), p. 6 (hereinafter, Operations Memo 2005-8). See also BEACON Guide, Section XIX-D at 14.

³³ See Operations Memo 2005-8 at 6. See also BEACON Guide, Section XIX-D at 14.

³⁴ See Operations Memo 2005-8 at 5. The sanction process may be stopped at any time if the recipient cooperates or the case manager cannot identify a community service referral. Department of Transitional Assistance Operations Memo 2004-37A (September 24, 2004), p. 4 (hereinafter, Operations Memo 2004-37A).

Requirement activities. The Department then waits twenty more days and sends a benefits reduction notice to recipients who do not respond.³⁵

4. Stage 4

After the benefits reduction occurs at Stage 3, the next step for the case manager and supervisor is to review the case again after twenty days.³⁶ At Stage 4, the penalty for noncompliance with the Work Requirement is terminating benefits for the entire assistance unit and closing the TAFDC case. 106 CMR 203.400(A)(5). To ensure that case closure is appropriate, the case manager and supervisor must review and approve it in BEACON.

D. Good-Cause Exception to the Work Requirement

As the Department reviews the Work Requirement for individual recipients, the Department may identify recipients who qualify for good cause (discussed in this section) or who are exempt from the Work Requirement (discussed in the next section).

“Good-cause exceptions” excuse recipients from participating in the Work Requirement for specific – and usually short-term – reasons. The Department may grant good-cause exceptions at two different times: before recipients start participating or after the Department sends a sanction notice. When the Department approves good-cause exceptions, the Department excuses recipients from Work Requirement activities. Examples of reasons supporting good-cause exceptions include: (1) a temporary health problem; (2) a family crisis or emergency situation; (3) lack of appropriate and available child care; (3) violations of state or federal law (*e.g.*, wage discrimination, health and safety standards) at the employment setting; (4) a strike or lockout at the employment setting; (5) the recipient’s second or subsequent request for an exemption from the Work Requirement based on disability following on a previous denial.³⁷

The exception for temporary health problems applies when recipients have a “health condition or illness which prevents him or her from complying with the Work Requirement, [or] the requirements of [an Employment Development Plan].” 106 CMR 701.380(A)(7). A competent medical authority must verify that there is a health condition or illness that will last longer than 30 days and that prevents the recipient from meeting the Work Requirement. The competent medical authority must complete a “Good Cause Medical Statement,” a form prescribed by the Department, to certify the health condition and its duration. Case managers use the duration estimate to set the expiration date for the good-cause exception on BEACON. Recipients cannot submit self-declarations of a health condition or illness in support of this good-cause exception.

Another common good-cause exception is for a “family crisis or emergency situation.” 106 CMR 701.380(A)(2). The Department may recognize this exception when recipients or their immediate family members suffer a compelling family crisis or emergency situation that is beyond the

³⁵ See Operations Memo 2005-8 at 6.

³⁶ See *id.*

³⁷ Other reasons for good cause arise when recipients lack housing or affordable and reliable transportation, or when there is no appropriate community service site available. 106 CMR 701.380(A).

recipients' control and requires immediate attention. The recipient must verify a family crisis or emergency situation in a written, dated and signed statement, and provide a third-party contact who can verify the recipient's situation.³⁸

The time period for good-cause exceptions is included in the calculation of the 24-month benefits period.³⁹ In other words, by claiming good cause, recipients cannot extend their TAFDC benefits period.

E. Exemptions

At the time of the Bureau's Review, exemptions from the Work Requirement were governed by Section 110 of Chapter 5 of the Acts of 1995 and 106 CMR 203.100(A)(1). According to this statutory and regulatory authority, recipients who fall into one of the following eight categories are exempt from the Work Requirement: (1) disabled recipients, as defined in 106 CMR 203.530(A); (2) recipients who are essential to the care of a disabled person living in the home; (3) recipients who are pregnant and within 120 days of expected delivery; (4) recipients whose youngest child in the assistance unit is under 2 years old; (5) recipients whose youngest child is not included in the assistance unit and under three months old;⁴⁰ (6) teen parent recipients under the age of twenty and attending high school or an equivalency program; (7) recipients who are ineligible non-citizens and do not have legal employment status; or (8) recipients who are 60 years of age or older.

Exemptions remain in effect until the recipients' circumstances change, and recipients must inform the Department of any such changes. 106 CMR 203.100(A)(4). Unlike good-cause exceptions, Work Requirement exemptions stop the 24-month clock for TAFDC benefits.⁴¹ As a result, recipients who continue to qualify for at least one of the exemption categories can receive TAFDC benefits for longer than 24 months and, in certain circumstances, benefits continue until their children no longer qualify as dependents.

1. Disability Determination Process

The University of Massachusetts Medical School's Disability Evaluation Services (DES) provides disability evaluation services for the Department. To initiate a disability evaluation for the first time, recipients complete a form called a "Disability Supplement" (see Appendix D for a copy of this form) to describe their medical conditions and their day-to-day activities. 106 CMR 203.530(C)(1)(a). The Department sends Disability Supplements to DES along with another

³⁸ See 106 CMR 701.380(B)(2). The Department uses "collateral contact" for this third-party contact.

³⁹ As discussed below in Section E, the calculation of a nonexempt recipient's cumulative 24-month period may be suspended under three circumstances. See 106 CMR 203.200(3). Therefore, a recipient's 24-month benefits period will continue to be calculated unless: (1) the entire assistance unit is ineligible; (2) the recipient becomes exempt under 106 CMR 203.100; or (3) the assistance unit voluntarily withdraws from TAFDC benefits. 106 CMR 203.200(A)(3)(a)-(c).

⁴⁰ This applies to "family-cap" children. See supra footnote 28.

⁴¹ See 106 CMR 203.200(A)(3) (the Massachusetts regulation detailing the TAFDC 24-month time limit). See also BEACON Guide, XI-A at 3.

Department form called a “Disability Determination Tracking Form” (Tracking Form) (see Appendix E for a copy of form) and medical releases signed by recipients. DES gathers information to determine disability and contacts the medical providers and recipients as needed. 106 CMR 203.530(C)(2)(b)(1). DES may also require a consultative examination with a competent medical authority.⁴² DES maintains separate disability review files, and the information from those files is not merged with Department case files. Case managers do not have access to the medical records in the DES files.

When DES approves a disability, DES determines the following:

- Diagnosis code;
- Date of onset;
- “Disability review” date; and
- Whether a disability meets state standards for disability, federal standards for disability as defined for Supplemental Security Income (SSI) benefits, or both.

DES sends all of this information directly to the Department on the Tracking Form. On the Tracking Form, DES notes its decision, the date on which it made the decision, as well as the disability review date. The disability review date refers to the end date of the individual’s disability exemption. DES also provides numerical decision codes on the Tracking Form to explain the reasons for the disability decision. In cases where DES does not find a disability, the codes reveal whether the DES decision was based on a recipient’s failure to cooperate with the evaluation process (*e.g.*, missing consultative examination appointments, ignoring requests from DES for information).⁴³ Case managers have access to the translation tables for these codes through the Department’s online policy resources.⁴⁴

DES also sends a separate letter to the recipient, which states only the finding of disability (a positive or negative result, not specifics on the standards applied). If DES finds a disability, the letter also includes the disability review date. (See Appendix F for a copy of this letter). BEACON automatically sends a new Disability Supplement to the recipient approximately 45 days before the disability review date, along with a cover letter that advises the recipient to return the form within ten days.⁴⁵ As with the initial disability review, the recipient submits the

⁴² See 106 CMR 203.530(C)(2)(b)(2). For TAFDC and EAEDC, a competent medical authority refers to “a physician, osteopath, nurse practitioner or psychologist licensed by the Commonwealth of Massachusetts, including a physician or psychiatrist from a Veterans Administration Hospital or clinic or from a Massachusetts Department of Mental Health facility or, for the limited purpose of diagnosing pregnancy and pregnancy-related incapacity, a nurse-midwife who meets the educational and certification requirements mandated by state law and/or regulations.” 106 CMR 701.600(H).

⁴³ Examples of decision codes are: 100 – Meets Criteria Listing; 210 – Disability Not Severe; 220 – Disability will not last 12 Months; 221 – Disability will not last 60 Days; 222 – Disability will not last 30 days; 252 – Decision Based on Available Information. Failure to Attend Consultative Examination; 253 – Decision Based on Available Information. Failure to Cooperate; 501 – Incomplete Supplement.

⁴⁴ See BEACON Guide XIII-H at 57.

⁴⁵ See id. at 46 and 47.

Disability Supplement to the Department along with medical releases, and the Department sends this information to DES for evaluation. When the recipient does not return the Disability Supplement, the case manager must schedule an appointment to review the recipient's circumstances and engage in appropriate follow-up planning and data entry.⁴⁶

2. Impact of DES decisions on time limits

When a recipient first requests a disability exemption, Department regulations state that the Department should presume that DES will approve the disability exemption and considers the recipient to be exempt as of the date of submission. 106 CMR 203.530(F). As a result, the initial disability evaluation stops the 24-month benefits clock. 106 CMR 203.200(A)(3). The period of presumptive exemption ends when DES determines disability. 106 CMR 203.530(F). If DES finds a disability according to Department standards, the Department approves the disability exemption, and the 24-month benefits clock stops until the disability review date. 106 CMR 203.100(A)(4). If the reevaluation occurs in a timely fashion, and DES finds an ongoing disability, the 24-month benefits clock remains stopped. Id.

If DES does not find a disability and the Department denies an exemption request, a recipient may appeal the decision.⁴⁷ The recipient can also file another disability application at any time.⁴⁸ With subsequent applications for the disability exemption, there is no presumptive exemption, and the disability evaluation does not stop the 24-month benefits clock. While a subsequent application is pending, the Department excuses the recipient from complying with the Work Requirement by applying the good-cause exception. In other words, the recipient does not have to participate in Work Requirement activities, but the TAFDC benefits clock runs as usual.⁴⁹

With a subsequent application for the disability exemption, the Department requires the recipient to submit a Good Cause Medical Statement (see Appendix G for a copy of this form) along with the Disability Supplement.⁵⁰ Unlike the Disability Supplement, the Good Cause Medical Statement includes a preliminary medical certification from the recipient's medical provider.⁵¹ On the Good Cause Medical Statement, the medical provider must certify that the recipient has a diagnosed disability that prevents the recipient from working the required hours per week.⁵² DES makes a final disability determination on the recipient's disability claim; until that time the duration of the good-cause period will be determined by the verification provided by the recipient.⁵³

⁴⁶ See id. at 47.

⁴⁷ See 106 CMR 343.230.

⁴⁸ See 106 CMR 203.530(G) & (H).

⁴⁹ See 106 CMR 203.530(G)(2).

⁵⁰ See Department of Transitional Assistance Operations Memo 2002-13 (May 22, 2002), p. 1-3, 5-6 (hereinafter, Operations Memo 2002-13). See also BEACON Guide, XIII-H at 37. Under 106 CMR 701.380(B)(7), a recipient's self-declaration is not permitted.

⁵¹ See Operations Memo 2002-13 at 5.

⁵² See id. at 6.

⁵³ See 106 CMR 203.530(H). See also BEACON Guide, XIII-H at 38.

F. Time Limitations

All nonexempt recipients, including each recipient in a two-parent family, are limited to a maximum of 24 months of TAFDC eligibility in a continuous 60-month period.⁵⁴ After the 24-month benefits period has expired, the recipients' TAFDC eligibility will terminate and their case will close. Recipients may reestablish TAFDC eligibility in the same continuous 60-month period if they qualify for an exemption. 106 CMR 203.200(A)(6). At the end of a continuous 60-month period, nonexempt recipients may reapply for TAFDC assistance and begin a 24-month benefits period in a new continuous 60-month period. 106 CMR 203.200(A)(7).

G. Extensions

Under specific circumstances, the Department, through the Commissioner or a designee, may extend nonexempt recipients' TAFDC benefits beyond the 24-month benefits period. 106 CMR 203.210. Recipients may request extensions after using 22 months of benefits or receiving a total of 24 months of benefits within the same continuous 60-month period. *Id.* Extensions are limited to a period of up to six months and recipients must maintain all other financial and nonfinancial eligibility requirements for TAFDC before an assistance unit may obtain an extension of benefits. 106 CMR 203.210(B)(1)-(2).

The Department implemented new policies and procedures for extensions in July 2013.⁵⁵ To inform a recipient of the total months of benefits the recipient has used, BEACON automatically generates a "TAFDC Time Limit Information" notice at regular intervals during the 24-month benefits period. BEACON maintains a clock for each recipient that triggers this notice. The purpose of this notice is to advise the recipient of the remaining time in the 24-month benefits period and the activities necessary to reach self-sufficiency. Additionally, this notice advises the recipient to contact his case manager regarding any issues that would prevent him from working.⁵⁶ At the end of the recipient's 22nd month of the 24-month benefits period, the Department notifies the recipient of his right to request an extension.

After BEACON generates the extension notice, a case manager schedules an appointment with the recipient to determine whether to request an extension. The case manager completes the extension request form, which includes detailed questions about the recipient's reasons for the request, and makes a recommendation to approve or deny the extension. The TAO Director must then approve the extension request before the Commissioner considers it.⁵⁷ When granting an extension, the Commissioner or designee must consider: (1) the recipient's Work Requirement participation history; (2) whether the recipient has received a job offer, has rejected reduced hours of employment, has quit a job without good cause, or has been fired for cause; (3) the availability of appropriate job opportunities where the recipient meets the minimum skills

⁵⁴ *See* 106 CMR 203.200(A). The continuous 60-month period limitation of federal TANF funds is a federal requirement established by 45 CFR 264.1.

⁵⁵ *See* Department of Transitional Assistance Operations Memo 2013-38 (July 26, 2013) (hereinafter, Operations Memo 2013-38).

⁵⁶ *See id.* at 2.

⁵⁷ *See id.* at 7-10.

requirements; (4) the availability of suitable child care; and (5) the recipient's sanction history. 106 CMR 203.210(A)(1)(a)-(e).

H. Summary of Terms

A recipient's Work Requirement status may change several times during his TAFDC benefits period. For each status change, there is an impact on the 24-month benefits clock. Below is a basic guide to summarize key status categories and to clarify their impact on the Work Requirement and the benefits clock.

Exemption	<ul style="list-style-type: none">• Excuses compliance with the Work Requirement for an extended period of time• 24-month benefits clock is stopped
Exception (i.e., Good Cause)	<ul style="list-style-type: none">• Temporarily excuses compliance with the Work Requirement• 24-month benefits clock is not stopped
Sanction	<ul style="list-style-type: none">• Consequence of noncompliance with the Work Requirement• No impact on 24-month benefits clock unless benefits suspended, then clock is stopped
Extension	<ul style="list-style-type: none">• Decision based on Work Requirement participation history• Continues benefits after the 24-month benefits period

Prepared by:
The Office of the Inspector General

III. Reported Concerns

A. The Inspector General's 2013 Report

In the Office's 2013 Report, the Office focused on eligibility and fraud issues and identified some concerns about the Work Requirement. The Office found inconsistencies among case files with regard to the verification and documentation of Work Requirement activities. Because of these inconsistencies, the Office concluded that the Department's documentation policies were inadequate and recommended that case managers clearly record exemptions and exceptions.⁵⁸

B. The Department's Reports

1. The 2004 Report of the Welfare Reform Advisory Committee

In July 2004 former Department Commissioner John Wagner convened the Welfare Reform Advisory Committee (Committee) to provide advice and recommendations to the Department

⁵⁸ See The Office's 2013 Report at 25-26, 35-36.

about changes to the TAFDC program in anticipation of new state and federal standards for the program. The Committee included government representatives, advocates, community-based service providers, educators, representatives from the workforce development community and the business community, and others with relevant expertise.

In November 2004, the Committee published “A Report to the Commissioner of the Massachusetts Department of Transitional Assistance.”⁵⁹ The report provided an overview of Work Requirement standards and presented recommendations. The following are some of the recommendations in the report:

- The Work Requirement and 24-month benefits clock should be maintained;
- The Legislature should expand the definition of “work activities” to include education and training programs;
- The hourly participation requirement should be 24 hours per week of core work activities;
- All recipients should participate in self-sufficiency planning;
- The Department should tailor self-sufficiency plans to help all recipients, including disabled recipients, to achieve their highest potential; and
- Only recipients who meet SSI standards for disability should remain exempt from the Work Requirement.

In the report, the Committee emphasized that these recommendations were based on consensus, not unanimity. The Committee published dissents from the Massachusetts Immigrant and Refugee Advocacy Coalition and the Massachusetts Law Reform Institute. The Committee encouraged the Department to identify ways to meet the needs of all recipients, including disabled recipients, to plan for self-sufficiency.⁶⁰

The Committee raised concerns about the quality of assessment and planning related to the Work Requirement. In the report, the Committee pointed out that “workers are not trained as employment counselors or as social workers or specialists who can readily identify invisible barriers” and that assessment should be an ongoing process.⁶¹ The Committee observed that recipients who are subject to the Work Requirement and who do not verify Work Requirement activities within 60 days of receiving benefits are automatically referred to community service, even if the Department has not performed an assessment.

Although the Committee recognized the importance of assessment, the Committee also found that there was a shortage of programs for recipients and stressed that sustaining effective

⁵⁹ See Welfare Reform Advisory Committee, A Report to the Commissioner of the Massachusetts Department of Transitional Assistance: Recommendations Post-waiver and in Anticipation of the Reauthorization by Congress of the United States of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (November 2004), available at: <http://www.mass.gov/eohhs/docs/dta/welfare-reform/c-final-wracereport.pdf>.

⁶⁰ Id. at 14-21.

⁶¹ Id. at 18-19.

programs and strategies for self-sufficiency should be the Department's top priority. To support self-sufficiency planning for all recipients, the Committee recommended that the Department:

- Identify or develop programs to engage all populations;
- Modify the assessment process to focus on strengths and skills, identify barriers and appropriate referrals, and develop a self-sufficiency plan tailored to the individual;
- Train all staff on informal identification mechanisms to recognize indicators of barriers, including domestic violence, learning disabilities, mental health problems and other disabilities,
- Invite recipients to volunteer for in-depth assessments;
- Focus medical evaluations on determining individual capabilities, rather than disability exemptions;
- Ensure that assessment occurs before sanctioning, and that sanctioning of recipients will not occur if noncompliance with the Work Requirement was due to disability issues;
- Grant good-cause exceptions when program slots or supportive services are not available;
- Monitor the TAFDC caseload for increases in sanctions; and
- Engage persons with disabilities in the process of identifying necessary supports and services.⁶²

After the Committee issued its report, the Legislature did not alter the standards for exemptions from the Work Requirement. The Legislature considered proposals for change but did not adopt any of them.

2. The White Paper

On October 3, 2013, the Department issued a report described as a White Paper Briefing entitled “Challenges: Massachusetts and the Federal TANF Work Participation Requirement” (White Paper). The purpose of the White Paper was to explain the Department's approach to meeting the federal standards for compliance with the Work Requirement and to identify areas for improvement.

As discussed above, the federal TANF program sets standards for participation in work-related activities but allows states leeway to impose their own standards. Federal regulations require that each state achieve at least 50% participation in work-related activities among recipients who fit under TANF participation standards. The federal government assesses a penalty to states that fail to achieve the participation rate.⁶³ In the White Paper, the Department reported that 7% of its

⁶² Id. at 19-20.

⁶³ In April 2014, when the federal government last reported participation rates for federal fiscal year 2011, Massachusetts ranked 53 of 54 states and U.S. territories. Only Guam had a lower participation rate. See Office of Family Assistance, Office of the Administration for Children and Families, Work Participation Rates – Fiscal Year 2011 (April 15, 2014), Table 1A, available at <http://www.acf.hhs.gov/programs/ofa/resource/wpr2011>.

TAFDC recipients actually participated in the Work Requirement.⁶⁴ The Department explained that it employed reporting strategies permitted by the federal government in order to avoid a penalty. One of these strategies involves selecting a group of employed SNAP recipients, providing them with a nominal TANF benefit and counting them in the participation rate.

As the White Paper points out, TANF standards require more recipients to participate in Work Requirement activities than Massachusetts standards.⁶⁵ According to data reported in the White Paper, if Massachusetts used the basic federal standards for participation, the number of exempt recipients would be cut in half.⁶⁶ The Department recommended aligning Massachusetts law with federal law to reduce the number of exemptions and the age of the TAFDC population that falls under them. In particular, the Department recommended adopting the SSI program's definition of disabled and requiring recipients with children over the age of one (in lieu of the age of two) to work.

The Department also recommended requiring disabled TAFDC recipients who qualify for SSI benefits to apply for them, in recognition that SSI is a more stable self-sufficiency plan for TAFDC recipients with a long-term disability because it provides higher monthly benefits than TAFDC. The Department noted that of 6,180 disabled recipients that they identified in the TAFDC population, 1,665 met SSI requirements but did not have SSI benefits.⁶⁷

Throughout the White Paper, the Department identified several challenges that affected the Work Requirement. One challenge arose from the loss of staff expertise in the Work Requirement. In many TAOs, the Department reassigned the Work Requirement specialists, known as Full Engagement Workers, to cover case management responsibilities. As of October 2013, the Department had Full Engagement Workers in only 60% of TAOs.⁶⁸

The Department laid out a number of strategies to combat its low work participation rate (WPR), which the Department divided into short-term, mid-term and long-term strategies. The Bureau summarizes these strategies in the chart below:⁶⁹

⁶⁴ See White Paper at 5.

⁶⁵ Id. at 10-14.

⁶⁶ The Department reported that Massachusetts exempts 67% of the TAFDC caseload, while only 29% would be exempt under federal law. Id. at 9.

⁶⁷ See id. at 11.

⁶⁸ See id. at 27-28.

⁶⁹ See id. at 22-26 (short-term goals); 27-28 (mid-term goals); 29-30 (long-term goals).

Short-Term	Strategy I:	Identify more accurately, through enhanced BEACON data analysis, those recipients who will improve the WPR including: (i) SNAP recipients who could be included in the Supplemental Nutrition Assistance program; and (ii) recipients whose SSI applications have been approved and thus can be removed from Work-Eligible Individuals (WEI) population
	Strategy II:	Reassign staff to emphasize Employment Services Program (ESP)
	Strategy III:	Encourage recipients to engage in TANF core work activities (employment, on-the-job training, vocation education, community service) rather than non-core work activities (job skills training, GED attendance)
	Strategy IV:	Encourage and enhance community service as a TANF core work activity
Mid-Term	Strategy V:	<ul style="list-style-type: none"> (i) Reinvigorate mandatory Work Requirement orientation sessions; (ii) Hire Full Engagement Workers to increase recipient enrollment in employment activities targeted to meet the WPR; and (iii) Pursue data match with One-Stop Career Centers to track recipient participation and provide the Department with verified participation information.
Long-Term	Strategy VI:	<p>Pursue policy modifications that align state TAFDC and federal TANF regulations, including:</p> <ul style="list-style-type: none"> (i) Automate community service referrals as part of the sanction process; (ii) Assist SSI-eligible recipients in the SSI application process and consider mandating that SSI-eligible recipients apply for SSI; (iii) Align disability standards with federal SSI disability standards; (iv) Assign Opportunity Teams (ESP contract manager, Full Engagement Worker, Supervisor, and TAFDC work-required case manager) to nonexempt recipients who are not participating in Work Requirement; (v) Use BEACON data regarding the skill and education of recipients to identify appropriate employment service referrals and monitor placements; and (vi) Centralize data entry of recipient participation in the Work Requirement and other metrics to streamline reporting of required information.

Prepared by:
The Office of the Inspector General

IV. Changes to Administration of the Work Requirement

A. Changes within the Department

During the past several months, after issuing the White Paper, the Department adjusted its approach to the Work Requirement. The Department reported that it:⁷⁰

⁷⁰ This information was compiled from operations and planning materials provided by Department of Transitional Assistance in May and June 2014.

- Identified Full Engagement Workers in each TAO to specialize in supporting and assisting clients to comply with the Work Requirement. The Department is holding mandatory statewide meetings of Full Engagement Workers each month to coordinate and standardize their duties;
- Directed Full Engagement Workers to host group orientation sessions at least twice weekly in each TAO. The Department describes these sessions as “an important opportunity for Department staff to connect clients with services to support the client’s transition to self-sufficiency” and indicates that “work program required and non-work program required clients will be encouraged to take advantage of group orientation sessions;”⁷¹
- Issued a new form called the TAFDC Group Orientation Appointment letter for Full Engagement Workers to notify clients to attend group orientation sessions and outlined consequences for work-required clients who fail to attend;⁷²
- Revised its orientation session PowerPoint presentation (which includes a detailed introduction to the Work Requirement). According to Operations Memo 2014-44A, the Department mandated that case managers present the PowerPoint to clients “at application and follow-up activities, including when it is determined that the client’s compliance with the Work [Requirement] needs to be re-evaluated;”⁷³
- Revised its TAFDC Applicant Information Form and mandated that Department staff ask applicants to complete it while awaiting an intake interview. The Department describes the purpose of this form as helping determine the services that recipients need to find a job and achieve economic self-sufficiency;⁷⁴
- Promoted partnerships between the Department’s Central Office and TAOs. Central Office staff held outreach meetings and disseminated additional reference materials regarding local, community-based work support programs at TAOs;
- Organized monthly and quarterly meetings with community-based service providers to identify best practices and resource needs and to provide networking opportunities for the service providers;
- Analyzed current internal data reports related to the Work Requirement to develop strategies for improving the reports as a management tool;
- Announced plans to reallocate TAFDC case managers’ caseloads, dividing staff into two different groups – one will focus on TAFDC recipients who are work required, and the other will focus on TAFDC recipients who are exempt as well as EAEDC recipients. The number of cases assigned to TAFDC staff will be adjusted based on the time demands of the caseload. In order to identify appropriate staff for these responsibilities, the

⁷¹ See Operations Memo 2014-44A at 5.

⁷² Id. at 5.

⁷³ Id. at 1.

⁷⁴ Id. at 2.

Department will focus on their skill sets and ability to engage in problem-solving with recipients;

- Announced plans to enhance training for TAFDC staff; and
- Announced plans to redesign and enhance BEACON in August 2014. Among the planned changes are revisions to the sanction process, removing obstacles to accurate data entry and adding systemic prompts for case review after a good-cause exception exists for more than 30 days.

B. Legislative Changes

On July 7, 2014, the Governor signed Senate Bill 2211, entitled “An Act to Foster Economic Independence,” (Welfare Reform Statute).⁷⁵ The statute affects the TAFDC Work Requirement in a number of ways. In this section, the Bureau provides a brief overview of only the provisions of statute that relate to the Work Requirement.

1. Changes to Exemption Categories

The 2014 Welfare Reform Statute makes the following changes Section 110 of Chapter 5 of the Acts of 1995:

a. Definition of “Disabled”

For purposes of administering the disability exemption, the Welfare Reform Statute changes the definition of disabled. The statute states that the term disabled will be “defined by the federal Social Security Act.” In other words, the Legislature has adopted the SSI program’s definition of disabled. The statute also gives the Commissioner discretion to find recipients exempt for a disability that does not meet the federal definition but “meets or equals medical standards established by the department” or “substantially reduces the recipient’s ability to support the recipient’s children.”

b. Mandate to Apply for SSI

The statute requires that recipients who are exempt from the Work Requirement and have a disability as defined by SSI standards must apply for SSI benefits. Recipients who care for a disabled dependent must apply for SSI for the disabled dependent. Recipients who are denied SSI benefits must appeal the decision. Recipients who fail to apply for SSI or fail to appeal a denial will be deemed nonexempt and must participate in Work Requirement activities.

c. Maximum Age for Work Requirement

The statute adjusts the age at which recipients are no longer required to fulfill the Work Requirement. The Welfare Reform Statute shifts the maximum age for participating in the Work Requirement from 60 to 66. However, recipients over 60 who serve as primary caregivers will remain exempt.

⁷⁵ The citations to the Welfare Reform Statute refer to the sections in Senate Bill 2211 (2014 SB 2211).

d. Work Requirement and Pregnancy

Previously, recipients in their third trimester of pregnancy were presumed exempt and did not have to provide medical documentation of any impact of the pregnancy on their ability to work. The Welfare Reform Statute shifts the presumption to the 33rd week of pregnancy or later. In order to qualify for an exemption, recipients in their third trimester of pregnancy must provide documentation from their medical provider that they have a medical condition that prevents them from working.

2. Programmatic Changes

The Welfare Reform Statute brings several new programmatic initiatives to the Department:

a. Assessment and Economic Independence Goals

The statute reinforces the need for individual assessment and planning for each recipient by mandating Economic Independence Goals which must be completed in the first 24 months of benefits. As a condition of receiving a subsequent 24-month benefits period, recipients must demonstrate that they made a good faith attempt to meet their goals.⁷⁶

b. Employment and Training Specialists

The statute requires that the Department hire Employment and Training Specialists to focus on assisting recipients who are “at high risk of long-term dependence” on TAFDC benefits.⁷⁷ The statute does not define “high-risk” recipients except to say that teen parents must be included in this group. The caseload for each specialist must be limited to 60 recipients, and the Legislature appropriated funds for approximately two specialists per TAO. The Legislature mandated data collection and reporting to track the progress of recipients as well as the success of specialists.

c. Participation Activities

The statute charges the Department with the responsibility to determine which education and training activities fulfill the Work Requirement. The Legislature set a general rule that education and training activities must not exceed 24 months, but authorized the Department to approve a longer-term activity if the recipient is making substantial progress towards a certificate or degree program.

d. Other Programmatic Changes

The statute mandates several program initiatives for the Department to implement in collaboration with the Commonwealth Corporation, a workforce development organization. For example, the statute sets parameters for requiring certain TAFDC applicants to conduct an initial job search before they receive benefits and creates a “Job Diversion Program” in which the Department will match recipients who have job skills with employment before approving

⁷⁶ 2014 SB 2211, § 15.

⁷⁷ Id. at § 6.

benefits.⁷⁸ The statute also outlines a “Pathways to Self-Sufficiency Program” and an “Employment Counseling and Job Training Program” for the Department.”⁷⁹ The goals of these programs are to place recipients with appropriate employers and to provide recipients with appropriate training programs and resources. According to the statute, the Department must also collaborate with the Commonwealth Corporation to “revitalize” the Full Employment Program.⁸⁰ The Full Employment Program involves placing recipients directly with employers who agree to provide them with work experience. As an incentive for employers to participate in this program, the Legislature provided that MassHealth will reimburse employers for recipients’ medical insurance costs.⁸¹

3. Data Analysis and Reporting Requirements

The statute mandates TAFDC data collection, analysis and reporting in a number of areas related to the Work Requirement, in addition to the tracking of the impact of Employment and Training Specialists mentioned above. For example, the Department must provide the Legislature with data on exemptions and recipients who need education, training and other services, along with an analysis of recipients’ Economic Independence Goals.⁸² The Department must also provide data on extensions, the length of benefits periods and the amount of benefits.⁸³ Finally, the Department must report on data to assist the Legislature in reviewing the implementation of Economic Independence Accounts and the Pathways to Self-Sufficiency initiative.⁸⁴

V. Data Analysis

A. Data Requested

To study the Work Requirement and how it affects the Department’s TAFDC population, the Bureau requested a data sample of TAFDC recipients as of February 1, 2014 from the Department. The data sample included information about recipients’ Work Requirement status, reasons for exemptions or exceptions, and sanction status information. Additionally, the Bureau sought data on extensions of TAFDC benefits as of February 1, 2014. In this section, the Bureau provides an analysis of this data.

B. Recipients Subject to the Work Requirement

In the Department’s data, the Bureau found that as of February 1, 2014, there were 47,121 recipients who were identified in BEACON as “grantees” and “other persons.” “Grantee” refers

⁷⁸ Id. at §§ 15 and 19.

⁷⁹ Id. at § 18.

⁸⁰ Id. at § 36.

⁸¹ Ibid.

⁸² Id. at § 3.

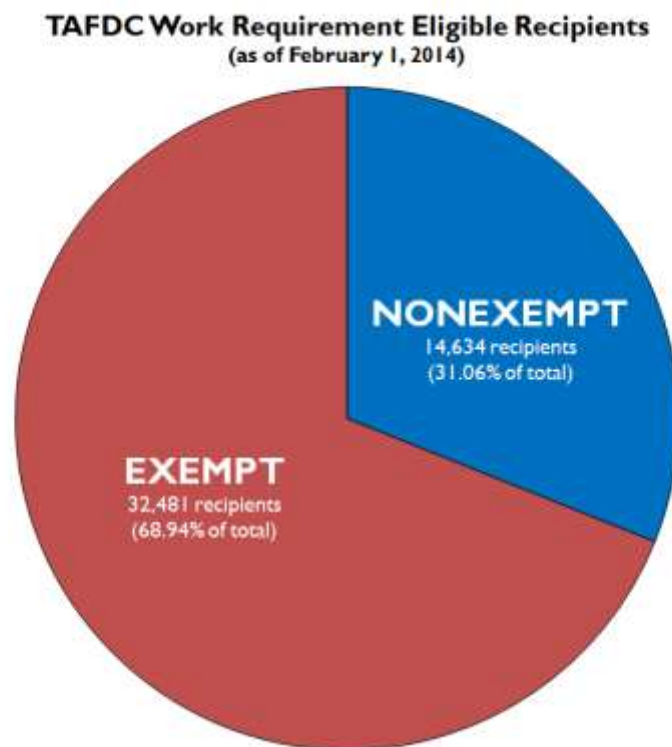
⁸³ Ibid.

⁸⁴ Id. at § 3 and § 18(d).

to the head of household for the TAFDC assistance unit and “other person” refers to other adults (spouses or partners) within the assistance unit. The 47,121 grantees and other persons in the Department’s data as of February 1, 2014 were associated with 43,077 assistance units.⁸⁵ Based on BEACON data fields that identify “exempt” and “nonexempt” recipients, the Bureau broke this population down into two broad subgroups. The analysis indicated that:

- 68.94% (32,481) of recipients were exempt from the Work Requirement; and
- 31.06% (14,634) of recipients were nonexempt from the Work Requirement.

(For reference, see the chart below.)



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Upon further analysis, the Bureau determined that within the population of 14,634 nonexempt recipients there were smaller subgroups of recipients with no current obligation to engage in Work Requirement activities. Specifically:

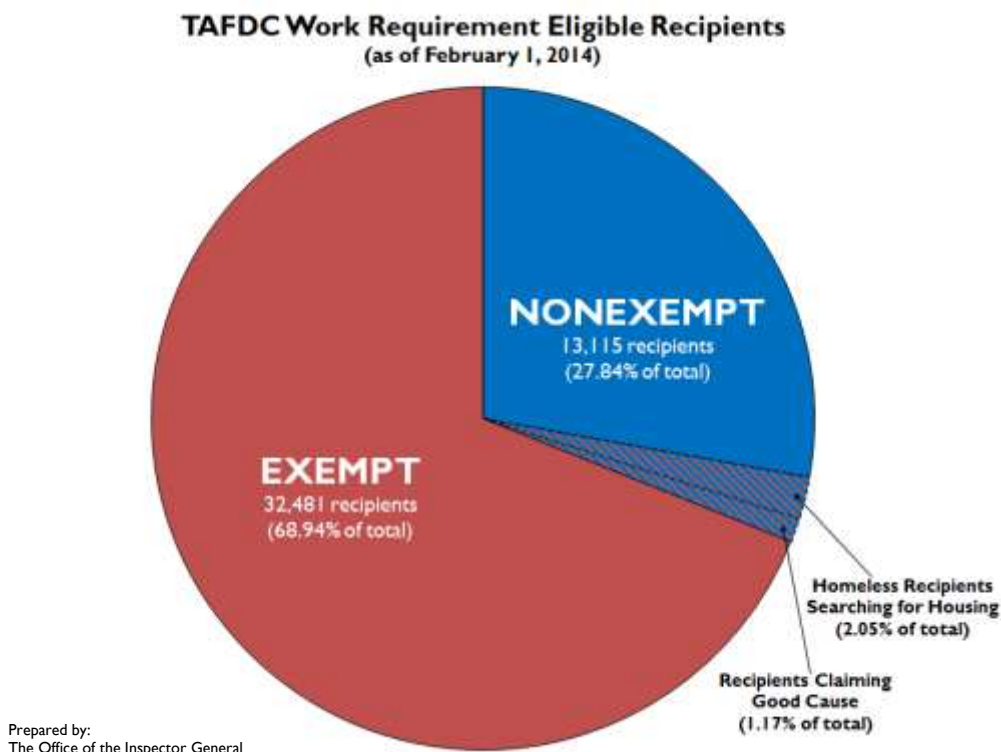
- 968 recipients were homeless and not required to engage in Work Requirement activities while searching for housing;⁸⁶ and
- 551 recipients were approved for a good-cause exception, excusing them from compliance with the Work Requirement.

⁸⁵ The number of grantees and other persons is larger than the number of assistance units because some assistance units include both a grantee and a partner or spouse (known as the other person), and some do not.

⁸⁶ See 106 CMR 203.400(A)(2)(j).

Thus, in the data sample provided by the Department, the actual number of recipients with a current obligation to comply with the Work Requirement as of February 1, 2014 was 13,115 or approximately 27.84%.

(For reference, see the chart below.)



C. Exemptions

The Bureau analyzed the population of recipients with exemptions from the Work Requirement to identify the breakdown of reasons for exemption. From the data analysis, the Bureau found the following:

- The most common reason for an exemption was that the recipient was disabled and already receiving SSI. As of February 1, 2014, 24.60% (7,989) of exempt recipients were exempt based on the receipt of SSI. This group represents 16.96% of all recipients;⁸⁷
- The second largest group of exempt recipients included recipients with children under two years old in the assistance unit who qualified for TAFDC, comprising 17.65% (95,732) of exemptions. This group represents 12.17% of all recipients; and

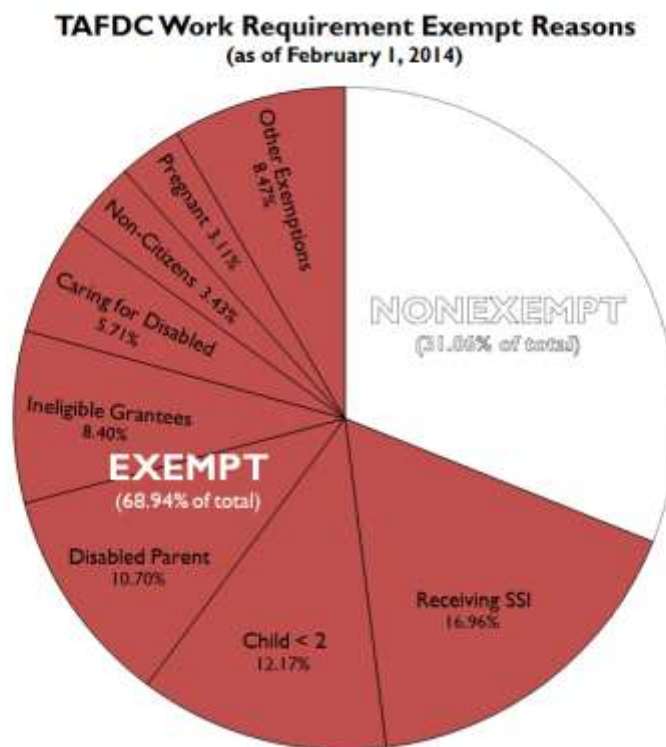
⁸⁷ Grantees who are already receiving SSI can apply for and receive TAFDC benefits on behalf of their dependents. The grantee is financially ineligible for TAFDC, but the dependents are eligible.

- The third largest group of exempt recipients was disabled parents in a one-parent assistance unit (*i.e.*, disabled single parents), comprising 15.52% (5,042) of exempt recipients. This group represents 10.70% of all recipients.

The other exemption subgroups were:

- Non-liable ineligible grantees (such as grandparents raising a dependent grandchild): 12.18% (3,956). This group represents 8.40% of all recipients;
- Recipients caring for a disabled person in their assistance unit: 8.28% (2,691). This group represents 5.71% of all recipients;
- Non-citizens without legal status for employment (who are required to perform community service instead of working): 4.97% (1,615). This group represents 3.43% of all recipients; and
- Recipients who are pregnant and due within 120 days: 4.52% (1,467). This group represents 3.11% of all recipients.

(For reference, see the chart below.)



Prepared by:
The Office of the Inspector General

D. Good-Cause Exceptions

Good-cause exceptions excuse recipients from participating in the Work Requirement. The Department may grant a good-cause exception before recipients start participating in the Work Requirement or after they receive a sanction notice. BEACON facilitates data entry for both

types of good-cause exceptions, but on different screens, with different field labels. The Bureau studied the data for both types of good-cause exceptions. As reported above, the Department approved good-cause exceptions for 551 current, active recipients before they participated in the Work Requirement. In addition, the Bureau found that from February 1, 2013 to February 1, 2014, the Department approved 734 good-cause exceptions after sending recipients sanction notices for failure to participate in the Work Requirement.

The Department established eighteen different reasons on BEACON for good-cause exceptions. Two reasons comprise over 65% of all exceptions. The most prevalent reason for a good-cause exception is a temporary health problem. As the Bureau found in its file review, case managers use this reason for good-cause exceptions when recipients request a disability exemption. As of February 1, 2014, the Department removed 1,081 Work Requirement sanctions (47.54% of all sanctions removed for good cause) due to temporary health problems.

The second most-cited reason for a good-cause exception is a family crisis or emergency situation. As of February 1, 2014, the Department removed 420 Work Requirement sanctions (18.47% of sanctions removed for good cause) due to this good-cause reason. This reason includes emergencies – such as a car accident or other emergency situation – but can also include health-related concerns.

E. Sanctions

In analyzing the data set of TAFDC recipients as of February 1, 2014 that the Department provided, the Bureau found that it did not include enough information to analyze the population of recipients who were subject to Work Requirement sanctions and the sanction status of each recipient. As discussed, there are four stages of sanctioning for the Work Requirement, and there are different consequences for recipients at each stage. The Bureau requested an additional data set to try to determine the number of recipients whose TAFDC benefits were closed, consistent with sanctioning at Stages 3 and 4. Again, the Bureau found gaps in the Department's approach to data collection on sanctions and could not determine how many recipients failed to comply with the Work Requirement and received a Stage 3 or 4 sanction.

F. Extensions

Although TAFDC recipients are generally limited to 24 months of benefits, the Department grants some extensions of benefits based on a detailed case review. As discussed above, in July 2013, the Department implemented a new process for approving extension requests, with Central Office staff designated by the Commissioner to conduct a holistic review of the case history and the circumstances of the recipients. The Bureau's data analysis supported a conclusion that the Department approves extensions infrequently. As of February 1, 2014, there were 84 recipients with extensions – 0.18 % of all the active TAFDC population.

For comparison purposes, the Bureau reviewed additional data on extensions. The Bureau found the following:

- As of June 1, 2012, there were 153 recipients with extensions.

- As of June 1, 2013, there were 198 recipients with extensions.
- As of October 1, 2013, there were 130 recipients with extensions.

From January 1, 2014 through June 1, 2014, on average, there were 89 recipients with extensions each month.

G. Limitations of the Department's Work Requirement Data

As discussed above in relation to the data for Work Requirement sanctions, BEACON is not well-designed for extracting and analyzing Work Requirement data. The data appears on a variety of screens, in a variety of fields. There are systemic constraints on how and when the data can be entered into the fields, and the fields do not align with the Department's business needs. As a result, case managers cannot enter data in a precise and accurate manner even when motivated and trained to do so. In addition, as the Bureau found, simple data analysis goals become complicated and sometimes unattainable. For example, the Bureau sought to determine the number of TAFDC recipients who were actually participating in Work Requirement activities as of February 1, 2014 and to identify their activities. The Department's data did not support this analysis. Such analysis is fundamental to assessing the needs of the TAFDC population in relation to the Work Requirement and determining which strategies and initiatives help achieve the goals of the Work Requirement. The new Welfare Reform Statute mandates this kind of strategic data analysis for several aspects of the Work Requirement.

In the White Paper, the Department acknowledged issues with BEACON. The Department also reported that plans to change BEACON are in progress. On July 2, 2014, as the Bureau concluded the data analysis for this review, the Bureau sent an advisory letter to the Department with detailed recommendations for improving and redesigning BEACON data fields to collect critical and informative data about the Work Requirement.

VI. File Review

A. Approach to File Review

After analyzing the data the Department provided, the Bureau decided to focus its file review on nonexempt recipients who qualified for a good-cause exception excusing them from participating in the Work Requirement. To narrow the review, the Bureau identified the most prevalent good-cause reasons. An analysis of BEACON data provided by the Department showed that the most prevalent reasons were for temporary health problems (47.54%) and family crisis or emergency situations (18.47%). These two reasons for good cause comprise over 65% of all good-cause exceptions. The Bureau chose 30 open and active TAFDC cases with recipients who qualified for good-cause exceptions based on one of those two reasons and further narrowed the group to cases in which a "written statement from the client" served as verification for the exception. The Bureau drew the sample of 30 cases from the five TAOs with the largest recipient populations and selected between four and ten cases from each TAO. The Bureau weighted the number of cases selected from each TAO according to the total percentage of good-cause cases at that TAO.

The resulting sample of 30 files provided insight into a broad cross-section of issues related to the Work Requirement.

B. Results of Case File Review

1. Recording Work Requirement Exemptions and Exceptions

Approaching the case file review, the Bureau expected that good-cause exceptions for temporary health problems would involve short-term illnesses or injuries, and that written statements from clients might explain the circumstances around such illnesses or injuries. While reviewing the case files, the Bureau found that most of the recipients with the good-cause exception for temporary health problems actually claimed a long-term disability and applied for the disability exemption to the Work Requirement. In 27 out of 30 cases that the Bureau reviewed, the recipients applied for the disability exemption at least once.

Early on in the case file review, when it was clear that most of the cases involved requests for the disability exemption, one of the Bureau's concerns was that the BEACON labels for the reason for the good-cause exception and the type of verification received were not accurate and precise. The Department uses the good-cause reason of "temporary health problems" to cover many different situations, from short-term illnesses to longstanding, chronic health issues. The connection between this reason and disability exemption requests is not obvious from the BEACON labels. Moreover, when recipients submitted Disability Supplements as verification for the good-cause exception, case managers chose the BEACON description of "written statement from client" for data entry because there was no specific reference to the Disability Supplement in the BEACON menu for good-cause verification documents. There are over 60 types of verification documents listed on BEACON, and many of them are duplicative; none refer to the Disability Supplement or help identify cases in which a disability exemption is pending. As discussed further below, the Department's management of cases with disability exemption requests needs improvement, and the current labels in BEACON create an obstacle to identifying them.

2. Verification of Recipients' Disability Claims

As discussed above, the Disability Supplement is a standardized form which requires recipients to detail their disability claims, provide the history of their disabilities and disclose the name(s) of their medical and mental health providers, and authorize DES to contact these providers. The Department identifies the form as a "self-declaration," but does not require recipients to swear under the penalties of perjury that their statements are true, to the best of their knowledge. The Disability Supplement is a critical starting point for a disability exemption and without a sworn certification it creates some program integrity risks. If the Department were to find any recipients who knowingly submit false claims, the Department could not hold them accountable. DES holds recipients' medical records, so the Bureau did not review them and could not evaluate whether any of the recipients' disability claims raised program integrity concerns.

Six cases reviewed by the Bureau involved subsequent requests for disability exemptions after an initial denial. For such cases, as an additional screening tool, the Department requires the recipient to submit a Good Cause Medical Statement along with a Disability Supplement. The

Department also grants the recipient a good-cause exception to excuse participation in Work Requirement activities. In four of the six cases, case managers followed Department policy, and the Good Cause Medical Statement was in the case file. From reviewing these cases, the Bureau found that the Good Cause Medical Statement served as an effective screening tool and clarified the self-declarations in the Disability Supplement. The Bureau also found that the Good Cause Medical Statement provided valuable but underutilized information about the type and expected duration of the recipient's disability. In only one of the four cases, the case manager applied the information on the Good Cause Medical Statement about the expected duration of the disability while setting time limits for the recipient's good-cause exception.

3. Initial Assessment of Recipients' Ability to Work

Department policy requires that a case manager assess the recipient's abilities, skills, barriers, work history and areas of professional interest. Based on that assessment, the case manager must determine whether an exemption applies, help the recipient develop a plan for self-sufficiency, and refer the recipient to appropriate services or activities. The initial assessment in the case record includes the BEACON record of answers to standard interview questions on BEACON as well as documents in the physical case file. The Bureau found evidence in its sample of cases that the initial assessment of the recipient's ability to work was limited in scope and not individually tailored to the recipient.

In fourteen cases that the Bureau reviewed, the case records showed that the recipient later claimed to have a disability that existed prior to the initial assessment, but the case record of the assessment did not reflect any discussion of the recipient's disability. In each of these cases, case managers entered data that recipients had very generalized barriers such as lack of transportation or lack of childcare, but no specific barriers that might indicate a disability. Case managers can also write a summary of the assessment in the "narrative" section of BEACON, but the case narratives that the Bureau reviewed generally did not include summaries with detailed background information on recipients. The case narratives did not provide sufficient information for a specialist (such as a Full Engagement Worker, an Employment and Training Specialist or a Domestic Violence Specialist) to follow up on the initial assessment.

In the physical case files, the Bureau found little evidence that the initial assessment involved a detailed discussion of a recipient's capabilities and barriers. Some case managers used forms to supplement BEACON during the intake process, but the use of them was inconsistent, and many of the forms were incomplete. In one case, the case manager provided the recipient with a Transition Plan during the initial assessment (presumably to supplement the physical file), but did not ask the recipient to fill in the background information on her work history; instead, the case manager crossed out the sections of the Transition Plan as if to indicate that they did not apply. In June 2014, after the Bureau's case file review, the Department issued a new form called a TAFDC Application Information Form. This form was not available to case managers before June 19, 2014, and the Bureau could not review how it might contribute to initial assessments.

In several cases, the Bureau found evidence that case managers identified the most readily apparent exemption instead of fully exploring potential capabilities and barriers that might affect recipients. Having identified this evidence, the Bureau developed concerns that case managers missed opportunities for long-term self-sufficiency planning with pregnant women and parents

of young children. For example, in two of the cases, the recipients applied for benefits during the third trimester of their pregnancies; in two others, the recipients had children under two. All four recipients later claimed significant disabilities that existed at the time of the initial assessment, but the case managers did not reference any disability in the assessment data fields or in the systemic notes. Case managers chose the statutory exemptions related to the pregnancies and the age of the children, and the recipients remained exempt until their children turned two years old. According to the case records, it was only when the Department removed the exemption based on the children's age that the recipients claimed disabilities of a long-standing nature.

4. Ongoing Evaluation and Planning for Work Requirement

In addition to the concerns about initial assessments, the Bureau also identified concerns about whether ongoing evaluation occurred. In the cases that the Bureau reviewed, there was evidence that after the intake interview, case managers did not follow up on the initial assessment or reevaluate recipients at key transition points when recipients' circumstances changed. The Bureau found that ongoing case management focused primarily on administrative functions and eligibility reviews rather than individualized planning for the Work Requirement.

As discussed above, Department policy requires case managers to periodically reassess recipients' ability to work and help them fulfill the Work Requirement. The Bureau found at least eleven cases where the recipient's exemption or good-cause exception expired before the case manager explained the Work Requirement and to prepare them for Work Requirement activities. When planning for the next step does not begin until after a recipient's exemption or good-cause exception expires, the recipient might start the 24-month benefits period without clear goals or miss an opportunity for a timely placement in a community-based, employment-related program.

The Bureau also concluded that the Transition Plan, the form that the Department currently uses to guide ongoing evaluations, does not provide a proper foundation for reevaluations. The form includes only basic questions about searching for employment and health issues that may prevent a recipient from finding a job. From the form, it is not clear that the recipient should disclose any and all disabilities. The form does not request specific information about barriers such as mental health issues, learning disabilities and domestic violence.

One case in particular illustrated the limitations of the Transition Plan. In this case, the case manager met somewhat regularly with the recipient, and the recipient filled out several Transition Plans. The recipient's answers to the questions on the form were brief and vague, and provided no insight into why the recipient was having difficulty finding a job. Shortly before the recipient's benefits period ended, he requested the disability exemption based on longstanding depression. Although it is possible that the recipient would have been reluctant to disclose these issues to the case manager, it was clear that the form did not assist the case manager and did not set a foundation for a comprehensive reevaluation.

5. Sanctions for Failing to Comply with the Work Requirement

As discussed above, the Department estimated that for TAFDC recipients who immediately refuse to comply with the Work Requirement and do not qualify for any exemption or exception,

it takes at least 120 days to navigate complex rules and procedures to impose sanctions that reduce or terminate the cash benefits of such noncompliant recipients. Although the general design of the sanction workflow reflects a goal of using escalating consequences to foster compliance with the Work Requirement, the Bureau identified concerns that the current workflow does not achieve that goal.

In the sample of case files reviewed, the Bureau found that some recipients failed to comply with the Work Requirement but avoided sanctions reducing the amount of their benefits (*i.e.*, Stage 3 or Stage 4 sanctions). In three cases, the Bureau found evidence that the Department knew of repeated noncompliance with the Work Requirement and issued sanction notices, but never reduced the recipients' benefits. In these cases, with more timely and effective case management, the Department could have evaluated each recipient's circumstances and suspended benefits in appropriate situations.

6. Tracking Work Requirement Participation

By reviewing the BEACON records and physical files for the cases in the Bureau's sample, the Bureau learned that BEACON does not effectively capture and record information on recipients' Work Requirement participation. Currently, case managers record Work Requirement data on three different workflows on BEACON, with a total of over 25 different pages. This leads to inevitable inconsistencies and impedes effective data retrieval and analysis.

Recipients must report participation on a weekly basis, and case managers perform data entry in BEACON. There are data entry constraints in BEACON that prevent the system from displaying current and accurate information in some circumstances. Some fields display outdated participation information and do not allow case managers to perform data entry for weekly participation reports after their due date. As reported above, the Department is aware of issues with BEACON and has announced plans to change BEACON.

7. Tracking of Exemption Processes and Timely Follow-Up

The Bureau's case file review raised concerns that the Department's current directives and processes do not ensure that when the exemption period ends, the Department responds with appropriate follow-up. These concerns manifest themselves in different ways in cases with exemptions based on disabilities and exemptions based on age. Overall, though, the impact on the case and the recipient is the same: the exemption status of the case is incorrect, the benefits clock is off and the recipient loses time and momentum for self-sufficiency planning.

In four cases that the Bureau reviewed, there was a delay in reevaluation of the recipients' disability exemptions, and it did not occur before the disability review date for each case. The delay occurred when the recipients did not submit a new Disability Supplement far enough in advance for DES to complete reevaluation by the disability review date. Moreover, case managers did not update Department records to reflect the change in recipients' status from exempt to nonexempt. The result was that the Department left nonexempt recipients labeled as exempt on BEACON for significant time periods. In one case, the recipient was exempt from the Work Requirement for five months longer than he should have been.

For cases in which the exemption is based on the age of the child (*e.g.*, when a child turns two), the end date for the exemption is self-evident, but BEACON does not track it. As a result, case managers must review cases in a timely fashion in order to update the exemption status of the recipient. The Bureau found five cases of this type in which there were delays in the case manager's review of the child's age. In these cases, the recipient's exemption status continued for an average of about four months after its end date.

In both types of cases, when case managers discovered the mistake in the exemption status, they adjusted the recipient's 24-month benefits clock accordingly. Although this retroactive adjustment is necessary under these circumstances, it is not a good practice for case management. When the benefits clock is wrong, a critical piece of TAFDC data is inaccurate. BEACON generates notices based on this clock. If the clock is incorrect, the notices misinform the recipient about the amount of time remaining in the benefits period, and recipient's self-sufficiency planning is flawed.

8. Screening of Cases at the End of Benefits Period

As explained above, at month 22 of the 24-month benefits period, the Department notifies recipients to set up an interview with their case manager to discuss whether they will request an extension. In five cases, the Bureau found that around the time of the interview to discuss extension, the recipients submitted requests for the disability exemption. In these cases, the Bureau found inconsistent practices among case managers; some continued to process extension requests, but others did not. In one case, the recipient requested an extension, but then withdrew it after submitting a request for disability exemption.

In essence, recipients who request disability exemptions after the Department issues an extension notice could automatically receive an extension without applying for one. In the cases that the Bureau reviewed, the DES disability evaluation took an average of approximately three months. If the Department ultimately denies the disability exemption, recipients who apply for the exemption at month 22 of the benefits period could receive benefits for a period of months beyond what would have been their 24-month limit.

9. Self-sufficiency Planning for Disabled TAFDC Recipients

At the time of the Bureau's review, DES staff evaluated recipients based on Massachusetts standards for the disability exemption as well as federal standards for SSI eligibility. The purpose of the additional SSI screening was to inform the Department whether SSI benefits could be an option for certain recipients.

In the Bureau's sample of cases, 27 recipients applied for the disability exemption. In twenty of these cases, DES found a disability, and the Department approved the disability exemption. In nine of the cases with a disability finding, DES found that the disability also met SSI standards.

The Bureau conducted further examination of the BEACON case data to determine which recipients applied for SSI. To do this, the Bureau reviewed specific data fields that capture SSI application status information, as well as case narratives and physical case files. The Bureau found eight recipients who applied for SSI during their TAFDC benefits period. Some of them were recipients whom DES had identified as SSI-eligible during the disability evaluation

process, but there was no indication in any of these cases that a DES disability evaluation had any bearing on the recipients' decision to apply for SSI. In the case records that the Bureau reviewed, there was no evidence that case managers facilitated or assisted with the SSI application process. This raised a concern that the Department missed a key step in self-sufficiency planning for these recipients. As previously discussed, SSI is a more stable and appropriate income source for recipients with long-term disabilities. The need to plan for economic stability and explore opportunities for income other than TAFDC is as relevant for parents with disabilities as it is for parents without disabilities. Again, in this regard, the Bureau found that case managers were not focused on individualized case management, and the impact on recipients was potentially significant.

The Bureau identified an additional concern that case managers did not take advantage of other resources for recipients with disabilities and other barriers. Disabled recipients are eligible for the Massachusetts Rehabilitation Commission's vocational rehabilitation program, which is designed to help people with disabilities to enter employment; however, there was no evidence in the case records that the Department made referrals for Massachusetts Rehabilitation Commission's services.

Perhaps the most challenging self-sufficiency planning is for recipients who self-identify with barriers to employment but do not qualify for the disability exemption. The Bureau found that the Department has not coordinated its resources to support such planning. For example, DES provides valuable but underutilized information that could contribute to individualized case management, even when the recipients are not disabled. While case managers do not have access to the medical records in DES files, they can use other information from DES to inform their planning with recipients. The Tracking Form includes decision codes to explain the reason for denial, and the Department provides a translation list for the codes in policy materials, but the Bureau found no evidence that case managers discussed this information with recipients or used it for self-sufficiency planning.

VII. Recommendations

Based on its review, the Bureau has identified several recommendations to improve the processes that the Department currently uses to administer the Work Requirement. The Bureau focused on recommendations related to assessment and case management because the Department's approach in these areas need significant improvement. As the Department implements the provisions of the Welfare Reform Statute, the Department must ensure that its processes are sound and provide a stable foundation for new program and policy initiatives.

The Bureau's recommendations reflect the need to balance automated processing with individual attention to each recipient. The Bureau offers these recommendations with an understanding that case managers and supervisors cannot identify and resolve all of the complicated issues and barriers that prevent some recipients from obtaining employment and achieving a level of economic stability. Nevertheless, the Bureau also recognizes that the Department's own regulations and standards for practice require basic assessment, case tracking and appropriate follow-up, and that improvements to the delivery of services could improve outcomes for recipients. By training staff, revising assessment protocols and tools, and coordinating existing

resources, as the Bureau recommends below, the Department will provide much-needed support for the Work Requirement and demonstrate that it is critical to the success of the TAFDC program.

1. Revise BEACON to Support Accurate Recording of Work Requirement Exemptions and Exceptions

The Bureau recommends that the Department revise BEACON to allow case managers to record clear and accurate information related to exemptions and exceptions and to minimize inconsistency in data entry. BEACON should permit case managers to record a primary and secondary reason for an exemption, as necessary. BEACON labels should also clearly indicate when recipients have submitted a request for a disability exemption, the status of any current request and the results of any previous requests. The Department should consolidate fields related to the good-cause exception so that data entry is straightforward and clearly indicates the reason for the exception and the type of verification submitted. In particular, BEACON should support the goal of clearly identifying recipients who are submitting a subsequent request for a disability exemption after a previous denial.

2. Mandate Stronger Verification of Requests for Disability Exemption

The Bureau recommends three changes that would bring structure and consistency to the Department's directives for disability exemption requests. First, the Department should amend Part 10 of the Disability Supplement to require recipients to provide a sworn certification, subject to the penalties of perjury, that their statements about disabilities are true to the best of their knowledge. The Department should pursue a regulatory change to require such sworn certification. The sworn certification may deter recipients from making false statements, and the regulatory change would give the Department an option to pursue legal consequences for false statements.

Second, the Department should require all recipients to submit a Good Cause Medical Statement along with the Disability Supplement for any and all requests for disability exemptions. This recommendation would not only provide the Department with more complete documentation to verify the disability, it would also draw upon the knowledge of medical providers who are familiar with recipients' disabilities and would bring valuable information to the disability evaluation process.

Finally, the Department should train case managers to use information relating to the expected duration of disability on the Good Cause Medical Statement to set time parameters for disability-related exceptions and exemptions, as current regulations require.

3. Develop More Comprehensive Initial Assessments

Initial assessments provide the critical foundation for TAFDC benefits and the Work Requirement. During intake interviews, case managers must focus on eligibility for part of the interview, but they must also conduct the initial assessment for the Work Requirement. To do so, case managers need a well-developed interview protocol and skill set.

The Department cannot rely on BEACON to guide the initial assessment, but must provide case managers with an effective initial assessment tool. In June 2014, the Department provided the TAFDC Application Information Form for this purpose, and the Department should assess its effectiveness and seek feedback from Department staff and DES staff to determine whether the form facilitates thorough and meaningful initial assessments.

The Department should implement plans to enhance the training curriculum for TAFDC case managers and to assign staff with skills in assessment and problem-solving to TAFDC case management. The Department must train TAFDC case managers to engage in a comprehensive assessment in which they identify capabilities and barriers, and DES should contribute to the training curriculum. Case managers must develop an individualized profile and plan for each recipient and provide a clear and detailed record of it in the case file. The Department must outline clear protocols for case managers to request that Department specialists such as Full Engagement Workers, Employment and Training Specialists and Domestic Violence Specialists assist with assessment and planning. When these specialists become involved, case managers must provide adequate background information and identify specific issues and concerns to help specialists collaborate efficiently and effectively.

Finally, supervisors should evaluate case managers' assessments to ensure that they meet Department standards and address recipients' needs. Supervisors should also ensure that, in appropriate cases, case managers refer recipients to Department specialists and support services outside of the Department.

4. Mandate Timely and Effective Reevaluations for the Work Requirement

Department regulations require that recipients must report changes in their personal circumstances, and case managers must engage in timely reevaluations for the Work Requirement. The Transition Plan, the form currently used to obtain information from recipients for reevaluations, needs substantial revision. The form should ask broader and more inclusive questions about the recipient's personal circumstances, issues with children, barriers to employment, the recipient's attempts to find employment, and any problems or issues that have arisen since the initial assessment. The form should also encourage recipients to request support services and to volunteer for more comprehensive assessments of physical and cognitive disabilities. In short, the form should serve as a platform for problem-solving.

In addition, the Department must track changes in TAFDC cases and schedule reevaluations at key turning points. The Department should add functionality to BEACON to send appointment letters and to prompt case managers to meet with recipients at least thirty days before the anticipated end of any exemption period or good-cause exception. The purpose of reevaluations should not be administrative; instead, case managers and recipients should focus on the next steps in their self-sufficiency plans. The Department should implement its plans to reduce the caseload of TAFDC case managers so that they are able to devote enough time to reevaluation interviews and self-sufficiency planning sessions.

With this proactive approach to case management, the Department can start earlier in the benefits period to plan for self-sufficiency. During all reevaluations, the Department should review the

24-month benefits clock with recipients to ensure that it is accurate. Recipients need accurate and reliable information about when their benefits period will end in order to create a sound self-sufficiency plan.

5. Reevaluate and Simplify Sanction Process for Noncompliance with the Work Requirement

The Department should review the regulatory scheme for the sanction process and simplify it so that it can be administered more effectively to hold appropriate recipients accountable for noncompliance. The Department should evaluate current sanction strategies to determine whether they are effective. Moving forward, the Department should focus on incorporating new sanction strategies into a proactive approach to case management.

The Department has announced plans to revise the sanction process on BEACON. In addition to using BEACON effectively, the Department must focus using assessment and reevaluation interviews to communicate the importance of the Work Requirement and engage recipients in problem-solving.

6. Enhance BEACON to Support Tracking of Work Requirement Participation

The process of recording data related to the Work Requirement on BEACON is cumbersome and prone to administrative errors. The Department should streamline BEACON pages and data fields to expedite data entry and improve data display for the Work Requirement. The Department should also develop new fields and data strategies to promote the use of Work Requirement data for management purposes. In particular, the Department should use data to identify successful strategies and programs that promote self-sufficiency and inform management decisions. To comply with mandates in the Welfare Reform Statute, the Department must prepare to file data reports that will help measure the success of Work Requirement initiatives.

7. Enhance BEACON to Support Tracking of Exceptions and Exemptions

In order to support processes for reviewing exceptions and exemptions to the Work Requirement, the Department should enhance BEACON and use end dates for exceptions and exemptions more effectively. For example, BEACON automatically tracks the disability review date set by DES and generates a new Disability Supplement to facilitate disability reevaluation. Instead, the Department should send the Disability Supplement along with an appointment letter so that case managers and recipients can meet to determine the next steps well in advance of the disability review date. At the same time, the Department should send the Good Cause Medical Statement so that recipients can submit it as an additional verification. Because the DES evaluation can take a number of months, the Bureau recommends that the Department send recipients these forms at least 90 days before the disability review date. If a recipient does not respond by the disability review date, BEACON should automatically change the recipient's status to nonexempt.

In cases with exemptions based on the age of the child, the Department should take a similar approach, tracking the end date for the exemption based on the date of birth of the child. In such

cases, BEACON should also issue appointment letters at least 90 days before an exemption ends and automatically change a recipient's status to nonexempt if the recipient does not respond.

Finally, the Department should implement changes to support proactive adjustments of the 24-month benefits clock. Retroactive adjustments should not be a regular occurrence, and better case tracking and timely reevaluations should help prevent them.

8. Mandate Extension Requests when Recipients Request Exemptions at or after the 22nd Month of Benefits

The Bureau has recommended that the Department assess disabilities and barriers early in the benefits period and use the Good Cause Medical Statement as a screening tool for requests for disability exemptions. If the Department adopts these recommendations and implements changes, the Department should improve its case management and self-sufficiency planning. However, it is still possible that recipients will apply for a disability exemption or another type of exemption around their 22nd month of benefits, just after they receive notice of their right to request an extension. In these situations, the Department should require recipients to submit applications both for an extension of benefits and the exemption. The Department should apply the holistic approach of the extension review process (which includes the entire history of the recipients' case and work participation history or lack thereof) to all recipients who are reaching the end of their 24-month benefits period. If the Department determines that a recipient qualifies for an extension, the Department should closely monitor the status of any disability evaluation and plan around approval or denial. If the Department determines that a recipient who submits a late request for an exemption does not qualify for an extension, the Department should close the case when the 24-month benefits period ends.

9. Develop and Coordinate Resources for Recipients with Disabilities and Significant Employment Barriers

Until July 2014, there was no requirement for SSI-eligible TAFDC recipients to apply for SSI benefits. The new Welfare Reform Statute creates this requirement. This recommendation is intended to guide the Department's implementation of the new statutory requirement.

When DES determines that a recipient's disability meets SSI standards, the Department should assist the recipient in submitting an application expeditiously. The Department should facilitate a process by which DES sends its disability evaluation and supporting medical documentation directly to SSA. When a recipient applies for SSI without Department assistance, the Department should monitor the pending application and help the recipient respond to any request for information from SSA.

Additionally, the Department should coordinate resources to serve recipients who self-identify as potentially disabled but do not qualify for SSI. The Department should bring in DES representatives to train Department staff on the disability evaluation process and the criteria for determining a disability. The Department should ensure that case managers know the DES disability determination codes so that they understand the outcomes of disability evaluations and can effectively guide recipients. Informed by these codes, case managers will know basic

procedural information about whether DES lacked information to make a disability determination, or whether the disability fell short of SSI criteria.

Further, the Department should create a strong partnership with the Massachusetts Rehabilitation Commission. Through this partnership, the Department should pursue training for case managers on responding to recipients' employment barriers. The Department should collaborate with the Massachusetts Rehabilitation Commission to establish a process for referring appropriate TAFDC recipients for rehabilitation and vocational services.

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Conclusion

The Bureau of Program Integrity (the Bureau) conducted this Review based on its statutory responsibility to monitor the quality, efficiency and integrity of benefits programs administered by agencies within the Executive Office of Health and Human Services. This report focused on the Work Program Requirement (Work Requirement) of the Transitional Aid to Families with Dependent Children (TAFDC) cash benefits program administered by the Department of Transition Assistance (Department). The Bureau analyzed current processes for the Work Requirement and identified concerns. In this Review, the Bureau offers recommendations to improve the quality of the Department's Work Requirement data, case management practices and staff training.

From its data analysis and case file review, the Bureau found that the vast majority of TAFDC recipients were exempt from the Work Requirement. The Bureau also determined that a substantial portion of the exemptions were due to a disability or caring for a child under the age of two. While pursuing further data analysis, the Bureau found several concerns with the Department's approach to recording and displaying key information related to the Work Requirement. The current approach hampers data retrieval and analysis, and prevents the Department from using data effectively.

The Bureau found that assessment and case management were not adequately focused on the Work Requirement. In the Bureau's sample of TAFDC cases, case managers did not conduct thorough initial assessments or reevaluations, and case narratives lacked adequate background information on recipients' abilities and barriers. Planning and problem-solving are key elements of successful outcomes for recipients but the Department's case records reflected limited engagement with recipients at key transition points. In general, there was a greater emphasis on administrative work than direct engagement with recipients. Ultimately, in administering the Work Requirement, the Department must utilize automated processes to support case tracking, but must also provide interactive, individualized assessment and planning, tailored to the needs of each recipient. The Department must coordinate appropriate training, tools and other resources for this purpose.

The Work Requirement is critical to the mission of the TAFDC program and has a substantial impact on recipients' long-term economic stability. Given the Bureau's broad legislative mandate, the Bureau has a unique opportunity to monitor the Department's response to these recommendations and the Department's implementation of the new Welfare Reform Statute. The Bureau will continue to study and recommend improvements to processes with a view towards ensuring that the Department achieves the goals of the TAFDC program.

The Bureau would like to thank the Commissioner of the Department of Transitional Assistance as well as her Chief of Staff for making Department staff, data, case files and other resources available to the Bureau during the research and writing of this Review. The Bureau and the Department have developed a productive working relationship, and the Bureau is confident that this working relationship will continue to foster positive change for the Department.

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APPENDIX A:

TAFDC Applicant Information Form

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TAFDC Applicant Information

Please answer these questions as best as you can. The answers will be used to help decide the best activity for you.

Name _____ SSN _____

Phone Number _____ Date _____

1. What grade did you finish in school?
2. When did you last work? Where did you last work?
3. What are some jobs you have had in the past?
4. What are some work skills you have?
5. What things do you have a difficult time doing at work?
6. What jobs are you good at?
7. Do you need child care assistance?
8. What job or jobs would you like to have?

TAFDC Applicant Information (continued)

9. What training do you think you need to get a job?
10. What are some things that stopped you from getting a good paying job?
11. Does your child(ren) have any serious issues that make it difficult for you to find or maintain a job (such as, health problems or social service involvement)?
12. Do you use public transportation to get where you need to be? Do you have public transportation nearby?

I need more information about the following services/help to become self-sufficient:
Please check all that apply.

Education & Training

- ☐ high school/GED/ESOL
☐ to finish college
☐ to learn a trade, or specific job skills
☐ learning disability

Job Search/Job Placement

- ☐ to find a job or a better job
☐ to write a resume
☐ help to improve job interviewing skills

Transportation

- ☐ help with arranging a carpool
☐ help paying for gas or public transportation

Housing

- ☐ need to find stable/affordable housing

Domestic Violence

- ☐ referrals to services

Health

- ☐ Substance Abuse/Treatment
☐ physical or mental health issues
☐ physical, mental or behavioral issues of family member

Professional Attire

- ☐ for educational/training
☐ for work/job searching

Child Care/Parenting

- ☐ help paying for child care
☐ help finding quality child care

Personal/Budgeting/Finance

- ☐ understand the advantages of earnings and the effect on cash, Food Stamps and MassHealth benefits
☐ tax benefits once you start work
☐ money management recommendations

Legal

- ☐ CORI issues
☐ Court related fees/fines

APPENDIX B:

Transition Plan

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Transition Plan

(To be completed for each grantee)

TAO _____

Name _____

SSN _____

Telephone Number _____

Case SSN _____

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

60-Month Start Date

--	--	--

Months Remaining of Transitional Assistance

--

Part I

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

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

B. Are you currently working or in a training activity? ☐ yes ☐ no

If yes, check what applies to you.

- | | | |
|------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Employment Training and Education program | |
| <input type="checkbox"/> full time | <input type="checkbox"/> Community Service | <input type="checkbox"/> Employment Supports |
| <input type="checkbox"/> part time | <input type="checkbox"/> Full Employment Program (FEP) | <input type="checkbox"/> Employment Ready |

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

If no, what training programs have you attended?

--

What is the highest level of education you completed? _____

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

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

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

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

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

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

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

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

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

Client/Applicant Signature

Date

DTA use only

Phone Contact ☐ yes ☐ no Date_____ Time of Call_____ Copy mailed ☐ yes ☐ no Date_____

Part II (To be completed by the Case Manager)

A. Indicate by √ if the following items were discussed with applicant/client

	Explained time-limit rule and number of months remaining and date of last payment
	Explained work requirement rules
	Explained “banking” some of his or her 24 months of eligibility
	Explained Domestic Violence Waiver from certain program requirements and provided brochure, if appropriate
	Explained child care and transportation support services
	Explained the Full Employment Program and Employment Supports
	Explained eligibility for up to one year of transitional child care and MassHealth
	Explained available earned income credits and provided handout
	Explained education and/or training program(s)
	Updated BEACON with Education and Work History

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

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

☐ Child Care ☐ ESP ☐ DOR ☐ Other

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

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

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

E. Transition Plan contact follow-up (review previous Transition Plan, if applicable)
Did applicant/client follow up on previous referrals? (Explain)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Case Manager Signature	Date	Supervisor Signature	Date
-------------------------------	-------------	-----------------------------	-------------

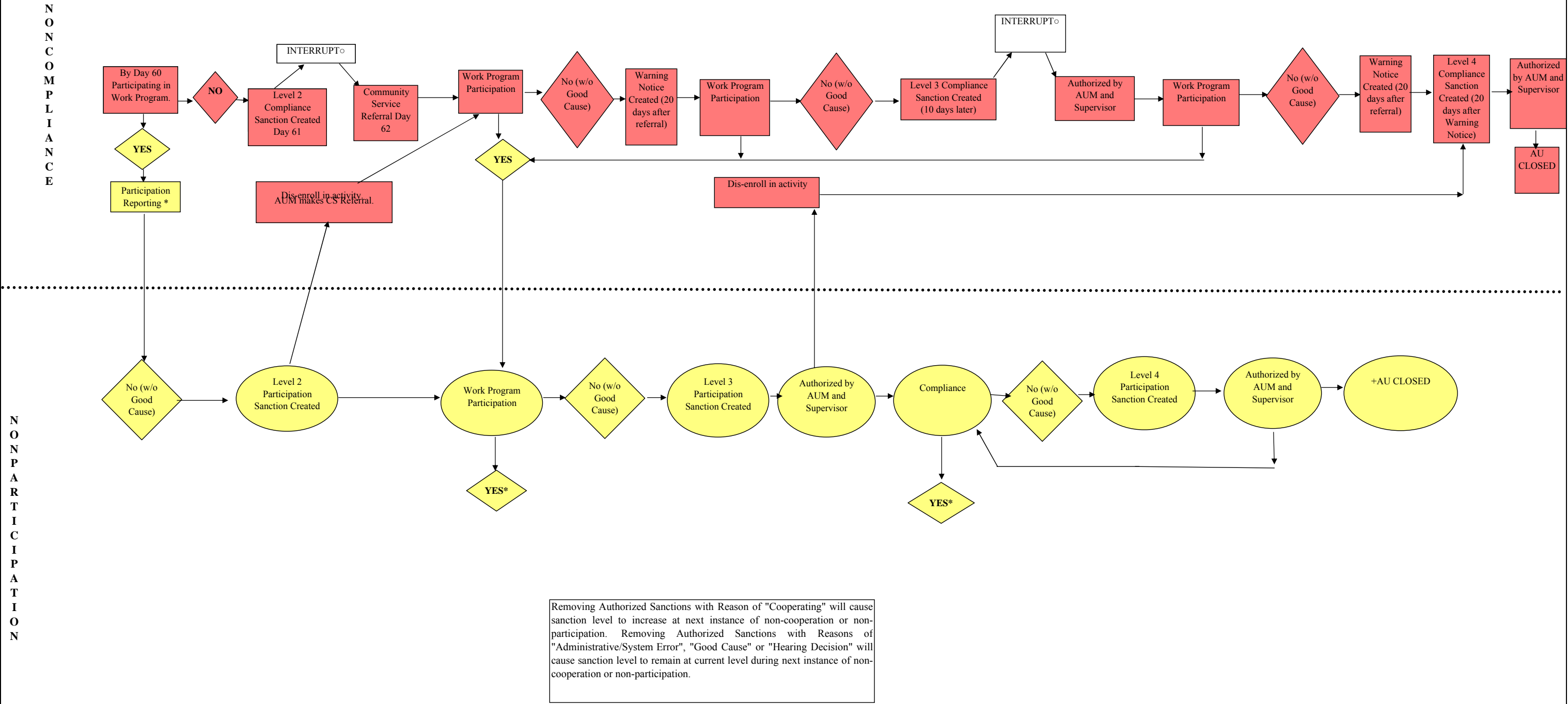
APPENDIX C:

Work Program Sanction Process

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WORK PROGRAM SANCTION PROCESS

SIDE A

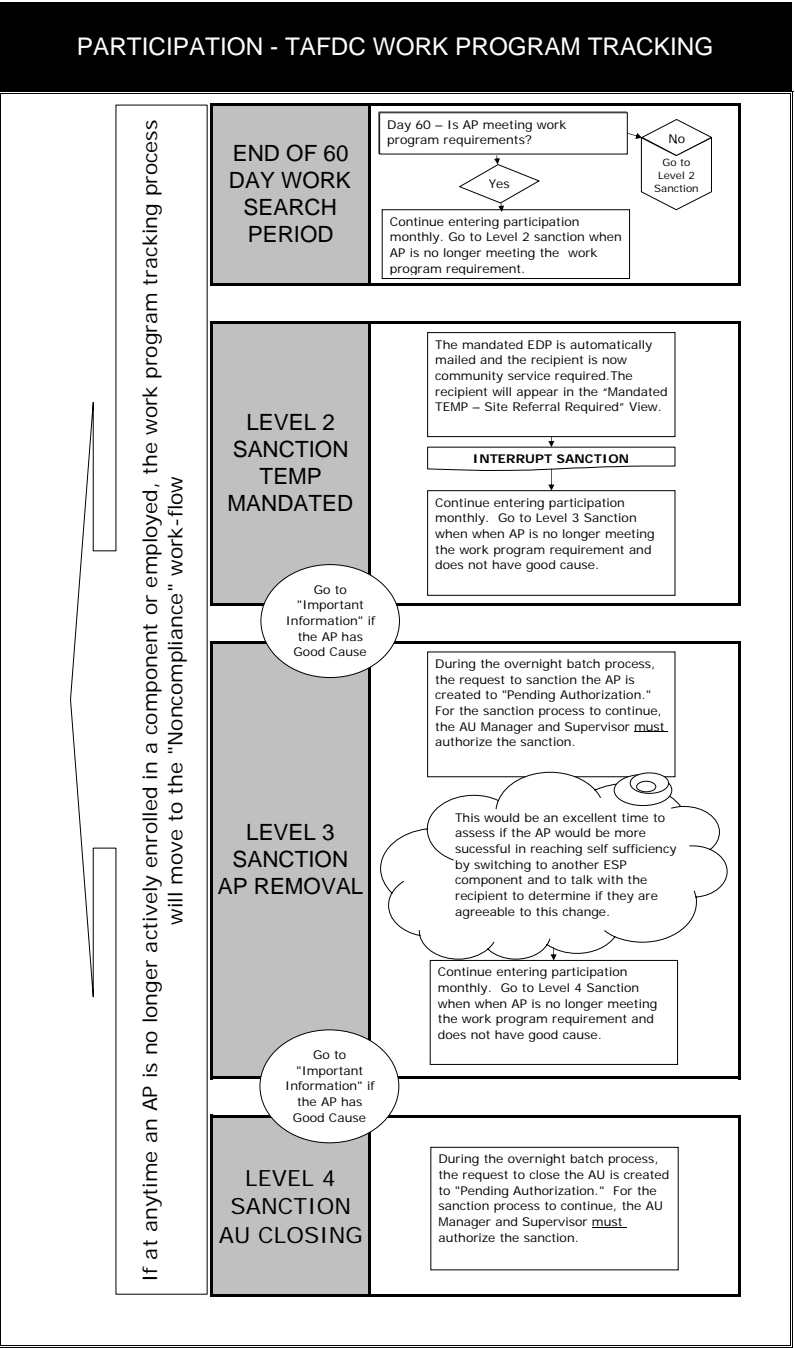
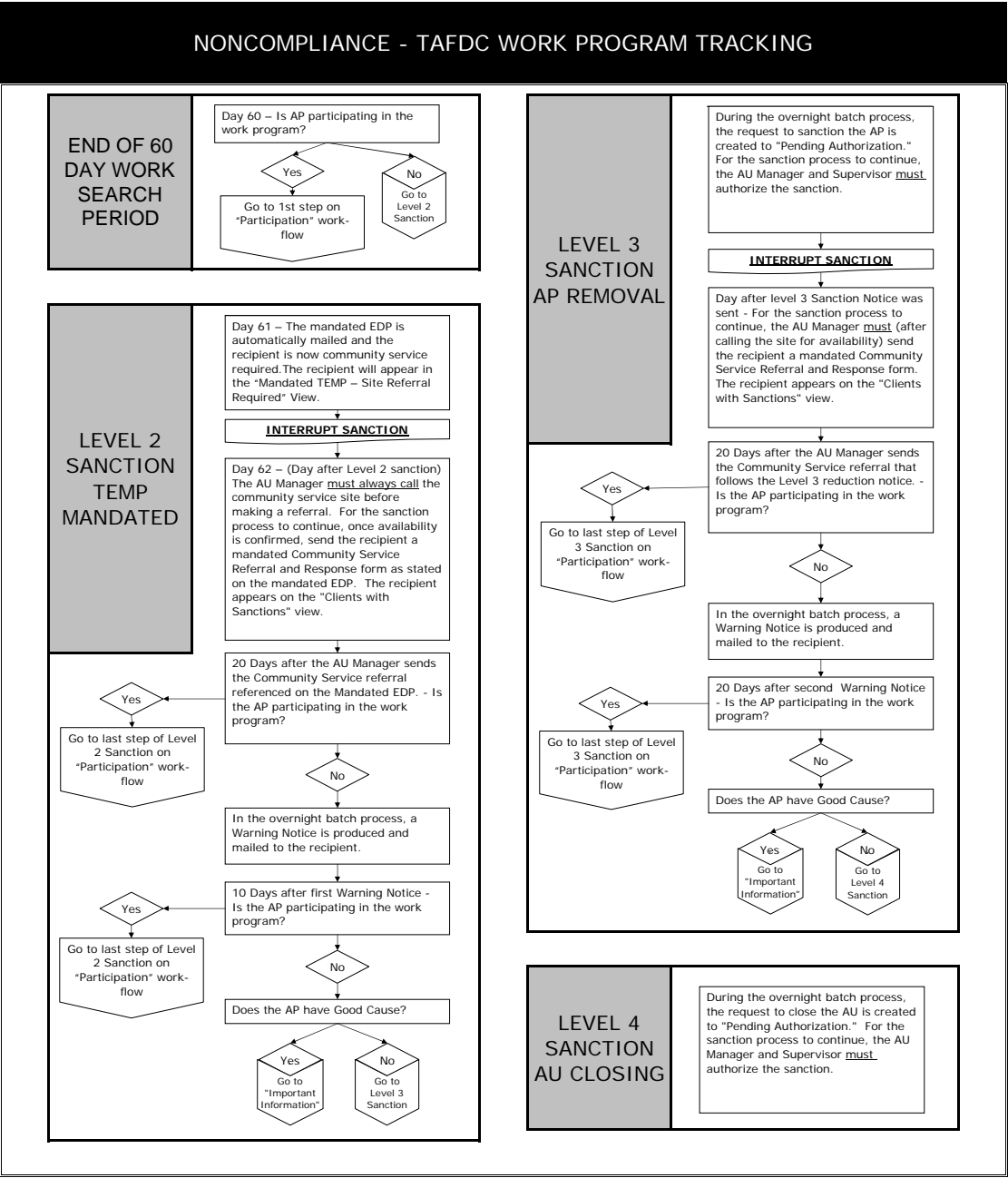


Removing Authorized Sanctions with Reason of "Cooperating" will cause sanction level to increase at next instance of non-cooperation or non-participation. Removing Authorized Sanctions with Reasons of "Administrative/System Error", "Good Cause" or "Hearing Decision" will cause sanction level to remain at current level during next instance of non-cooperation or non-participation.

○ In order for the work program process to resume, action must be taken by AU Manager and/or Supervisor.

* The process will continue if AP fails to meet (without Good Cause) Work Program Requirement.

+If AP agrees to participate and cooperates for 2 weeks go to "Compliance" circle in "Non-Participation" workflow.



IMPORTANT INFORMATION	
<p>Meets Compliance: There are situations in which a recipient will be unable to obtain a placement in a Community Service site or otherwise comply with the work program requirement within the specified time frame. In these situations, the AU Manager should select the appropriate Compliance Reason (other than "Participation") from the drop-down box. The AU Manager must enter the date the situation will be resolved in the Compliance End Date field. (Refer to BUG XI-B pp.12-13 for more detailed information) <i>The work program tracking process will resume when the Meets Compliance Reason is changed back to "Participation".</i></p>	
<p>Good Cause: This Reason is used when the person who is Work Program required (and has no other Meets Compliance reason for not participating with the work program) does not meet their hourly requirements. <i>The work program tracking process will resume when the Good Cause End Date has expired.</i></p>	
<p>Removing a Sanction: Removing authorized sanctions with the reason of "Cooperating" will cause the sanction level to increase the next time the AP is not meeting work program requirements. Removing sanctions with reasons of "Administrative/System Error", "Good Cause", or "Hearing Decision" will cause the sanction level to remain at current level the next time the AP is not meeting work program requirements.</p>	

APPENDIX D:

Disability Supplement

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Department of Transitional Assistance
Transitional Aid to Families with Dependent Children
Disability Supplement

Do you need help to fill out the attached form? Tell your DTA case manager right away. Your DTA case manager will help you fill out the form.

You told DTA that you cannot work because of one or more health problems. UMASS/Disability Evaluation Services (DES) decides for DTA if you are disabled under the Transitional Aid to Families with Dependent Children program. DES will look at your medical records and other information to make this decision.

The attached form is called a “Disability Supplement.” DES needs answers to the questions on this form to decide if you are disabled under DTA’s rules. The form asks questions about your health problems and where you get treatment. The form also asks questions about your work history, your time in school, and what you do each day.

To get an exemption from the **TAFDC** work requirement and time limit based on your disability, you must:

- fill out the Disability Supplement and return it to: DTA, P.O. Box 4406, Taunton, MA 02780-0420; and
- cooperate with DES.

If you do not do these things:

- DTA may deny your application; or
- DTA may lower your benefits.

Tell your DTA case manager right away if you need help to fill out the Disability Supplement.

Tell your DTA case manager right away if you need help to find a doctor.

Department of Transitional Assistance
Transitional Aid to Families with Dependent Children
Disability Supplement

HOW TO FILL OUT THE DISABILITY SUPPLEMENT:

- **Sign and date a Medical Records Release Form for each medical and mental health provider listed on page 3, Part 2: Information about all Your Medical and Mental Health Providers. Medical and mental health providers may include doctors, nurses, psychologists, psychiatrists, therapists, nurse practitioners, physical therapists, social workers, chiropractors, hospitals, health centers, or clinics from whom you receive treatment. It is very important that you sign and date a different form for each provider. DES will return the forms to you if you do not sign and date a different form for each provider.**
- Type or print clearly.
- Use a pen. Do not use a pencil.
- Fill out the form the best you can. Call your DTA case manager if you have questions or need help to fill out the form. You can also call the DES Help Line at 1-888-497-9890 for help filling out this form.
- Write down details about every medical **and** mental health problem you have.
- Mail the completed original form to: DTA, P.O. Box 4406, Taunton, MA 02780-0420.

Your DTA case manager will send the form to DES. DES will review the form. DES will ask for medical records from all of the doctors and other health care providers that you list on the form. DES will call you or send you a letter if it needs more information.

DES will decide your case faster if you fill out every part of the form. DES will decide your case faster if you sign and date a separate Medical Records Release Form for **each** medical and mental health provider.

Disability Supplement

Tell your local DTA office if you need help with this form. You can also call the UMASS/Disability Evaluation Services (DES) Help Line at 1-888-497-9890.

Information about you

Last Name	First Name	Middle Initial	Social Security Number - -
Street Address Apartment Number/Suite			<input type="checkbox"/> Male <input type="checkbox"/> Female
City/Town		ZIP Code	Date of Birth / /
Home Telephone Number	Cell Phone Number	Work/Other Phone Number	
Case Name (if different)		Case Social Security Number (if different)	

Fill out every section of this form. If you do not fill out every section, we may not be able to decide if you are disabled.

We may need to schedule a doctor's appointment for you. What are the best times for you to go to an appointment? Please check all the times that are best for you.

<input type="checkbox"/> Any time is ok				
<input type="checkbox"/> Monday A.M.	<input type="checkbox"/> Tuesday A.M.	<input type="checkbox"/> Wednesday A.M.	<input type="checkbox"/> Thursday A.M.	<input type="checkbox"/> Friday A.M.
<input type="checkbox"/> Monday P.M.	<input type="checkbox"/> Tuesday P.M.	<input type="checkbox"/> Wednesday P.M.	<input type="checkbox"/> Thursday P.M.	<input type="checkbox"/> Friday P.M.

Did you apply for Social Security or SSI/SSDI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you see a doctor for an exam? Doctor's Name: _____
Date of exam: ____/____/____

Have you ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you working with a domestic violence specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please tell us the person's name and phone number:

Disability Supplement

Part 1. Your Health Problems

List and describe all your medical and mental health problems. Write down everything that makes it hard for you to work. Write down details about a problem even if you do not get treatment or take medicine for the problem.

List your medical and/or mental health problems.	Describe the symptoms or pain related to each health problem.	Date when problem started.	Medications
<i>Depression</i> EXAMPLE	<i>Very tired all the time. Hard to get out of bed in the morning. I cry a lot during the day. I can't control when I cry.</i>	<i>April 2007</i>	<i>None</i>
<i>Back pain</i> EXAMPLE	<i>Pain starts in my lower back and goes down my leg</i>	<i>June 2002</i>	<i>Skelexin</i>

Did any of your health problems start because of an accident or injury? ☐ Yes ☐ No
If yes, please explain:

Disability Supplement

Part 2. Information about all your Medical and Mental Health Providers

Did you get any health care in the past year? ☐ Yes ☐ No

Please list every doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center, or clinic that treated you for any of your health problems since they started. If you cannot remember them all, do the best you can. You can write on a separate piece of paper if you run out of space.

Name of Doctor, Nurse, Psychologist, Psychiatrist, Therapist, Nurse Practitioner, Physical Therapist, Social Worker, Chiropractor, Hospital, Health Center, or Clinic	Reason for Visit	Was this visit in the past year?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out a Medical Records Release Form for each doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center, or clinic on this list. Be sure to sign and date each form.

These Medical Records Release Forms are at the end of this form.

Part 3. Where You Live

Where do you live? (Check one.)			
<input type="checkbox"/> House or apartment	<input type="checkbox"/> Homeless	<input type="checkbox"/> Group Home	<input type="checkbox"/> State Facility
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Other (describe)	

Disability Supplement

Part 4. What You Can Do

Are you:

☐ Right Handed?

☐ Left Handed?

Do your medical or mental health problems **make it hard for you** to do any of the following things?

	If Yes, check here	If yes, please explain:
Dress and bathe EXAMPLE	✓	<i>My shoulder pain makes it hard for me to lift my arm over my head. This makes it hard to put on shirts or wash my hair.</i>
Do regular housework EXAMPLE	✓	<i>When I am depressed, I don't care if my house is clean.</i>
Sit	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	
Reach	<input type="checkbox"/>	
Lift	<input type="checkbox"/>	
Remember	<input type="checkbox"/>	
See	<input type="checkbox"/>	
Hear	<input type="checkbox"/>	
Use your hands	<input type="checkbox"/>	
Dress and bathe	<input type="checkbox"/>	
Do regular housework	<input type="checkbox"/>	
Listen to music	<input type="checkbox"/>	
Watch TV	<input type="checkbox"/>	
Use a computer	<input type="checkbox"/>	
Read	<input type="checkbox"/>	
Talk on the phone	<input type="checkbox"/>	
Arts and Crafts	<input type="checkbox"/>	
Go outside	<input type="checkbox"/>	
Go for a walk	<input type="checkbox"/>	
Get from one place to another	<input type="checkbox"/>	
Go shopping	<input type="checkbox"/>	
Go to the doctor	<input type="checkbox"/>	
Visit friends and family	<input type="checkbox"/>	

Disability Supplement

Part 4. What You Can Do (continued)

Do your medical or mental health problems **make it hard for you** to do any of the following things?

	If Yes, check here	If yes, please explain:
Go out to eat	<input type="checkbox"/>	
Go to school	<input type="checkbox"/>	
Handle money	<input type="checkbox"/>	
Use an ATM	<input type="checkbox"/>	
Drive a car	<input type="checkbox"/>	
Take a bus or train	<input type="checkbox"/>	
Play sports	<input type="checkbox"/>	
Other (describe)	<input type="checkbox"/>	

Part 5. Your Language

Do you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Do you understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Do you read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Do you write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
What is your first language?	
Can you read in your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Can you write in your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited

Part 6. School

1. Check the highest grade of school you finished.									
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> GED	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17+

What year did you finish this grade?	
Where did you go to school?	
Did you repeat any grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you in special education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Did you finish more than 12 years of school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list your degree and major:	

Disability Supplement

Did you get any other training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please fill out the sections below.	

Type of Training	Year	Finished	Certified/Licensed?
Building Trades		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronics		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Mechanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computers		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hairdressing		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetology		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse's Aide		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secretarial		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 7. Your Work

Do you work now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, when did you stop working?	Date: ___/___/___

Did any of your medical or mental health conditions cause problems at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

Disability Supplement

List all your jobs from the last 15 years. Do the best that you can. If you do not know the exact dates, write your best guess. Start with the job you have now or your last job. Add a piece of paper if you need more space. You can attach a resume if you have one. To help you complete this part we included an example below. **Example:**

Job Title	Dates Worked	
<i>Packer</i>	From (Month/Year): <i>March 2004</i>	To (Month/Year): <i>May 2005</i>
Job Duties (List everything you did):		
<i>Put three golf balls into a small box. Packed 24 small boxes into a case. Sealed the case with packing tape. Loaded cases onto a platform.</i>		
How many hours did you work each week? <i>40</i>	How much did you make an hour? <i>\$9.00/hour</i>	Reason for leaving: <i>Moved</i>

Job Title	Dates Worked	
	From (Month/Year):	To (Month/Year):
Job Duties (List everything you did):		
How many hours did you work each week?	How much did you make an hour?	Reason for leaving:

Job Title	Dates Worked	
	From (Month/Year):	To (Month/Year):
Job Duties (List everything you did):		
How many hours did you work each week?	How much did you make an hour?	Reason for leaving:

Disability Supplement

Job Title	Dates Worked	
	From (Month/Year):	To (Month/Year):
Job Duties (List everything you did):		
How many hours did you work each week?	How much did you make an hour?	Reason for leaving:

Job Title	Dates Worked	
	From (Month/Year):	To (Month/Year):
Job Duties (List everything you did):		
How many hours did you work each week?	How much did you make an hour?	Reason for leaving:

Job Title	Dates Worked	
	From (Month/Year):	To (Month/Year):
Job Duties (List everything you did):		
How many hours did you work each week?	How much did you make an hour?	Reason for leaving:

Disability Supplement

Check each of the things you do in your job. If you do not work, check each thing you did in your last job.

<input type="checkbox"/> Doing paperwork	<input type="checkbox"/> Using a computer	<input type="checkbox"/> Assembling	<input type="checkbox"/> Operating machines
<input type="checkbox"/> Filing	<input type="checkbox"/> Serving people	<input type="checkbox"/> Counting & packing	<input type="checkbox"/> Construction
<input type="checkbox"/> Using phone	<input type="checkbox"/> Driving a car or truck	<input type="checkbox"/> Moving things	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Using office machines	<input type="checkbox"/> Using cash register	<input type="checkbox"/> Driving forklift	<input type="checkbox"/> Using power tools
<input type="checkbox"/> Other (please describe)		<input type="checkbox"/> Using hand tools	

Circle the number of hours you do each thing in your job. If you do not work, circle the number of hours you did each thing in your last job.

Activity	Hours in a Day								
Walk or stand	0	1	2	3	4	5	6	7	8
Sit	0	1	2	3	4	5	6	7	8
Reach	0	1	2	3	4	5	6	7	8

Check the weight you lift or carry most:	Check the heaviest weight you lift:
<input type="checkbox"/> Less than 10 lbs.	<input type="checkbox"/> Less than 10 lbs.
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> 10 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> 20 lbs.
<input type="checkbox"/> 25 lbs.	<input type="checkbox"/> 25 lbs.
<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> 50 lbs.
<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> 100 lbs.
<input type="checkbox"/> More than 100 lbs.	<input type="checkbox"/> More than 100 lbs.

Part 8. Your Comments

Use this space to write more information needed, including information about why you cannot work.

Disability Supplement

Part 9. Help with This Form

Did you need help to fill out this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why did you need help?	

Part 10. Your Signature

THIS SECTION MUST BE COMPLETED.	
_____ Signature of Applicant/Client/Guardian	_____ Date

If this form is being filled out by someone with the legal authority to act on behalf of the applicant/client or a legal guardian, give us the following information:

Signature of person filling out this form: _____

Print name: _____

Authority of person filling out this form on behalf of the applicant/client: _____

Part 11. Your Permission to Share Information

Do you give permission to share information about this application with anyone besides your health care providers? (For example: relative, friend, legal representative.) DES may send copies of notices to this person. This does not authorize release of medical records.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, person's name: _____	Relationship to you: _____
Address: _____	Phone number(s): _____
_____ Signature of Applicant or Client	_____ Date

For Office Use Only **DTA Case Manager's Comments and Signature**

_____ _____ _____ _____ _____ Signature of DTA Case Manager		_____ _____ _____ _____ _____ Date
----------------------------------------------------------------------------	--	---------------------------------------------------

Department of Transitional Assistance (DTA) and Disability Evaluation Services (DES)

Medical Records Release Form

Sign this form to let your medical or mental health care provider share information with UMASS/Disability Evaluation Services (DES).

HOW TO FILL OUT THIS FORM

Your medical or mental health care provider will only send medical records to UMASS/Disability Evaluation Services if you fill out the form right. Follow these steps:

1. **Fill out a separate Medical Records Release Form for each medical or mental health care provider. A medical provider is a doctor, nurse, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center or clinic from whom you receive treatment. A mental health care provider is a psychologist, psychiatrist or therapist.**
2. **Fill out every section of the form. DES can only get your medical information if you fill out every section. DES will decide your case without the information if DES cannot get it.**
3. **Sign and date the form with a pen. Do not sign with a pencil. Sign the form yourself. You cannot use a copy or stamp of your signature.**

SECTION I

Your Name and Address

Print name of applicant/client:	Telephone Number: ()	
Street address:	Date of birth:	
City/Town	State:	ZIP:

SECTION II

Health Care Provider's Name and Address

Name of doctor, nurse, psychologist, psychiatrist, therapist, nurse practitioner, physical therapist, social worker, chiropractor, hospital, health center or clinic from whom you receive treatment:		
Street address:		
City/Town	State:	ZIP:
Telephone Number: ()		

(continued on back) ►

SECTION III

I allow the medical or mental health care provider listed in Section II to share with DTA and Disability Evaluation Services (DES):

- my medical records;
- other information about my time in a hospital; and
- other information about any of my medical care.

I allow the medical or mental health care provider to share all information about my health. This includes information about:

- my mental health;
- my AIDS/HIV status;
- drug and alcohol abuse;
- how my health problems affect my ability to work; and
- how my health problems affect what I do every day.

✓ Check here if you do NOT allow the medical or mental health care provider to share your AIDS/HIV status: ☐

SECTION IV

Any medical information that the health care provider releases to DTA and the Disability Evaluation Service will continue to be protected by federal privacy laws.

I understand that I can cancel this permission at any time. I can cancel this permission by sending a letter to my medical or mental health care provider. I understand that this permission ends six months from the date I sign this Medical Records Release Form, if I do not cancel it before then.

I understand that my medical or mental health care provider may send information to DTA and DES before I cancel my permission. I understand that my medical or mental health care provider cannot get the information back after sending it.

I understand that it is my choice to let my medical or mental health care provider share medical information with DTA and DES. I do not have to give permission. I also understand that DTA and DES will decide about my disability without the information if I do not let my medical or mental health care provider share it.

SECTION V

Signature of applicant/client:	Date:
--------------------------------	-------

If the person signing this form has legal authority to act for the applicant/client (such as a legal guardian), give us the following information:

Signature of person completing this form:	
Printed name:	Date:
What kind of authority do you have to sign for the applicant/client?	

Department of Transitional Assistance (DTA) and Disability Evaluation Services (DES)

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(continued on back) ►

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(continued on back) ►

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SECTION V

Signature of applicant/client:	Date:
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If the person signing this form has legal authority to act for the applicant/client (such as a legal guardian), give us the following information:

Signature of person completing this form:	
Printed name:	Date:
What kind of authority do you have to sign for the applicant/client?	

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

NOTE: Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

*SSA will not honor this form unless all required fields have been completed (*signifies required field).*

TO: Social Security Administration

*Name

*Date of Birth

*Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME

*ADDRESS

UMass Medical School

PO Box 2795 Worcester, MA 01613-9938

Disability Evaluation Services

*I want this information released because:

There may be a charge for releasing information.

*Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

- ☐ Social Security Number
- ☐ Current monthly Social Security benefit amount
- ☐ Current monthly Supplemental Security Income payment amount
- ☐ My benefit/payment amounts from _____ to _____
- ☐ My Medicare entitlement from _____ to _____
- ☐ Medical records from my claims folder(s) from _____ to _____
If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.
- ☒ Complete medical records from my claims folder(s)
- ☐ Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) _____

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

*Signature: _____ *Date: _____

Relationship (if not the individual): _____ *Daytime Phone: _____

APPENDIX E:

Disability Determination Tracking Form

This page is intentionally left blank.

Disability Determination Tracking Form

To be completed by AU Manager

1. Name (Last, First, MI)		2. Date of Birth	3. Telephone Number ()
4. Address (Number and Street)		5. Case Name	6. Case SSN
7. City/Town	8. State	9. ZIP Code	10. SSN
11. AU Manager's Name	12. CAN	13. Office No.	14. Office Telephone Number
15. Status <input type="checkbox"/> TAFDC Applicant <input type="checkbox"/> TAFDC Recipient <input type="checkbox"/> EAEDC Applicant <input type="checkbox"/> EAEDC Recipient Number of months of time-limited benefits remaining for individual named in #1 _____. If a TAFDC two-parent assistance unit, number of months of time-limited benefits remaining for the other parent _____. <input type="checkbox"/> Individual <input type="checkbox"/> Family			15A. Priority Has the individual received a decision of "not disabled" within the previous 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Review/Request Date		17. Date to PRO	

To be completed by Professional Review Organization (PRO)

18. PRO Decision Date	19. Decision		
	Disabled? Decision Code	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	EAEDC <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Onset Date	21. Diagnosis Code(s)	22. Disability Review Date	23. Fair Hearing Date
24. Disability Examiner's Signature			ID No.
25. Vocational Examiner's Signature			ID No.
26. Physician's Signature			ID No.
27. PRO Team Leader's Signature (if applicable)			ID No.

Remarks:

Instructions for Completing the Disability Determination Tracking Form

1-10: Disabled individual information: If any of this information changes, notify PRO.

11-14: Transitional Assistance Office information

15: Status Indicator: (check one)

- TAFDC Applicant or TAFDC Recipient
 - record the number of months of time-limited benefits remaining whether the individual is currently **exempt** or **nonexempt**. For example, if an individual is currently exempt and has not used any time-limited benefits enter 24 months. For two-parent families the number of months remaining must be recorded for both parents, not just the parent claiming the disability.
- EAEDC Applicant or EAEDC Recipient
 - indicate either EAEDC individual or EAEDC family case.

15A: Priority:

- Indicate if the individual has received a decision of “not disabled” within the previous 60 months.

16: Review/Request Date: (Circle one)

Review

- date of AU Manager’s review for continuing eligibility

Request

- date of application for EAEDC or TAFDC

17: Date to PRO: (PRO Disability Liaison use only)

Items 18 through 27 are completed by PRO.

19: Decision: Identifies the PRO disability decision.

Decision Code

- Result of the PRO determination using EAEDC or TAFDC disability criteria (see A User’s Guide: Transitional Assistance Programs and BEACON, Chapter XIII, Section H for a description of the codes.)

20: Onset Date: Start date of the individual’s disability as determined by PRO

21: Diagnosis Code(s): (PRO use only)

22: Disability Review Date: End date of the individual’s disability as determined by PRO

23: Fair Hearing Date: (PRO use only)

Remarks: For use by DTA or PRO, when warranted.

APPENDIX F:

Disability Determination Letter from Disability Evaluation Services (DES)

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University of Massachusetts

Disability Evaluation Services

P.O. Box 2795

Worcester, MA 01613-9938

Toll Free 1-800-888-3420

Toll Free TTY 1-866-693-1390 (for the deaf and hard of hearing)

Case#: [REDACTED]

DR#: [REDACTED]

Decision Letter - File Copy

Esta noticia afecta sus derechos a responsabilidades y debe ser traducida en seguida. Si Usted necesita ayuda en traducir esta noticia, su oficina del Department of Transitional Assistance le asignara un trabajador de la oficina que es bilingue o un interprete para asistirle a ud.

April 01, 2014

[REDACTED]

[REDACTED]

[REDACTED]

Case#: [REDACTED]

Dear [REDACTED]:

As an applicant or recipient of the Transitional Aid to Families with Dependent Children (TAFDC) Program, you have stated that you are disabled. The Disability Evaluation Services Program was asked to review information about you and decide whether you are disabled.

We have decided that you have a disability that is expected to last through:

March 31, 2016

If you have any questions about this notice, please call your worker at the local Transitional Assistance Office.

Sincerely,

Disability Evaluation Services

[REDACTED]

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APPENDIX G:

Good Cause Medical Statement

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Good Cause Medical Statement

Case Identification

Case Name (if different)

Case SSN (if different)

Patient Information

Name

Social Security Number

Address

Date of Birth

Sex

The above-named person claims to have a condition which prevents him or her from performing work/ community service for the required hours per week or looking for full-time employment.

To evaluate this claim, it is necessary to verify the condition with a medical statement completed and signed by the person's primary care physician, treating physician, nurse practitioner, osteopath or psychologist licensed by the Commonwealth of Massachusetts, including a physician or psychiatrist from a Veterans Administration Hospital or clinic or from a Massachusetts Department of Mental Health facility. Presentation of this statement in no way indicates that this person is eligible for public assistance.

Patient's Authorization to Release Medical Information to the Massachusetts Department of Transitional Assistance

I hereby authorize the release of the medical information requested in this medical statement to the Massachusetts Department of Transitional Assistance.

Patient's Signature_____

Date_____

Mail this Good Cause Medical Statement to: DTA, P. O. Box 4406, Taunton, MA 02780-0420.
Please include your name, the TAO servicing your case and the last 4 digits of your Social Security Number on each page of the documents you submit.

Good Cause Medical Statement

Does this patient have a physical or mental illness or cognitive impairment which prevents him or her from working or performing community service the required hours per week or looking for full-time employment?

☐ Yes ☐ No

If yes, please explain why you believe the patient is unable to do the required hours of work activities. _____

Specify the maximum number of hours per week this patient is able to work or perform community service. _____

What is the expected duration of this condition? Please be as specific as you can. _____

What are the restrictions (if any) on activity/hours? _____

Diagnosis

Diagnosis	Date of Onset (if known)	Date of Diagnosis

Is this condition the result of an accident? ☐ Yes ☐

Examination

Date of Most Recent Medical Exam

Have you ever examined or treated this patient before? ☐ Yes ☐ If yes, when? _____

Certification Block

I certify that I am a competent medical authority as defined on the reverse side of this form and that the information provided is true and accurate.		
		Date
Name (please print)	Specialty (if any)	Board of Registration Number
Signature	Title	MassHealth Provider Number
Address		Telephone #