

Appendix A: Inquiry

Script/guidance for inquiry into disability and need for help.

Application, cash eligibility reviews and SNAP recertifications:

We tell everyone:

There are things DTA will ask you to do in order to keep getting your benefits.

If you have a health problem that makes it hard for you to do something DTA asks, you can ask for help. This is called an accommodation.

Could be because of a physical or mental or emotional health problem.

Some of the things we'll ask you to do are:

- 1) Read notices we send and follow instructions in them
- 2) Fill out forms
- 3) Come to the office for appointments
- 4) Get and give us documents to prove whether you can get benefits
- 5) Tell us about changes in your household/case
- 6) Meet deadlines

Do you think you might need help with any of these things, or something else, because of a health problem?

→NOTE: If case closed recently (e.g., 60 days), add: I see your case recently closed. If you were having trouble working with the Department before because of a health or disability issue, let's talk about how to make sure that doesn't happen again.

Yes or No box gets checked

If YES → If you want, you can talk to me [worker] about the help you might need, and I can tell you if it is help I could give you quickly. Or you can talk about this with the Client Assistance Coordinator. S/he focuses on helping our clients who have health problems.

YES gets you to the Accommodation/Special Assistance Tab [see Appendix: Recording-BEACON Accommodation/Special Assistance Tab]

If NO → You can let us know any time a health problem makes it hard to do something we ask you to do.

Provide hand-out

In response to information about disability (including in the context of a request for a disability exemption)

Whenever we know someone is having a health problem, we want to make sure they know about their rights.

If you have a health problem that makes it hard for you to do something DTA asks, you can ask for help. This is called an accommodation.

Could be because of a physical or mental or emotional health problem.

Some of the things we'll ask you to do are:

- 1) Read notices we send and follow instructions in them
- 2) Fill out forms
- 3) Come to the office for appointments
- 4) Get and give us documents to prove whether you can get benefits
- 5) Tell us about changes in your household/case
- 6) Meet deadlines

Do you think you might need help with any of these things, or something else, because of a health problem?

If YES → If you want, you can talk to me [worker] about the help you might need, and I can tell you if it is help I could give you quickly. Or you can talk about this with the Client Assistance Coordinator. S/he focuses on helping our clients who have health problems.

If yes, go to accommodation/special assistance tab.

If NO → You can let us know any time a health problem makes it hard to do something we ask you to do.

Provide hand-out

Appendix B: Recording – BEACON Accommodation/Special Assistance Tab

Case manager or CAC must go through the following with the client:

1. What type of disability/health problem do you have? (Type of Disability/Health Problem Claimed)
 - a. Disability:
 - i. Cognitive/learning disability
 - ii. Physical- mobility
 - iii. Physical- visual or hearing
 - iv. Physical- other
 - v. Mental/Emotional
 - b. No disability; client has other issue (e.g. short illness, language barrier)

2. What difficulties do you think you will have interacting with the Department? (Types of Difficulties Claimed)
 - a. Completing forms
 - b. Coming to the DTA office (e.g., taking public transportation; walking; being in crowded place)
 - c. Getting verifications
 - d. Reading or understanding DTA notices or written materials
 - e. Responding to notices (including meeting deadlines)
 - f. Understanding and/or responding to oral communication (could be hearing or cognitive-related)
 - g. Other: _____

3. What specific kind of help do you need? (Types of Assistance)
 - a. Handle case without coming to DTA office (e.g., home visit(s), phone and/or fax)
 - b. Help completing forms
 - c. Help getting verification

- d. Explanation of written communications (e.g., either in person or by phone)
 - e. Communication requested with third party (e.g., send copies of notices to helper/Auth. Rep or call helper/AR)
 - f. Reminders about deadlines
 - g. Auxiliary aid - ASL interpreter- on-site
 - h. Auxiliary aid - ASL interpreter- remote
 - i. Other Auxiliary aid
 - j. Other (may include rule modification): _____
4. Do you think you need help only right now or will need it in the future? (When Assistance Needed)
- a. One time only
 - b. Ongoing
 - c. No assistance needed at this time but may be needed in future

NARRATIVE Box will include specific disability of individual and specifics of the ADA accommodation/assistance.

Appendix C: Notice Revision – Language for Notices

All “procedural/behavioral” notices other than those requiring “specialized good cause language (e.g., work program sanctions and verification-related denials and closings) will get the following language:

Good cause: If there is a good reason that you can’t do something DTA asks you to do, we may be able to help. This is called good cause. Please tell your case manager about any good cause reasons. Good cause includes:

- illness or injury (you or someone you take care of)
- a family emergency
- lack of child care
- lack of transportation
- other reasons we approve

Need help because of disability?

If you have trouble doing something we asked you to do because of a physical or mental health problem:

- Call your **Client Assistance Coordinator** for help. **You can get the Coordinator’s phone number by calling [IVR #] or your DTA office.**
- We may be able to give you extra help, or adjust a rule. This is called an **accommodation**. Talk to your worker or Client Assistance Coordinator.

Notices revised to include “specialized” good cause language (e.g., work program sanctions and verification-related denials and closings) will get the following language:

Need help because of disability?

If you have trouble doing something we asked you to do because of a physical or mental health problem:

- Call your **Client Assistance Coordinator** for help. **You can get the Coordinator’s phone number by calling [IVR#] or your DTA office.**
- We may be able to give you extra help, or adjust a rule. This is called an **accommodation**. Talk to your worker or Client Assistance Coordinator.

Appendix D: Notice Revision – List of Notices¹

List of notices that will get “good cause/disability language:”

EBC Notices

EFRC²	Description of code	Program
000231	Did not apply for / verify SSN	TAFDC
000233	Did not cooperate with Quality Control	TAFDC
000403	Fail to apply for other benefit(s)	TAFDC
001008	Fail to cooperate with TAFDC disability determination req	TAFDC
001024	Fail to correct an inadequate Monthly Report	TAFDC
001019	Fail to correct an incomplete Monthly Report	TAFDC
000415	Fail to keep a Teen Parent Appointment	TAFDC
003042	Fail to keep a Work Program Appointment	TAFDC
003034	Fail to keep appointment to discuss computer match info	TAFDC
000402	Fail to return a complete Monthly Report	TAFDC
003016	Fail to schedule a review at end of disqualification period	TAFDC
001009	Failed to cooperate with TPL Disclosure Requirements	TAFDC
000225	Failed to cooperate with bank match procedures.	TAFDC
000226	Failed to file Disability Supplement Form	TAFDC
004025	Failed to keep appointment for review	TAFDC
000217	Failed to provide information on a required person	TAFDC
000216	Failure to apply for SSI	TAFDC
000219	Failure to assign Child Support Rights	TAFDC
003037	Failure to cooperate with Direct Deposit requirements	TAFDC
003038	Failure to cooperate with the SSI application process	TAFDC
000209	Failure to verify income and/or asset	TAFDC
003047	Grant diverted due to MR noncompliance	TAFDC
004026	Outstanding default warrant	TAFDC
000411	Refuses to comply with lien procedures	TAFDC
003005	Whereabouts Unknown	TAFDC
000210	You did not request a TAFDC 24 Month Extension.	TAFDC
003015	Your TAFDC Extension has ended.	TAFDC
001026	Your request for a TAFDC Extension has been denied.	TAFDC
000235	Did not apply for / verify SSN	EAEDC
001024	Fail to apply for other benefit(s)	EAEDC
000415	Fail to cooperate with EAEDC disability determination req	EAEDC
003042	Fail to file Medical Report and Supplement	EAEDC
003041	Fail to keep appointment to discuss computer match info	EAEDC
003034	Fail to keep a Work Program Appointment	EAEDC

¹ Additional action reasons may be added based on the provision of additional information by the Department in response to Plaintiffs’ outstanding questions.

² “EFRC” stands for “Eligibility Factor Reason Code.”

000402	Fail to schedule a review at end of disqualification period	EAEDC
004010	Failed to cooperate with TPL Disclosure Requirements [used for failure to sign 3 rd party recovery form]	EAEDC
004018	Failed to cooperate with bank match procedures.	EAEDC
003032	Failed to file Disability Supplement Form	EAEDC
000412	Failed to keep appointment for review	EAEDC
000225	Failed to provide information on a required person	EAEDC
000226	Failure to apply for SSI	EAEDC
004025	Failure to cooperate with Direct Deposit requirements	EAEDC
000217	Failure to cooperate with the SSI application process	EAEDC
000216	Failure to register with DET	EAEDC
000219	Failure to verify income and/or asset	EAEDC
003035	Medical Report states no disability	EAEDC
003030	Medical Report more than 30 days old	EAEDC
003047	Medical Report states able to work	EAEDC
003043	Medical examination more than 30 days old	EAEDC
003044	No longer participating with MRC	EAEDC
001047	Outstanding default warrant	EAEDC
004026	Quit Job-no Good Cause	EAEDC
003019	Reduced Earnings-no Good Cause [used for refused job offer]	EAEDC
003027	Refuses to comply with lien procedures	EAEDC
003003	Whereabouts Unknown	EAEDC
000418	You failed to accept employment or training for employment	EAEDC
000613	Did not apply for / verify SSN	FS
000614	Did not cooperate with Quality Control	FS
006011	Fail to keep appointment to discuss computer match info	FS
001007	Fail to schedule a review at end of disqualification period	FS
003034	Failed to cooperate with bank match procedures.	FS
003041	Failed to keep appointment for review	FS
004010	Failed to provide information on a required person	FS
004018	Failure to Complete an Interim Report	FS
000225	Failure to complete FS application process.	FS
004025	Failure to keep an Assessment/Reassessment Interview	FS
000217	Failure to verify income and/or asset	FS
009005	Outstanding default warrant	FS
003024	Whereabouts Unknown	FS

Non-EBC Notices

Notice	Doc #	Type
Warrant Match	0249-03	Match
Unearned Income Match	0229-04	Match

Multiple Sanction	007-05	TAFDC Work Program
Veterans		Match (Manual)
Mass Lottery		Match (Manual)
Out-of-State		Match (Manual)
Outstanding Warrant(s)		Match (Manual)
Department of Corrections		Match (Manual)
Department of Revenue		Match (Manual)

List of notices that will get “specialized” good cause language and the “disability language:”

EBC Notices

EFRC	Description of code	Program
000243	Depd 18 or 19 yrs old and does not meet age/school rqmts.	TAFDC
001011	Fail to comply with Work Program Participation Requirements	TAFDC
001020	Fail to comply with Work Program requirements	TAFDC
003041	Fail to meet Learnfare school attendance requirements	TAFDC
004010	Fail to submit the required verifications	TAFDC
004018	Failed Teen Parent Participation Requirement	TAFDC
003032	Failed Teen Parent education requirement	TAFDC
000412	Failed Teen Parent living arrangement requirements	TAFDC
009003	Failed child immunization requirements	TAFDC
003033	Failure to comply with Employment Development Plan	TAFDC
003036	Failure to meet your EDP Requirements.	TAFDC
001066	Teen Parent not in school nor in Teen Living arrangement	TAFDC
000418	Work Program Required	TAFDC
100	Work Program Required - Job Search	TAFDC
003001	Fail to comply with Work Program requirements	EAEDC
003016	Fail to submit the required verifications	EAEDC
001009	Failed to meet TEMP requirements	EAEDC
001018	Did not meet FS work requirements	FS
000230	FSET Required	FS
000229	Fail to comply with Food Stamp Work Program requirements	FS
000220	Fail to comply with Work Program requirements	FS
001011	Fail to submit the required verifications	FS
001024	Failed to comply with FS ET requirements (first time)	FS
001019	Failed to comply with FS ET requirements (second time)	FS
003001	Failed to comply with FS ET requirements (third time)	FS
001009	Failure to Provide Required Interim Report Verifications	FS
001044	Quit Job-no Good Cause	FS
001042	Voluntarily quit job(1st time)	FS

004026	Voluntarily quit job(2nd time)	FS
003022	Voluntarily quit job(3rd time)	FS
003040	You failed to accept employment or training for employment	FS

Non-EBC Notices

Notice	Doc #	Type
EDP Mandating Community Service	0055-13	TAFDC Work Program
EDP Warning Notice ³	0054-12	TAFDC Work Program

List of notices that will get only the “disability language”

EBC Notices

EFRC	Description of code	Program
001043	Assets in excess of asset limit	TAFDC
000236	Do not meet disability requirements	TAFDC
006011	Excess Income and/or assets of child and/or their parent(s)	TAFDC
001001	Assets in excess of asset limit	EAEDC
000218	Do not meet disability requirements	EAEDC
001020	Excess Income and/or assets of child and/or their parent(s)	EAEDC
001043	Assets in excess of asset limit	FS

Non-EBC Notices

Notice	Doc #	Type
Notice of Overpayment – IPV	0198-04	IPV - Recoupment
Notice of Overpayment – UPV	0018-09	Recoupment
Work Program Warning	0213-02	TAFDC Work Program
EDP Warning	0054-12	TAFDC Work Program

List of non-EBC notices that will get a modified version of the “disability language”⁴

Notice	Doc #	Type
Cash Repayment Obligation – IPV	0199-08	IPV - Recoupment
FS Repayment Obligation – IPV	0200-03	IPV- Recoupment

³ The EDP Warning notice already contains some good cause language that is tailored to the work program context.

⁴ Some non-EBC notices require a modified version of the “disability language” because, e.g., they are sent by a non-field unit, so referral to the CAC doesn’t make sense, or because the emphasis should be on whether the client needs help to understand the notice, as opposed to taking action. The wording for the modified “disability language” will be worked on by DTA’s Notice Workgroup and Plaintiffs’ counsel.

Cash Repayment Obligation – UPV	0019-06	Recoupment
FS Repayment Obligation – UPV	0020-06	Recoupment
Payment Intercept	0104-04	Recoupment
Offset Of Lost Benefits	0023-13	Recoupment
Treasury Offset/ Quarterly	0247-01	Match
Wage Assignment-Employee Notice	0299-01	Wage Assignment
Wage Assignment - Initial Notice	0298-00	Wage Assignment
Wage Assignment Paid in Full	0321-00	Wage Assignment

List of DOH notices that will get a modified version of the “disability language”⁵

- Notices scheduling a hearing or otherwise acknowledging the start of the appeal process;
- Notices stating that a client missed a hearing;
- Dismissal notices; and
- All DOH notices should have language stating who clients can call for help if they have trouble understanding the notice.

⁵ As with DTA’s non-EBC notices, the wording for the modified “disability language” will be worked on by DTA’s Notice Workgroup and Plaintiffs’ counsel.

Appendix E: Accommodation System – Revised ADA-1

[TAO Street Address]
[City/Town, MA zipcode]

Massachusetts Department of Transitional Assistance

[Client name]
[Street address]
[City/Town, MA zipcode]

[Client’s Agency ID]
[TAO name]

[Date]

Request for Accommodation

You told us that you have this disability: _____

You asked for this help: _____

- We are reviewing your request. We will make a decision within 30 days.
 - We need more information to make a decision. If you do not give us the information, we may deny your request. **What we need is:**

- Our decision is:
 - We will give you the help that you asked for.
 - We will help you, but in a different way than you asked for. We will help you by _____ because _____
 - We will not give you the help you asked for because _____
 - We will not give you the help you asked for at this time because you did not give us enough information.

If you disagree with this decision, you may ask for a review. To ask for a review, fill out the “Request for Review” form included with this letter.

Please call the Client Assistance Coordinator in your DTA office if:

- You need help to understand this letter.
- You need help getting the information we asked for.
- You disagree with the decision about your request and want help asking for a review of the decision.
- You are having another problem with your benefits because of your disability.

Appendix F: Adverse Action Reasons for Pilot⁶

The pilot will include the following “procedural” and “behavioral” adverse actions (reductions and terminations only):

EFRC⁷	Description of code	Program
000231	Did not apply for / verify SSN	TAFDC
000233	Did not cooperate with Quality Control	TAFDC
000403	Fail to apply for other benefit(s)	TAFDC
001011	Fail to comply with Work Program Participation Requirements	TAFDC
001020	Fail to comply with Work Program requirements	TAFDC
001008	Fail to cooperate with TAFDC disability determination requirement	TAFDC
001024	Fail to correct an inadequate Monthly Report	TAFDC
001019	Fail to correct an incomplete Monthly Report	TAFDC
000415	Fail to keep a Teen Parent Appointment	TAFDC
003042	Fail to keep a Work Program Appointment	TAFDC
003034	Fail to keep appointment to discuss computer match info	TAFDC
003041	Fail to meet Learnfare school attendance requirements	TAFDC
000402	Fail to return a complete Monthly Report	TAFDC
003016	Fail to schedule a review at end of disqualification period	TAFDC
004010	Fail to submit the required verifications	TAFDC
004018	Failed Teen Parent Participation Requirement	TAFDC
003032	Failed Teen Parent education requirement	TAFDC
000412	Failed Teen Parent living arrangement requirements	TAFDC
009003	Failed child immunization requirements	TAFDC
001009	Failed to cooperate with TPL Disclosure Requirements	TAFDC
000225	Failed to cooperate with bank match procedures.	TAFDC
000226	Failed to file Disability Supplement Form	TAFDC
004025	Failed to keep appointment for review	TAFDC
000217	Failed to provide information on a required person	TAFDC
000216	Failure to apply for SSI	TAFDC
000219	Failure to assign Child Support Rights	TAFDC
003033	Failure to comply with Employment Development Plan	TAFDC
003037	Failure to cooperate with Direct Deposit requirements	TAFDC
003038	Failure to cooperate with the SSI application process	TAFDC
003036	Failure to meet your EDP Requirements.	TAFDC
000209	Failure to verify income and/or asset	TAFDC
003047	Grant diverted due to MR noncompliance	TAFDC
000411	Refuses to comply with lien procedures	TAFDC
001066	Teen Parent not in school nor in Teen Living arrangement	TAFDC
003005	Whereabouts Unknown ⁸	TAFDC

⁶ Additional action reasons may be added based on the provision of additional information by the Department in response to Plaintiffs’ outstanding questions.

⁷ “EFRC” stands for “Eligibility Factor Reason Code.”

000418	Work Program Required	TAFDC
100	Work Program Required - Job Search	TAFDC
000210	You did not request a TAFDC 24 Month Extension.	TAFDC
003015	Your TAFDC Extension has ended.	TAFDC
001026	Your request for a TAFDC Extension has been denied.	TAFDC
000235	Did not apply for / verify SSN	EAEDC
001024	Fail to apply for other benefit(s)	EAEDC
003001	Fail to comply with Work Program requirements	EAEDC
000415	Fail to cooperate with EAEDC disability determination requirement	EAEDC
003042	Fail to file Medical Report and Supplement	EAEDC
003034	Fail to keep a Work Program Appointment	EAEDC
003041	Fail to keep appointment to discuss computer match info	EAEDC
000402	Fail to schedule a review at end of disqualification period	EAEDC
003016	Fail to submit the required verifications	EAEDC
004010	Failed to cooperate with TPL Disclosure Requirements [used for failure to sign 3 rd party recovery form]	EAEDC
004018	Failed to cooperate with bank match procedures.	EAEDC
003032	Failed to file Disability Supplement Form	EAEDC
000412	Failed to keep appointment for review	EAEDC
001009	Failed to meet TEMP requirements	EAEDC
000225	Failed to provide information on a required person	EAEDC
000226	Failure to apply for SSI	EAEDC
004025	Failure to cooperate with Direct Deposit requirements	EAEDC
000217	Failure to cooperate with the SSI application process	EAEDC
000216	Failure to register with DET	EAEDC
000219	Failure to verify income and/or asset	EAEDC
003030	Medical Report more than 30 days old	EAEDC
003043	Medical examination more than 30 days old	EAEDC
003027	Refuses to comply with lien procedures	EAEDC
003003	Whereabouts Unknown	EAEDC
000418	You failed to accept employment or training for employment	EAEDC

In addition to the BEACON-generated EFRCs, the pilot will include the following notices:

Multiple sanction notice (document # 007-35; notice type: “TAFDC Work Program”).

⁸ “Whereabouts Unknown” is included for purposes of the pilot only. If pre-adverse action steps are implemented statewide following the pilot, the parties will reevaluate whether to include “Whereabouts Unknown” for TAFDC and EAEDC.

Appendix G: SNAP Adverse Action Reasons for Monitoring⁹

The following is a list of the SNAP adverse action reasons that are corollary to those identified from the cash programs for the adverse action pilot. These are to be used for monitoring (see Section V.B.4.a of the Settlement Agreement).

EFRC¹⁰	Description of code	Program
000613	Did not apply for / verify SSN	FS
000614	Did not cooperate with Quality Control	FS
001018	Did not meet FS work requirements	FS
000229	Fail to comply with Food Stamp Work Program requirements	FS
000220	Fail to comply with Work Program requirements	FS
006011	Fail to keep appointment to discuss computer match info	FS
001007	Fail to schedule a review at end of disqualification period	FS
001011	Fail to submit the required verifications	FS
001024	Failed to comply with FS ET requirements (first time)	FS
001019	Failed to comply with FS ET requirements (second time)	FS
003001	Failed to comply with FS ET requirements (third time)	FS
003034	Failed to cooperate with bank match procedures.	FS
003041	Failed to keep appointment for review	FS
004010	Failed to provide information on a required person	FS
004018	Failure to Complete an Interim Report	FS
001009	Failure to Provide Required Interim Report Verifications	FS
000225	Failure to complete FS application process.	FS
004025	Failure to keep an Assessment/Reassessment Interview	FS
000217	Failure to verify income and/or asset	FS
003024	Whereabouts Unknown	FS
003040	You failed to accept employment or training for employment	FS

⁹ Additional action reasons may be added based on the provision of additional information by the Department in response to Plaintiffs’ outstanding questions.

¹⁰ “EFRC” stands for “Eligibility Factor Reason Code.”

Appendix H: Monitoring – Review Trigger Points

The purpose of the review set forth in paragraph B(6) of section V. of this Settlement Agreement, entitled *Monitoring and Reporting*, is to identify situations where the performance of either a caseworker or an office deviates from the Department's expectations more than is reasonably anticipated with respect to number of approved accommodations, number of adverse actions, number of referrals to the CAC or clients served by the CAC. The Department is required by the terms of this Settlement Agreement to conduct a review of the performance of any caseworker and/or office whose performance does not meet expected levels in order to determine the reason for the difference and what, if any, action by the Department is necessary. This appendix sets forth the understanding of the parties about the trigger points for such a review.

The Department and counsel for Plaintiffs consulted with third party researchers based at the Health and Disability Work Group at Boston University School of Public Health to identify appropriate trigger points for such a review that would allow the Department managerial discretion while also ensuring adherence to the terms of this Settlement Agreement within each Department office and across offices.

1. Mean, Median and Standard Deviation

The parties wish to measure mean, median, and standard deviation as tools to identify when an action is either not occurring enough or is occurring too frequently. For number of approved accommodations, adverse actions, referrals to CAC and clients served by CAC, the Department will determine reasonable levels by caseworker and program within each Department office. The Department will track occurrences by caseworker and will use the mean, median and standard deviation for each caseworker and office in determining if levels are either lower or higher than is reasonably expected. The Department will consider available data when setting reasonably expected levels. Because of the significant number of changes occurring as a result of this Settlement Agreement that will need to be implemented, the parties expect that what is considered a reasonable level will shift over the life of this Agreement.

2. Measure of difference

The parties also wish to have a measure to evaluate consistency within an office and across offices for each Department program. The researchers identified a standard statistical measure, called the z score, as a way to define one of the trigger points that would require the Department to review the performance of a caseworker or office. The z score requires certain conditions in order to be an appropriate statistical measure: (1) a normal distribution as that term is understood in statistics, and (2) large enough values across the distribution.

For the latter condition, if the data for too many caseworkers or offices is 0 or 1, then the researchers have explained that the z score will not be an appropriate statistical measure, and a different statistical measure would be needed. The spread of the distribution will also affect what value of z score is appropriate to trigger a review. Taking adverse actions as an example, if the data show a spread of only 5 actions, that will be viewed

differently than if the data show a spread of 300 actions among workers in the same program in the same office.

3. Relevant Comparisons

In comparing means, medians, standard deviations and z scores of approved accommodations, adverse actions, referrals to CACs and clients served by CACs, the relevant comparisons for each action will be of caseworkers in the same program, in the same office, and in similarly sized offices. Although data is collected monthly, if necessary, the Department may aggregate data by caseworker in six month intervals. Means and z scores will be compared:

- a. By individual caseworker as compared to the overall mean of other caseworkers in that program and in that office;
- b. By individual caseworker as compared to the overall mean of other caseworkers in that program in all similarly sized offices
- c. By individual program and office as compared to the overall mean for that program in similarly sized offices.

4. Review of Triggers

Because the parties cannot know in advance what the actual data will show, it will be necessary to affirm or revise the statistical measure used and/or the value of the measure, once actual data are available. After six months' of data have been collected, the parties will consult with the third party researchers to determine: (1) whether the conditions have been met that use of a z score would require and (2) what z score and means are appropriate trigger points. If the conditions have not been met or the data otherwise indicates that z scores and means are not appropriate trigger points, then the parties will consult with third party researchers to determine different trigger points.

Appendix I: Monitoring – Information to be reviewed in case reviews

As referred to in paragraph (V)(C)(1)(b) of the section entitled “Monitoring,” the following information will be collected and reviewed to monitor compliance with this agreement in the cases reviewed.

Information from case record to be collected and reviewed

1. Whether the caseworker complied with all requirements in this agreement for inquiry and recording information, including inquiry at the required junctures.
2. Whether the caseworker or CAC complied with requirements in this agreement for recording the type of disability if the client claimed it caused him or her trouble complying with Department requirements or trouble accessing Department programs.
3. Whether the caseworker or CAC provided an accommodation of the type that can be provided under existing rules when needed by the client.
4. Whether the caseworker referred the client to a CAC as specified in this agreement.
5. Whether there was any communication between the client and a CAC, and if the case record shows that the client and the CAC did not communicate following referral by a caseworker, what the case record shows about why.
6. Whether the CAC or his or her designee recorded information as specified in this agreement.
7. If a request for accommodation was made: a) what accommodation was requested; b) whether it was approved as requested, approved in modified form, or denied; c) whether the accommodation was approved by a worker or CAC; the TAO Accommodation Team; or at the Central Office level; d) if approved in modified form or denied, why; e) if approved, whether it was a one-time or ongoing accommodation; f) if approved as only a one-time accommodation, whether the client was asked if an ongoing accommodation was needed; and g) whether the Request for Accommodation form/notice was used as specified in this agreement.
8. If an accommodation was approved, whether it was fully implemented, including the required flagging of an ongoing accommodation in BEACON and provision in all instances in which it should have been provided.
9. If adverse action procedures are implemented statewide following completion of the pilot: for cases reviewed in which there was, within a year of the review, an adverse action of the type subject to the adverse action steps, whether the adverse actions steps were taken and what the outcome was.
10. If the client participated in an ESP program in the last year: whether the client completed the program, and if not, whether there is any information in the file about why not.

Interviews of clients

Clients whose case records are part of the sample reviewed will be interviewed, if possible, to clarify and supplement the information in the case record. Clients will be encouraged to participate, but shall be informed clearly that participation in such an interview is voluntary and no adverse action shall be taken due to nonparticipation. Information to be sought in the interview:

1. Any information listed above in this appendix that cannot be discerned from the case record, or as to which the case record contains ambiguities or inconsistencies, unless it is information of a sort that would not be known by a client.
2. Whether the client stated he or she had a disability-related need for help but did not ask for help and why.
3. For those clients identified under categories defined by paragraph (V)(C)(1)(a)(2) (clients with accommodations) or (3) (clients known to have disabilities who were subject to an adverse action):
 - a. The client's understanding of the disability-related help that caseworkers can provide; whether the client is aware of CACs and the help they can provide.
 - b. If the client was referred to a CAC but did not to speak with a CAC, the client's explanation of why s/he did not speak to a CAC.
 - c. Information about the client's experiences, if any, with a CAC: was the client referred to a CAC; subject of communication with the CAC; outcome of communication(s); whether the client told the CAC about disability-related needs for help from DTA; help provided by the CAC, whether the client stated they felt comfortable speaking with the CAC, and if not, why not; and whether the CAC was helpful, and why or why not.
4. If the client communicated to DTA a disability-related need for help: what help was requested, and whether DTA's response met the client's needs; if not, what help was not provided and whether DTA explained why. Whether the client felt the process of requesting an accommodation/help worked well, and why or why not.
5. For those clients identified under paragraph (V)(C)(1)(a)(3) (clients known to have disabilities who were subject to an adverse action):¹¹
 - a. If the client interacted with a CAC regarding the adverse action, whether the CAC was helpful and why or why not.

¹¹ These questions are intended to be asked of clients whether or not the Department implements adverse action measures statewide following completion of the pilot.

- b. The client’s experiences, if any, in trying to resolve the issue underlying the adverse action, either before or after it was implemented, including what the client understood about his/her options.
6. If the client participated in an ESP program in the last year:
 - a. Did the client complete the program, and if not, why not?
 - b. Did the client perceive his or her disability to be a barrier to participation in the program and if so, did the client request an accommodation? If an accommodation was requested, was it approved and provided? If the accommodation was not approved and/or provided, what is the client’s understanding of why?
7. Information about whether the client feels DTA staff responded sensitively and appropriately to information about the client’s disabilities, if provided.
8. The client’s assessment of what, if anything, DTA could do differently to meet the needs of clients with disabilities.