



FSS Webinar Q & A (Questions & Answers)

On November 6, 2014, the DHS MFIP Employment Services Unit offered a two-hour webinar training session on Family Stabilization Services for Employment Services Providers. This document includes FSS-related questions and responses from the webinar.

Family Violence Waiver (FVW)

Question:

If a participant has been on a Family Violence Waiver (FVW) but is no longer working with an advocate or attending and support groups, are they still eligible for FVW?

Answer:

If a person is no longer following a Family Violence Waiver Employment Plan and you have met with the advocate, and the advocate says the plan is still appropriate, then the participant would lose eligibility for the FVW (and months would start counting again). Follow the Pre-Sanction Checklist prior to sanctioning.

In the country 12 months or less

Question:

If we have participants who have been in the US for years but have an SPL below 6, are they considered Universal Participation?

Answer:

Yes, they will be a universal participant unless the FSS coding was updated in MAXIS during the 11th month of the 12 month time frame.

Question:

After 12 months, anyone who is below ESL level 6, that person will continue to be FSS?

Answer:

No, they will be a universal participant unless you have:

- verification of the SPL below 6,
- the participant is currently attending ESL class, and
- the coding was updated in MAXIS during the 11th month of the 12 month time frame.

If these are all met, the participant may be extended in the New Arrival FSS category.

Question:

I thought the 12 months could be expanded into a 24 month limit. You'd assess the SPL and had an opportunity to continue the FSS for 24 months.

Answer:

Yes, you need to reassess the SPL every 6 months.

Question:

It is my understanding that after the 1st 12 mos. in the country, an employment services provider can request an additional 6 mos. of FSS for "ESL (English as a Second Language) / Skills Training" from the TTL (we track entry dates and request this quite often). BUT, are you saying that even after that additional 6 months, a client can continue the FSS code if they can verify "SPL6 or Below or SPL6 and above but needing more language help"?

Answer:

Yes, according the ES Manual section 12.3, legal non-citizens may remain in FSS beyond 12 months if the participant's language skills are below SPL6 and you determine more ESL education is needed or their language skills are at SPL6 but additional skills training is needed to obtain employment. After the initial 12 months, FSS continuation must be reassessed every 6 months.

Medical Opinion Form

Question:

Is there a rule on how often a medical opinion form needs to be updated?

Answer:

If the medical opinion form has an end date, then you would need to get a new medical opinion form. Otherwise, request a Medical Opinion form every 12 months.

Question:

I recently had a client submit a medical opinion form shortly after she was put into sanction. The form was verified and would qualify her for an FSS coding for depression. She is having troubles getting into the office to cure her sanction - any suggestions on what to do?

Answer:

Her sanction should be cured due to the medical opinion form; you will need to work with her to create an FSS Employment Plan. Accommodations must be made if she cannot come into the office.

Question:

If the Medical Opinion Form is expired as we keep FSS open, will the Financial Worker change MAXIS based on the end date of the Medical Opinion Form?

Answer:

Yes. If there is an end date on there and it's coded in the system, they will no longer be considered FSS as of that end date and they will be counted in the Work Participation Rate unless they meet one of the other criteria. If it is possible that the medical condition is still be a barrier, the Pre-Sanction Checklist must be followed prior to sanction.

Home Visits**Question:**

Is there ever a way to sanction an FSS client without a home visit?

Answer:

Yes. If a home visit is unsuccessful, send the participant the information that would have been discussed during the face-to-face meeting. The Pre-Sanction checklist must be followed prior to sanction.

Applying/Appealing SSI/RSDI category**Question:**

Can you clarify how SSI/RSDI application can be a category/plan on its own? Shouldn't it be in conjunction with another category as it seems SSI is naturally a goal that most FSS participants work on as a part of their employment plan for another category such as ill/incap, mentally ill, etc? Per my understanding, participants that fall solely under this category are not required to turn in a medical form. It just seems that this category is more of a holding place with requirements that don't allow for much focus/progress on anything (health, etc) except for social security.

Answer:

The Applying/Appealing SSI/RSDI category should not be used as a holding place. This category allows participants who have applied or been denied SSI or RSDI to be considered FSS, even if they don't meet any other FSS types including ill/incap. When appropriate, also assist a participant who is considered "unemployable" to apply for SSI. The participant should have verification of their SSI/RSDI application or denial.

Behavioral health or medical professional assessment

Question:

What if you have a recommendation that is current, do you still need to contact the medical professional?

Answer:

If the medical recommendation clearly states what the participant can do, then follow the form. If it is unclear what participant is able to do, follow up with medical professional sure to determine if the medical professional believes that they are still able to participate in the activities that you have in the Employment Plan for the participant.

Question:

Between needed in the home and special medical criteria, which one has a preference? Many times I get letters stating that a parent is "needed in the home" to care for a child and they are generally receiving waived services or are SED.

Answer:

Special Medical Criteria must meet the specific definition as defined in the ES manual. The hierarchy is only a system issue. Unfortunately, MAXIS is not able to interface more than one code over to WF1. All other coded information that is FSS related is equally important because it all needs to be coded. We have to document all information that we receive from the client because it can affect their case in many ways.

Needed in the home

Question:

If a participant is needed in the home per medical form, but is working 40 hours per week without any difficulty, then they would still qualify under needed in the home until the child is 18?

Answer:

Yes. The "needed in the home" category is determined if a qualified professional has determined that the participant is needed in the home to care for an ill or incapacitated family member for over 30 days. The policy does not refer the a child under the age of 18. A participant may be needed in the home to care of another member of the assistance unit, a relative in the household, or a foster child. Whether that person is able to work or not does not affect eligibility for this FSS type.

Age 60 or Older

Question:

If two parent HH that 1 is 60-year old & the other is younger 60-year old, can both be qualified FSS?

Answer:

The 60 yr. old would have an FSS Employment Plan and the non-60 year old would have a Regular Employment Plan. Each person has an individual Employment Plan.

Returning FSS client to the regular MFIP service track

Question:

You said to typically wait a few months before you moved someone from FSS to the MFIP service track. Is that correct? If so, I am guessing that MAXIS will reflect the client as a universal participant while we are considering them still FSS. Does that sound right?

Answer:

It all depends on how that is coded. If the financial worker still has them coded as mental health, for instance, as long as they stay coded that way, they will be considered FSS and kept out of the Work Participation Rate. They may still have the mental health disorder, but they are on medication, able to work, and all is going well, keep them coded as mental health even though they're working. Wait a few months to send the Status Update to the Financial Worker to remove the mental health criteria to ensure that everyone is still going well and they are able to maintain employment. If you a more specific situation that may be more complex, send in a Policy Quest.

MAXIS to WF1 Interface and Hierarchy

Question:

If a person is coded as SSI Pending and FVW, does their clock still stop since SSI code has priority?

Answer:

MAXIS would still stop the clock, however the EMPS panel in MAXIS and on WF1 will show the code highest on the hierarchy. The hierarchy only determines what information is interfaced to WF1.

Question:

What if a participant is waiting for SSI/RSDI hearing, but working 20 or more hours a week and has been for 3-4 months, can they return to MFIP services track?

Answer:

The participant should remain coded in MAXIS according to their SSI application status (pending, appealing, etc.), even if working, until determined eligible or denied for SSI or RSDI.

Question:

Can you talk more about the hierarchy of ES codes on MAXIS. Can more than one code be in maxis or how to best determine how a case should be coded? What if there are multiple codes possible. For example shouldn't SMC be above Applied SSI as SMC will give the participant banked months?

Answer:

The financial worker needs to code all of the information and different criteria. They can benefit from different criteria in different ways. There may be more than one code in MAXIS, and they can be coded in several different areas if that applies to the client's situation. The fact that only one gets carried over to WF1 from MAXIS is only a system issue. It is only the way it's interfaced. It doesn't affect the fact that they still meet all of the other criteria and they still need to be coded in the system and they are all recognized. You need to determine what kind of Employment Plan you're going to develop, not based on which code comes over in the interface, but rather what is the best plan given the participant's situation.

Question:

Between needed in the home and special medical criteria, which one has a preference? Many times I get letters stating that a parent is "needed in the home" to care for a child and they are generally receiving waived services or are SED.

Answer:

The Special Medical Criteria is going to be preferred because they can then have the banked months and they can benefit from that.

Question:

You stated the only place to see where whether a case was coded FSS in Maxis in WF1 was on the MAXIS left nav. Please confirm that a status update will also state the FSS change in the "incoming status updates." Then does the financial worker recode it in Maxis?

Answer:

To clarify, the Status Update also shows the FSS change – the information is also shown in the incoming Status Update. Yes, the Financial Worker does have to code it in MAXIS and approve the new information, before it is interfaced to WF1. The timing on that is really important particularly for participants "In the country 12 months or less" category.

Question:

So we give them all the categories and MAXIS will sort it all out?

Answer:

Yes, the financial worker will enter all of the information in MAXIS and MAXIS makes determines the FSS status and sends over the interface to WF1.