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The Minnesota Family Investment Program (MFIP) is a comprehensive work-focused program that replaced AFDC, Family General Assistance, and Project STRIDE for families in Minnesota. The MFIP grant includes cash and food benefits. MFIP participants are encouraged and expected to work. Supports are provided to enable them to go to work, and earnings disregards ensure they are better off financially when they work.

The goals of MFIP are:

- To encourage and enable all families to find employment.
- To help families increase their income and move out of poverty.
- To prevent long-term dependence on welfare as a primary source of family income.

§2.6 (Work Force Attachment Model) explains more about the emphasis on the work expectation for MFIP participants.

Chapters 5 through 16 explain the MFIP program and Employment Service Providers' responsibilities for MFIP clients during their 1st 60 months of eligibility for MFIP.

Chapter 4 explains MFIP financial assistance, including basic MFIP policies and eligibility criteria. It also explains the 60-month time limit for receiving MFIP, transitioning off MFIP, and other policies relating to the 60-month time limit.

MFIP is designed to encourage and enable early work force attachment for participants in order to build job skills, experience, and work history. This approach has been shown to be effective in increasing earnings and income while promoting self-esteem and independence for participant families.

MFIP encourages participant employment by vigorously promoting the financial, social, and psychological advantages of employment. Financial workers, job counselors, managers, and support staff should encourage work by:

- Delivering a strong and consistent message about the 60-month time limit for MFIP and the importance of work.

- Providing easy access to materials and equipment that facilitate job search and promote positive work messages by means of posters and displays of success stories.

The core methods for getting participants to work are setting clear work expectations, and providing encouragement and support for participants as they obtain and retain employment. This encouragement and support should be system-wide; that is, provided by professional job counselors and reinforced by financial, child care, and child support workers. When necessary, sanctions are applied if participants refuse to cooperate with the program. See Chapter 14 (Non-Compliance & Sanctions).

MFIP enables participants to work by supporting program activities with child care funding and health care coverage, both of which can extend through the period where families are off MFIP but not yet at a level of full self-support. These supports are available for up to 1 year after a participant becomes ineligible for a grant because of increased earnings, child/spousal support, or a combination of earnings and child/spousal support. Transitional Year Child Care (TYCC) funding is available for up to 1 year for families that meet the income guidelines. Families that still meet the income guidelines at the end of the transition year are eligible for Basic Sliding Fee Child Care Assistance.

Grants for working families are calculated from a higher standard than those for families that do not work. An ongoing disregard of 40% of earned income helps to cover work-related expenses and increases net income. Federal and state tax credits are also available. The result of these MFIP policies is that **WORK ALWAYS PAYS**; participants are always financially better off working. See Chapter 4 (General MFIP Policy) for additional information on MFIP policies and budgeting.

ADA:
Americans with Disabilities Act.

AFDC :
AID TO FAMILIES WITH DEPENDENT CHILDREN.

AFFIDAVIT :
A written declaration made under oath before a notary public or other authorized officer.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) :
The program authorized to provide financial assistance and social services to needy families with a minor child. The Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA) replaced AFDC with a block grant called Temporary Assistance for Needy Families Grant (TANF). In Minnesota, AFDC was replaced by the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP). See MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) in §3.30 (Glossary: M-N...).

ALIMONY :
An allowance for support that a court orders a person to pay to his or her SPOUSE.

AMERICORPS :
The NATIONAL AND COMMUNITY SERVICES TRUST ACT of 1993 amended the NATIONAL AND COMMUNITY ACT of 1990 and established a CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. This Corporation merged the work and staff of two predecessor agencies, ACTION and the Commission on National and Community Service and administers national service programs that include three AmeriCorps programs among others:

- AmeriCorps State and AmeriCorps National (together these two programs are also known as AmeriCorps USA) support a broad range of local service programs that engage thousands of Americans, age 17 years and older, in intensive service to meet critical community needs.

- AmeriCorps VISTA (formerly known as VISTA) provides full-time members, in the age groups 18 years and older, to community organizations and public agencies to create and expand programs that build capacity and help bring low-income individuals and communities out of poverty.

- AmeriCorps NCCC (AmeriCorps National Civilian Community Corps) is a full-time residential program for men and women, ages 18-24, that strengthens communities while developing leaders through direct, team-based national and community service.

In addition to a stipend/living allowance and an educational award, payments to AmeriCorps participants may include child care allowance if needed to participate in the program, health insurance if not otherwise available, and reasonable accommodations, supplies and services for individuals with disabilities. As an alternative to the AmeriCorps Education Award, members may choose to take a post-service cash stipend instead.

APPEAL :

A CLIENT's or authorized representative's request to the State of Minnesota appeals referee for review of a county agency's action or inaction.

APPLICANT :

A person who has submitted a request for assistance for whom no decision has been made regarding eligibility, and whose application has not been acted upon or voluntarily withdrawn.

APPLICATION :

A request for assistance made by submitting a signed and dated page number 1 of the Combined Application Form (CAF).

ASSET LIMIT :

The maximum amount of net counted assets clients may own or have available and remain eligible for MFIP.

ASSETS :

Real property and personal property owned wholly or in part by the client.

ASSISTANCE PAYMENT :

Assistance received from the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), General Assistance (GA), Minnesota Supplemental Aid (MSA), Refugee Cash Assistance (RCA), and emergency cash programs.

ASSISTANCE STANDARD :

An amount set under Minnesota Statutes to provide for an ASSISTANCE UNIT's shelter, food, fuel, clothing, utilities, household supplies, and personal expenses. See FAMILY WAGE LEVEL in §3.18 (Glossary: F...), TRANSITIONAL STANDARD in §3.42 (Glossary: T-Z...). Also see MFIP Assistance Standards in Appendix A (MFIP Assistance Standards**)**.

ASSISTANCE UNIT :

A group of people receiving or applying for benefits together.

ATTEMPT TO MEET :

The county or job counselor contacts the participant in writing and by telephone, if a telephone number is available, about the proposed time and place for the face-to-face meeting. Counties further defined guidelines for attempting to meet in their local service unit plan. The Department of Human Services recommends that counties attempt a face-to-face meeting up to 3 times.

BANKED MONTHS :

Months credited during the initial 60 months of MFIP eligibility, which can potentially be used after the 60-month time limit is reached to extend eligibility. Banked months are accrued when a caregiver meets the conditions for Special Medical Criteria. Banked months **must be used before** a participant is extended under a different hardships extension category. See §13.15.9 (Special Medical Criteria Extension).

BATTERED WOMEN'S SHELTER :

A public or private non-profit crisis shelter, housing network, or other shelter facility providing services to battered women and their children.

BUDGET MONTH :

The calendar month from which the county agency uses the income or circumstances of a unit to determine the amount of the benefit for the payment month.

BUDGETING :

Assigning income to a payment month. Using unit income to compute eligibility and benefit levels. See PROSPECTIVE BUDGETING in §3.33 (Glossary: O-Q...), RETROSPECTIVE BUDGETING in §3.36 (Glossary: R...).

BURIAL PLOT :

A cemetery lot.

CALENDAR MONTH :
A period that begins with the 1st day of the month and ends with the last day of the month.

CAREGIVER :
A person who provides care and support to a MINOR CHILD. The person may or may not receive benefits. For example, a grandparent may care for a child but not receive MFIP with the child.

CASH ASSISTANCE :
Assistance received from 1 of the cash programs, excluding the food portion of an MFIP grant.

CHILD :
See MINOR CHILD in §3.30 (Glossary: M-N...).

CHILD CARE SUPPORT :
A court-ordered payment by a non-custodial parent for a portion of the child care costs incurred by the custodial parent.

CHILD SUPPORT :
A voluntary or court-ordered payment by non-custodial parents for the support of their children.

CITIZENSHIP :
The status of being a native born or naturalized citizen of the United States.

CLIENT :
A person who is an APPLICANT or PARTICIPANT.

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) :
A county agency implemented program that helps MFIP participants gain employment experience in a actual work setting, by placing them in temporary, non-paid positions with public or private not-for-profit employers.

COMMUNITY SERVICE PROGRAMS :
Structured programs in which TANF recipients perform work for the direct benefit of the community under the auspice of public or non profit organizations.

CONCILIATION CONFERENCE :

An informal meeting offered to the caregiver by the EMPLOYMENT SERVICES PROVIDER or county agency to resolve Employment Services-related non-compliance issues. This opportunity is also offered to a minor caregiver to resolve non-compliance issues related to education requirements.

CONSOLIDATED FUND :

A combination of state and federal dollars the state allocates to counties and tribes to administer Welfare Reform. Counties and tribes have the flexibility to use these funds to develop local programs and services designed to improve MFIP participant outcomes. These programs and services may include Employment Services, social services and emergency funds, as well as others with the goal of improving the economic stability of MFIP participants. Services may also be provided to families whose incomes are under 200% of Federal Poverty Guidelines (FPG), and to non-custodial parents of a child receiving MFIP. See §16.3 (TANF Participation Rate).

COUNTED ACTIVITIES :

Activities that count toward the work participation rate. These activities are divided into core, non-core, and other allowable activities. For more information, see §7.9 (Allowable Activities), §16.3 (TANF Participation Rate).

COUNTED EARNINGS :

The earned income that remains after applicable disregards have been subtracted from gross earned income.

COUNTY AGENCY :

The local human services office.

DEDUCTION :

An amount of income not counted in the computation of a person's income because its use or intended use is for certain specific expenses.

DEEM :

INCOME :

To count all or part of the income of people not in the UNIT as if it were income the unit had received. The financial worker is responsible for applying deeming provisions to the case on MAXIS.

WORK PARTICIPATION RATE :

To allow a participant to meet the TANF core hour requirement when the participant meets 1 of the following conditions:

- ☐ Is participating in unpaid work experience or a community service program the maximum number of hours allowed under the Fair Labor Standards Act (FLSA). See §9.3 (Unpaid Employment Activities).

OR

- ☐ Is a teen parent who is attending high school or GED classes an average of 1 or more hours per week and meeting the school's attendance requirements.

DENIAL :

The act of disapproving an APPLICATION for assistance or an addendum asking to add a person to a grant.

DHS :

The Minnesota Department of Human Services.

DISQUALIFICATION :

A disqualification, for extension purposes, may result in removal of 1 caregiver from a 2-parent case or case closure.

DISQUALIFIED PERSON :

A person who is ineligible for assistance due to non-cooperation with a program procedure. The length of disqualification may vary depending on which program provisions the person violated or failed to comply with.

NOTE: For extension purposes, to disqualify is to make a person or a case ineligible for MFIP because of non-cooperation with Employment Services

requirements. The term is also used for both pre- and post- 60 months when removing a person from MFIP due to a fraud conviction.

DISQUALIFY :

To make a person ineligible for assistance because of non-cooperation with a program procedure.

DISREGARD :

An amount of income which is excluded in determining NET INCOME.

DOCUMENTATION :

A written statement or record that substantiates or validates an assertion made by a person or an action taken by a person, agency, or entity. For example, supporting evidence that the hours and activities have been verified.

EARNED INCOME :

Cash or in-kind income earned in the form of salaries, wages, commissions, profit from employment activities, net profit from self-employment, payments made by an employer for regularly accrued vacation or sick leave, and any other profit earned through effort or labor. The income must be in return for or as a result of legal activity.

EARNED INCOME CREDIT (EIC) :

A federal refundable tax credit for low or moderate income working individuals and families. People may receive an EIC once a year as a refund. Working families with children can apply for advance payments with each paycheck.

EARNED INCOME DISREGARD :

An employment incentive. The exclusion of a portion of EARNED INCOME in determining eligibility and benefits.

ELIGIBILITY FACTORS :

Conditions and standards an applicant or participant must satisfy to be eligible for benefits.

EMANCIPATED MINOR :

A person under the age of 18 who is or was married, is on active duty in the uniformed services, or has been declared emancipated by a court.

EMPLOYMENT PLAN :

A plan developed by the job counselor and the participant which includes the participant's overall employment goal, activities necessary to reach that goal, and a time line for each activity. See §7.3 (Employment Plan (EP), §7.12 (Plan for Victims of Family Violence).

EMPLOYMENT SERVICES :

See MFIP EMPLOYMENT SERVICES (MFIP-ES) in §3.30 (Glossary: M-N...).

EMPLOYMENT SERVICES PROVIDER (ESP) :

An agency or organization that operates under formal agreement with the COUNTY AGENCY to provide Employment Services to certain clients on behalf of the COUNTY AGENCY. In some instances, the ESP is another unit of the county.

EMPLOYABILITY MEASURE :

A screening tool used to measure a participant’s status in eleven areas of life

functioning that has been shown to be related to getting and keeping a job. See §6.6 (Employability Measure)

ENGLISH AS A SECOND LANGUAGE (ESL) :
English language program designed for non-English speaking people.

EXEMPT MONTHS :
Months that were not counted toward the 60-month time limit.

EXTENSION :
Allows families to receive additional months of MFIP beyond 60 months if certain criteria are met. See §13.15 (Hardship Extensions).

FAIR HEARING :

A hearing conducted by the DHS Appeals Office to decide disagreements concerning eligibility determinations and benefit amount.

FAIR LABOR STANDARDS ACT (FSLA):

All work experience participants are considered employees under the FSLA. Participant would not be required to participate in unpaid work experience more hours than the monthly MFIP cash assistance amount plus the monthly food benefit amount divided by the federal minimum wage. See §9.3 (Unpaid Employment Activities) for more information on the FAIR LABOR STANDARDS ACT (FSLA).

FAMILY :

The following people who live together: a minor child or group of minor children related to each other as siblings, half-siblings, step-siblings, or adopted siblings; together with their birth, step, or adoptive parents or their caregiver; or a pregnant woman with no other children.

FAMILY STABILIZATION SERVICES:

A state funded service track in MFIP/DWP. Participants are not included in the TANF work participation calculation. Family Stabilization Services serve families who are not making significant progress within the regular employment and training services track. See Chapter 11 (FAMILY STABILIZATION SERVICES (FSS)).

FAMILY VIOLENCE :

An act or a combination of acts such as: physical harm, bodily injury or assault, the infliction of fear of imminent physical harm, bodily injury or assault, terroristic threats, criminal sexual conduct committed against or committed by a family or household member. See §7.3 (Employment Plan (EP), §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option).

For family violence purposes, family or household members are:

- Spouses and former spouses.
- Parents and children.
- People related by blood.
- People who are residing together or who have resided together in the past.
- People who have a child in common regardless whether they have been married or have lived together at any time.
- A man and a woman if the woman is pregnant and the man is alleged to be the father, regardless of whether they have been married or have lived together at any

time.

- People involved in a current or past significant romantic or sexual relationship.

FAMILY VIOLENCE WAIVER OPTION :

A provision under which participants, who are victims of FAMILY VIOLENCE, may be exempt from the 60-month lifetime limit. See §7.3 (Employment Plan (EP), §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option).

FAMILY WAGE LEVEL :

A standard used for calculating benefits for families with earned income which is set at 110% of the TRANSITIONAL STANDARD.

FOOD SUPPORT PROGRAM :

The former name for benefits issued under the Supplemental Nutrition Assistance Program (SNAP) for the purchase of food. It is now known as SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP).

FRAUD :

A person is considered to have committed fraud when obtaining, attempting to obtain, or aiding and abetting another to obtain assistance benefits to which the person is not entitled or in amount greater than the person’s entitlement, through material and intentionally false statements, representations, or the withholding of information. See §14.33 (Fraud and EBT Misuse).

FRAUD OVERPAYMENT :

An overpayment which is determined to be fraud by:

- Court action, including criminal conviction, disqualification consent agreement, pre-trial diversion plan, or civil fraud judgment.
- Administrative Disqualification process (an ADH hearing or ADH waiver).
- Confession of Judgment which admits intentional program violation.

FULL-TIME STUDENT :

A person who is enrolled in a graded or ungraded primary, intermediate, secondary, GED preparatory, trade, technical, vocational, or post-secondary school, and who meets the school's standard for full-time attendance. Summer vacations and school holidays do not affect the student's full-time status.

FUNCTIONAL WORK LITERACY (FWL) :

Intensive work-focused ENGLISH AS A SECOND LANGUAGE instruction for MFIP participants. See §9.30 (ESL and Functional Work Literacy (FWL)).

GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) :
A certificate issued by the Minnesota Board of Education or a similar certificate from another state equivalent to a SECONDARY SCHOOL diploma.

GOOD CAUSE :
A situation or circumstance beyond a participant's control which may allow the person to be excused from certain Employment Services activities for a certain period of time or allow a sanction to be removed retroactively.

GRANT DIVERSION :
A program in which an EMPLOYMENT SERVICES PROVIDER arranges for the county agency to reimburse an employer for a portion of a client's wages. Reimbursement is from the ASSISTANCE PAYMENT that the client would be eligible for if the client were not employed.

GRANT STANDARD :
See ASSISTANCE STANDARD in §3.3 (Glossary: A...).

GROSS EARNED INCOME :
The income earned from employment before mandatory and voluntary payroll deductions.

GROSS INCOME :
Total non-excluded income (minus expenses for self-employment) before any deduction or disregard.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

The Health Insurance Portability and Accountability Act of 1996, established the HIPAA Privacy Rule in December of 2000. The HIPAA Privacy Rule is a federal rule designed to protect individuals' medical records and other Personal Health Information.

HOUSEHOLD:

People who live together.

HOUSEHOLD REPORT FORM (HRF):

A form (DHS-2120) used by clients to report income and circumstance changes.

IN COMPLIANCE:

A participant is meeting the requirements in his or her EMPLOYMENT PLAN . For purposes of an extension, a participant must NOT be in sanction for any reason on the MAXIS system.

INCOME:

Cash or in-kind benefit, whether earned or unearned which is, received by or available to an applicant or participant, that is not an asset.

INELIGIBLE PERSON:

A person who does not meet eligibility requirements for assistance.

INITIAL ELIGIBILITY:

The determination of eligibility for an APPLICANT.

JOB SEARCH:

The act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, substance abuse treatment, mental health treatment or rehabilitation activities for those who are otherwise employable.

KNOWN TO THE AGENCY:

Information about a family's circumstances that the county agency receives from the family or discovers from sources: such as MAXIS, PRISM, or MMIS. For the purposes of this determination, the county agency includes the Minnesota Department of Human Services and the county human service agency(s) responsible for the administration of the child care, cash, food, and health care programs. It also

includes any agency(s) that contracts with the human service agency(s) for the delivery of financial, health care, child care programs, and employment services

LEARNING DISABLED :

A disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. It does not include learning problems that are primarily the result of:

- Visual, hearing, or motor handicaps.
- Developmental Disability, emotional disturbance.
- Environmental, cultural, or economic disadvantage.

NOTE: For purposes of an extension to the 60-month time limit, the disability must severely limit the person's ability to obtain, perform, or maintain suitable employment.

LEGAL CUSTODIAN :

A person under legal obligation to provide care for and who is in fact providing care for a minor. For a Native American child, any Native American person who has legal custody of a Native American child under tribal law or custom, under state law, or to whom temporary physical care, custody, and control has been transferred by the parent of the child. If assistance is being requested for the minor child, this person meets the definition of CAREGIVER. For the definition of CAREGIVER, see §3.9 (Glossary: C...). For the definition of MINOR CHILD, see §3.30 (Glossary: M-N...).

LIMITED ENGLISH PROFICIENCY (LEP) :

Unable to speak, read, write, or understand the English language well enough to allow a person to interact effectively with health care, social services, or other providers. For more information, see §4.3.12 (Clients Rights - Limited English Proficiency (LEP)).

LOCAL LABOR MARKET :

A geographic area no more than 2 hours round trip from a person's home in which the person must search for suitable employment.

LUMP SUM :

Cash received on a non-recurring or irregular basis that cannot reasonably be anticipated. Lump sums include winnings, insurance settlements, and inheritances, retroactive payments of RSDI, VA, and unemployment insurance. See §4.12 (Treatment of Income).

MANDATORY PARTICIPANT :

All MFIP participants are mandatory in employment services except single parents with a child under the age of 12 months, who have not previous used this exception.

Caregivers with a fraud disqualification on or after October 1, 2007, are also required to participate in employment services.

MAXIS :

Minnesota's statewide automated eligibility system for public assistance programs.

MEDICAL ASSISTANCE (MA) :

The program established under Title XIX of the Social Security Act and Minnesota Statutes 256B providing for health care to needy people.

MEDICALLY NECESSARY :

A health service rendered in response to a life-threatening condition or pain; to treat an injury, illness, or infection; to achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition; to care for a mother and child through the maternity period; is a preventative health service; or to treat a condition that could result in physical or mental disability. The provider's professional peer group must recognize the service as the prevailing standard or current practice and consistent with the participant's diagnosis or condition.

MFIP EMPLOYMENT SERVICES (MFIP-ES) :

The program that provides Employment Services to current and former MFIP participants.

MINIMUM WAGE :

The lowest wage established by law that an employer may pay an employee. See SUITABLE EMPLOYMENT in §3.39 (Glossary: S...).

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) :

Minnesota's family assistance program. The program is both TANF-funded and state-funded.

MINNESOTA WORKING FAMILY CREDIT :

A state tax credit for which low or moderate income individuals and families are eligible if they qualify for the federal EARNED INCOME CREDIT. See EARNED INCOME CREDIT in §3.15 (Glossary: E...). The Minnesota Working Family Credit can be applied for by filing a Minnesota income tax return.

MINNESOTACARE :

A premium-based health care coverage program for uninsured Minnesota residents who meet the income guidelines. It is administered by the Department of Human Services. See the Health Care Programs Manual.

MINOR CAREGIVER :

A person who (a) is under the age of 18 years and not emancipated, and (b) has applied for or receives assistance as a caregiver on behalf of himself or herself and his or her minor child.

MINOR CHILD :

A child who lives with parents or other caregiver, is not the parent of a child in the home, and who is 1 of the following:

- Less than 18 years old.

OR

- Under the age of 19 and a full-time student in a secondary school or equivalent level of vocational or technical training, designed to fit students for gainful employment.

MONTHLY INCOME TEST :

The test used to determine ongoing eligibility and the unit's assistance amount.

NET INCOME :

Income remaining after each program's DEDUCTIONS and DISREGARDS are subtracted from GROSS INCOME.

OCCURRENCE OF NON-COMPLIANCE :

A month a participant is not in compliance with MFIP requirements. In post 60-month MFIP, an occurrence of non-compliance refers to non-cooperation with Employment Services and may result in sanction, removal (disqualification) of a household member, or case closure (disqualification of case) depending on the extension criteria.

ON-LINE DIPLOMA :

For an 18- or 19-year old with an on-line diploma other than from a program approved by the Dept. of Education, explain the MFIP policy and place the teen in the "work option". See §7.38 (Requirements for Teen Parents).

For caregivers under 18 years of age, who are enrolled in an on-line secondary school or GED program, refer to the school district to determine its legitimacy. Each district has a transfer specialist who will sort this out, probably by doing testing.

ON-THE-JOB TRAINING (OJT) :

Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job.

PARENT :

A child's birth, step, or adoptive mother or father. Also see STEPPARENTS in §3.39 (Glossary: S...).

PARTICIPANT :

A recipient of assistance who participates or is required to participate in the Diversionary Work Program or MFIP Employment Services.

PATERNITY :

Legal fatherhood, either adjudicated or established through a Recognition of Parentage.

PAYMENT MONTH :

The calendar month for which assistance is paid.

PERMANENT DISQUALIFICATION :

For extension purposes, permanent disqualification occurs when 1 or both caregivers are no longer eligible to receive MFIP due to failure to comply with Employment Services. Both caregivers may reach this point in post 60-month MFIP after the 6th occurrence of non-compliance with Employment Services, or 1 caregiver in a 2-parent case may reach this point upon 2nd removal from the MFIP grant due to non-compliance with Employment Services.

PERSONAL NEEDS ALLOWANCE :

An allowance of up to $70 per month for each Diversionary Work Program unit member to pay for expenses such as household products and personal products.

PERSON TRAINED IN DOMESTIC VIOLENCE :

An individual who works for an organization designated by the Minnesota Center for Crime Victim Services as providing services to victims of family violence, a county staff person who has received similar training, or any other person or organization designated by a qualifying organization. See §7.3 (Employment Plan (EP)), §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option).

POST-SECONDARY SCHOOL :

A school serving students beyond the 12th grade, such as a community college, university, or technical college.

PROSPECTIVE BUDGETING :

A method of anticipating income and determining benefit levels in which the budget month and payment month are the same. See §4.24 (Budgeting Policies).

PROTECTIVE PAYMENT :

Assistance payments made to people outside the unit who receive the entire assistance benefit on behalf of the unit and are responsible for paying for the basic needs of the unit to the extent of the assistance payment.

PROTECTIVE SERVICES :

Social service programs designed to prevent abuse or neglect and safeguard dependent children and vulnerable adults.

QUALIFIED PROFESSIONAL:

Licensed physician, a physician's assistant, a nurse practitioner, a certified midwife, or a licensed chiropractor. For qualified mental health professional or qualified professional to determine Developmental Disabilities, see §13.18.3 (Developmental Disability/Mental Illness Extension Criteria). For qualified professional to determine learning disability or IQ, see §13.18.6 (Learning Disabled Extension Criteria). For qualified professional to determine if participant is "unemployable", see §13.18.12 (Unemployable Extension Criteria).

RECERTIFICATION :
The process used by the COUNTY AGENCY to determine a participant's continued eligibility for benefits.

RECOUPMENT :
Withholding part of a unit's assistance benefit to recover an overpayment.

RECOVERY :
The process of obtaining a repayment of an overpayment.

REFEREE :
A person who presides over appeal hearings and issues a recommendation on the appealed matter to the Commissioner of DHS.

RESTITUTION :
A court order for repayment of an OVERPAYMENT.

RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE (RSDI) :
A program operated by the Social Security Administration that provides a monthly income to retired people, survivors or dependents of insured people, and people with disabilities.

RETROSPECTIVE BUDGETING :
Calculating benefit levels using income received 2 months before the payment month to determine benefit levels for the payment month. For example, January's income is used to determine March benefit levels. Also see PROSPECTIVE BUDGETING in §3.33 (Glossary: O-Q...).

RETROSPECTIVE CYCLE :
Looking back on conditions in a past month and applying the information in the present month. For example, income received in January is budgeted for March; income received in February is budgeted for April.

SANCTIONED MONTH :

A month a participant is in sanction on the MAXIS system.

SANCTIONS :

Reduction of a family's assistance payment by a specified percentage of the MFIP standard of need because a non-exempt participant fails to comply with the MFIP Employment Services requirements, a parental caregiver fails without good cause to cooperate with the child support enforcement requirements or a participant fails to comply with other program requirements.

SAFE AT HOME (SAH) PROGRAM :

The Safe At Home (SAH) Program is a Minnesota address confidentiality program that assists survivors of domestic violence, sexual assault, and stalking by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. The Minnesota Secretary of State's office administers this program. See §7.36.1 (Safe At Home Program) for more information.

SECONDARY SCHOOL :

A school accredited by the Minnesota Department of Education as a secondary school. This includes grades 7 through 12 or an equivalent technical, vocational, or GED program.

SELF-EMPLOYMENT :

Employment where people work for themselves rather than an employer, are responsible for their own work schedule, do not have taxes or FICA withheld by an employer, and do not have coverage under an employer's liability or workers' compensation insurance.

SELF-SUPPORT INDEX :

An MFIP/DWP outcome measure that tracks whether adults are either working 30 or more hours per week, or no longer receiving MFIP/DWP cash payments 3 years after a baseline quarter.

SHARED HOUSEHOLD STANDARD :

The standard used when unrelated people reside in the same household as the ASSISTANCE UNIT and no exception is met.

NOTE: For extension purposes, the standard used when a mandatory household member is removed from the MFIP household for non-compliance with

Employment Services requirements. The financial worker is responsible for implementing this standard on MAXIS.

SIBLINGS :
Brothers and sisters related through birth or adoption to 1 or both parents.

SIGNIFICANT CHANGE :
The unit's gross earned and/or unearned income for the payment month declines by 38% or more from the gross earned and/or unearned income budgeted in the budget month. See §4.27 (Significant Change Policy).

SNAP:
See SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM.

SOCIAL SERVICES :
The services included in a county's community social services plan which are administered by the county board as described under Minnesota Statutes, section 256E.03, subdivision 2.

SPOKEN LANGUAGE PROFICIENCY :
A test that measures the English language speaking skills of people whose native language is not English.

SPL :
See SPOKEN LANGUAGE PROFICIENCY.

SPOUSAL SUPPORT :
An allowance for support that a court orders a person to pay to his or her SPOUSE or former SPOUSE.

SPOUSE :
A person who is legally married to another person; husband or wife.

SSA :
Social Security Administration.

SSI :
See SUPPLEMENTAL SECURITY INCOME (SSI) below.

STEPPARENT :
The spouse of a child’s birth, adoptive, or legal parent.

SUBSIDIZED PRIVATE SECTOR EMPLOYMENT:

Employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient or when the wages paid to a participant are made by a hired party, such as the county, the MFIP ES provider or a temporary staffing agency that has a contract to provide subsidized employment for MFIP participants.

SUBSIDIZED PUBLIC SECTOR EMPLOYMENT:

Employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient or when the wages paid to a participant are made by a hired party, such as the county, the MFIP ES provider or a temporary staffing agency that has a contract to provide subsidized employment for MFIP participants.

SUITABLE EMPLOYMENT :

Suitable employment:

- Is within the participant's physical and mental capacity.
- Pays hourly gross wages which are not less than the federal or state minimum wage for that type of employment.
- Meets health and safety standards set by federal, state, and county agencies.
- Complies with federal, state, and local anti-discrimination laws.

Do not knowingly refer participants to employers who offer employment that violates these standards.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP):

The federal Food and Nutrition Service Program of the United States Department of Agriculture. Also known as: food assistance, food benefits, Food Support, nutrition assistance or nutrition assistance benefits. Formally known as Food Stamps.

SUPPLEMENTAL SECURITY INCOME (SSI) :

A program operated by the Social Security Administration that provides monthly income to low-income people who are aged, blind, or have a disability.

SUPPORTED WORK :

A subsidized or unsubsidized work experience placement with a public or private sector employer, which may include services such as individualized supervision and job coaching to support the participant on the job.

SUSPENSION :

A 1-month interruption in eligibility for benefits. Benefits suspended 1 month are reinstated the next month without a new application.

SWORN STATEMENT :

A written declaration made by participant. It is similar to an affidavit, but unlike an affidavit, it does not need to be sealed by an official such as a notary public or other authorized officer. The signing of the statement only needs to be witnessed if a Notary is not available.

TANF :

See TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT below.

TANF PARTICIPATION RATE :

See §16.3 (TANF Participation Rate).

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT :

A federal grant which replaced the AFDC program nationwide. In Minnesota it is called the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), see §3.30 (Glossary: M-N...).

TRANSITIONAL STANDARD :

The basic standard for a family with no earnings consisting of a combination of the cash assistance needs and the food assistance needs for a family of that size. See Appendix A (MFIP Assistance Standards).

UNEARNED INCOME :

Income a person receives without being required to perform any labor or service as a condition of receiving the income.

UNIT MEMBERS :

People living together as part of an ASSISTANCE UNIT.

UNSUBSIDIZED EMPLOYMENT :

Full- or part-time employment in the public or private sector that is not subsidized by TANF or any other public program. Self-employment is not subsidized by TANF or any other public program. Self-employment is included in this activity.

UNIVERSAL PARTICIPATION :

Starting February 1, 2008 all caregivers must work with employment services and develop an Employment Plan or a Family Stabilization Services Plan.

VENDOR PAYMENT :

A payment made by a 3rd party to a vendor on behalf of the unit; or, ASSISTANCE PAYMENTS made directly to a provider of goods and services on the unit's behalf.

VERIFICATION :

The process and evidence used to establish accuracy or completeness of information from an APPLICANT, PARTICIPANT, THIRD PARTY, etc. For example, it could also be an action taken by the county or employment services provider to validate the hours and activities of program participants.

WB:

See WORK BENEFIT PROGRAM below.

WAGE MATCH :

An Income Eligibility Verification System (IEVS) exchange with the Minnesota Department of Employment and Economic Development completed quarterly for participants and monthly for applicants of federal programs. It provides information on wages earned in Minnesota.

WORK BENFIT PROGRAM (WB):

A monthly cash benefit for families who have exited DWP or MFIP and are working a required number of hours with income below 200% FPG. See Combined Manual §0016.18.01 (200 Percent of Federal Poverty Guidelines).

WORK STUDY :

Federal or non-federally funded employment arranged for students by a post-secondary school; or a program operated or approved by a SECONDARY SCHOOL or its equivalent which allows students to earn academic credit for employment.

All clients have responsibilities and rights under various laws. These rights include the right to fair treatment, to privacy and confidentiality, and to information about the programs and client responsibilities. General information about client responsibilities and rights is included in the sections noted below. Use the Employment Services Responsibilities, Rights and Consent form (DHS-3172), to explain Employment Services rights and responsibilities to clients.

These sections detail client responsibilities:

§4.3.3	Client Rights.
§4.3.6	Client Rights - Civil Rights.
§4.3.9	Civil Rights and the Americans With Disabilities Act.
§4.3.12	Client Rights - Limited English Proficiency (LEP).
§4.3.15	Client Rights - Data Privacy.

At application for MFIP, at recertification, and on request, financial workers must inform clients of the following rights:

- To be told orally and in writing of their responsibilities and rights.
- To receive assistance program informational brochures.
- To an explanation of all programs, including the benefits and limitations of each.
- To an explanation of eligibility requirements for all programs, including exceptions from program requirements.
- To an explanation that receipt of food benefits has no bearing on any other program's time limits that may apply to the household.
- To review program regulations, manuals, instructions, and state plans.
- To file an application the same day they contact the county agency if they contact the agency during office hours.
- To request a fair hearing through the county agency or the state agency.
- To be told that a formal application is needed to determine eligibility and exercise their right to appeal the county agency's decision.
- To apply or re-apply for assistance programs at any time even if they seem to be ineligible.
- To receive prompt action or notification of delay on their application.
- To receive written notice of approval or denial of the application and reason for denial.
- To receive written notice of how the county agency calculated their benefits and why benefits increased, decreased, or ended.
- To other services and programs offered by the county agency.
- To special help, if needed to understand and provide information. For example, interpreters for participants with limited English language proficiency or hearing

impaired clients. See §4.3.12 (Client Rights - Limited English Proficiency (LEP)).

- To special help to meet program requirements and access services if they are considered disabled under the ADA, see §4.3.9 (Civil Rights and the Americans with Disabilities Act).

- To services and programs offered by other agencies, when appropriate.

- To have anyone they choose represent or help them with applications for MFIP, recertifications, appeals, or any contact with the county or state agency. The person does not have to be an attorney.

- To fair treatment under federal and state law, and to file a complaint if they feel they have been treated unfairly. See §4.3.6 (Client Rights - Civil Rights).

- To have information collected kept private by the county agency. See §4.3.15 (Client Rights - Data Privacy).

- To protection. If there is a reason to suspect abuse or neglect of children or vulnerable adults, refer the information to social services. The client's cooperation with social services is not a condition of eligibility.

- To family planning information. Refer clients who request family planning help to family planning services provided by the county agency or an outside agency.

- To manage their financial affairs, unless the county is making protective or vendor payments.

- For victims of family violence, to request a Family Violence Waiver. See §7.3 (Employment Plan (EP), §7.36 (Family Violence Waiver Option), §13.3 (60-Month Lifetime Limit), §13.15 (Hardship Extensions), §13.18.15 (Family Violence Extension Criteria).

When you ask people to provide private or confidential data about themselves, you must tell them:

- The purpose and intended use of the requested data.

- Whether they may refuse or the law requires them to supply the data.

- The consequences of supplying or refusing to supply the data.
- The identity of other people or entities authorized to receive the data.

The financial assistance Combined Application Form (CAF) (DHS-5223), the Employment Services - Rights and Responsibilities form (DHS-3172), and Notice of Privacy Practices form (DHS-3979) are used to ensure participants proper notice.

All applicants for and participants of assistance are entitled to information about their civil rights. They are also entitled to information about how to file a complaint if they believe they have been subjected to discriminatory treatment by a human services provider.

The civil rights protections that clients have depend upon applicable laws. For example, under state human rights law, you may not discriminate against applicants or participants of assistance on the basis of race, color, creed, religion, national origin, disability (including ensuring physical and program access for people with disabilities), sex, sexual orientation, or public assistance status.

Under federal civil rights law, you may not discriminate on the basis of race, color, national origin, age, sex, religion, or disability. Unlike state law, federal law does not protect applicants or participants of public assistance from discrimination based on sexual orientation or based on receipt of public assistance.

In addition, the Supplemental Nutrition Assistance Program (SNAP) has specific civil rights protections of its own. Under that federal program, you may not discriminate against an applicant or participant of FS on the basis of age, sex, color, race, handicap/disability, religious creed, national origin, or political beliefs.

WHERE TO FILE CIVIL RIGHTS COMPLAINTS

There are several agencies that people may contact to file a complaint if they believe they have been subjected to discrimination by a human services provider. Under certain circumstances, a person may file the same complaint with more than 1 agency. However, some agencies do not have authority to accept certain types of civil rights complaints.

Always give clients enough information about filing complaints so they can decide for themselves which agency (or agencies) to contact. Use the Employment Services – Responsibilities, Rights and Consent (DHS-3172) form to provide this information. After a client contacts an agency, that agency will inform the client about whether it is the appropriate agency to receive the complaint.

The Minnesota Department of Human Rights enforces the state human rights law. This agency will assist people with the complaint filing process. Clients may file a public services discrimination complaint by contacting that agency directly:

Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 East 5th Street, Suite 700
St. Paul, Minnesota 55101

People may also file a discrimination complaint with the Minnesota Department of Human Services (DHS). Upon receiving a complaint, DHS will determine whether or not it has authority to investigate the complaint, and will notify the person. Clients must contact DHS to file the complaint at:

Department of Human Services
Office for Equal Opportunity
444 Lafayette Road
St. Paul, Minnesota 55155-3812

In addition to the state agencies listed above, applicants and participants of federally-funded assistance programs who believe they have been discriminated against may also file complaints directly with the federal agencies administering those programs. They may file complaints directly with the United States Department of Health and Human Services or the United States Department of Agriculture. They must file the complaint within 180 days of the alleged discrimination.

NON-SNAP RELATED COMPLAINTS:

Office of Civil Rights - Region V
United States Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
312-886-2359 (voice)
312-353-5693 (TDD)
312-886-2359 (voice)
312-353-5693 (TDD/TTY)

SNAP COMPLAINTS:

USDA
Director - Office of Civil Rights
Whitten Building, Room 326W
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
202-720-5964 (voice/TDD)

The written complaint should include the following information:

- Name, address, and telephone number.
- Name and address of the office accused of discriminating against the client, including names of employees involved.

- A brief description of the incident, action, or program rule that led the client to allege discrimination. The description should include the basis of discrimination (for example: race, color, national origin).

- The date(s) when the alleged discriminatory act occurred.

- Names, titles, and addresses of people who may have knowledge of the alleged discriminatory act.

In January, 2001, a policy guidance prohibiting discrimination against people with disabilities was issued by the U.S. Dept of Health and Human Services Office of Civil Rights (OCR). This guidance focused on TANF programs and was based on Title II of the Americans with Disabilities Act of 1990 and on Section 504 of the Rehabilitation act of 1973.

Two concepts central to compliance are:

1. Individual treatment: individuals with disabilities should be treated on a case by case basis consistent with facts and objective evidence.
   AND
2. Effective and meaningful opportunity: individuals with disabilities must be afforded the opportunity to benefit from TANF programs that are as effective as the opportunity afforded to individuals without disabilities.

An individual with disabilities, for purposes of compliance with ADA and Section 504, means an individual with a physical or mental impairment that substantially limits one or more major life activity, a record of such an impairment, or being regarded as having such an impairment. (Disabilities that are temporary in nature are not included under the ADA.) This definition is different than that typically used to determine eligibility in programs that provide cash assistance based upon disability, such as SSI and SSDI.

County and Employment Services workers are required to inform all participants of their right to equal access to all services and benefits regardless of a physical or mental disability. This means that Employment Plans for all individuals with disabilities must take into consideration any/all limitations due to a disability. For many individuals, they will meet the eligibility criteria for Family Stabilization Services (FSS) and an employment plan for FSS participants must be developed based on the participant's individual circumstances.

The OCR guidance can be found at http://www.hhs.gov/ocr/prohibition.html.

Caregivers must be informed of their rights under the ADA. DHS has developed a brochure, "Do you have a disability?" (DHS-4133), which provides job seekers with information about the Americans with Disabilities Act (ADA). The brochure, or something comparable, must be used at application for DWP or MFIP, at recertification for MFIP, during the Employment Services overview, when an Employment Plan is developed or revised, and prior to assessment, including the MFIP self screen.

Also see Appendix G (Resources for Americans with Disabilities (ADA), Appendix G-1 (Decision Points for Employment Counselors), Appendix G-2 (Decision Points for Financial Workers), Appendix G-3 (DHS - SSI Advocates List), and Appendix G-4 (Disability Criteria

for SSI Benefits).

CLIENT RIGHTS - LIMITED ENGLISH PROFICIENCY (LEP) 4.3.12

People with limited English language proficiency (LEP) often face unique challenges due to their inability or limited ability to speak, read, write, or understand English. Lack of English proficiency can limit people's access to public services programs to which they may be entitled, such as financial, medical, educational, health, and social services. Federal and state civil rights laws prohibit discrimination on the basis of national origin, as it affects people with limited English language proficiency.

All applicants for and participants of assistance who have limited English language proficiency are entitled to FREE and TIMELY language assistance services. The burden of providing language assistance services must never be on the person with LEP. It is always the responsibility of the county agency or service provider.

Counties must ensure that all clients with LEP are given adequate information and are able to understand the services and available benefits, and receive benefits for which they are eligible. Counties must also ensure that clients with LEP are able to communicate the relevant circumstances of their situation to the county.

Each county is required to develop and implement an LEP plan. The LEP plan must include policies and procedures for providing language assistance, including a range of oral language assistance options, and in certain circumstances, translation of written materials. The plan should also include procedures that arrange for providing notice to people with LEP of the rights to language assistance FREE of charge and in a timely manner during all hours of operation. ES Providers should follow the provisions of their county LEP plan for dealing with participants with LEP.

Data collected and maintained by county agencies and Employment Services Providers about people are private, unless specifically classified otherwise by law. Private data are accessible to the subject of the data or the subject's authorized representative.

State law classifies some data collected and maintained by county agencies as confidential. Confidential data are not accessible to the subject of the data.

All requirements related to data privacy and confidentiality that apply to other MFIP cases also apply to extended cases.

SHARING INFORMATION

In general, the State has the authority to share private data on applicants and participants with other members of the welfare system without signed written consent, as long as proper notice was given, see Notice of Privacy Practices (DHS-3979). Employment Services Providers are considered part of the welfare system (for vendor agencies, this must be specified in their contract with the county).

County Human Services, Corrections, Public Health and Veterans services agencies within a county may inform each other when a person or family is currently being served by the county unit, without the consent of the subject of the data. Beyond informing of involvement with these county units, data sharing is limited to name, telephone number, and last known address, and the identification and contact information regarding personnel of the county unit responsible for working with the person or family. If additional information is needed, the county may share if the unit is authorized by state statute or federal law, or if the person gives written informed consent.

Data gathered as part of a professional mental or chemical health assessment must be classified and disclosed according to laws governing data practice. See Minnesota Statutes 13.46. This means that a signed release of information is necessary to obtain or exchange information.

All chemical dependency and mental health screening, assessment and treatment information should be considered private data that requires a signed written consent before it may be shared. The consent form must identify the specific type of chemical dependency or mental health information being requested.

It is important that counties, tribes, and Employment Service Providers ensure confidentiality to victims of family violence. This is critical when the victim of family violence lives with

the abuser. You should consult with your county attorney regarding your county's data practices policy if you are uncertain how to apply this policy.

Obtain a release of information from the client prior to talking to a family violence advocate about the client's issues relating to family violence. Financial workers and job counselors must consult with the client to determine where mail should be sent or phone calls made. Do not assume that mail can be sent or phone calls can be made to the client's residence as often the abuser is still in the home or has access to the home.

CLIENT REVIEW OF RECORDS

Clients may review private records which contain information on them. Only information classified as private or public is available for review by the client. Private or public data must be actually shown to the subject of the data and not summarized.

The stamp of "confidential" by a health care provider does not change that right, EXCEPT under rare circumstances in which the health care provider (authorized licensed medical or mental health professional) deems certain information contained in the record to be detrimental to the physical or mental health of the data subject, or likely to cause the data subject to inflict self harm or harm to others, and the licensed medical or mental health professional specifically requests that the information be withheld from the data subject. Health care providers should be informed that the subject of the data will be allowed access to all of the information submitted unless the health care provider specifically identifies the information to be withheld as described above.

Honor requests for review as soon as possible, but no later than 10 days following the request. Do not count weekends and holidays in the 10-day period. When more than the initial 10 days is necessary, the county or ES provider may take up to an additional 10 days with agreement of the client. The county agency or ES provider may set the place and time of review.

Data on 2 or more people maintained in a common file because of family relationships are "joint records". Delete material in joint records about the person not requesting the review to protect that person's privacy. Parents may view records of their minor children, unless:

- There is a court order preventing access to the data.

OR

- The minor children request in writing that the agency deny parental access to the data, and the agency determines that accessing the data by the parent(s) is not in the best interest of the children.

Provide copies of original documents when requested by the subject of the data or the subject's authorized representative. Provide 1 free copy of a document and additional copies at the cost of reproduction.

Refer to the Data Practices Manual issued by DHS for further information. This manual is available on the DHS Web site at: http://www.dhs.state.mn.us/id_016540 .

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

In the course of business, an employment service provider receives, discloses and utilizes participants' Protected Health Information for a variety of reasons. Counties should establish measures to ensure that health information is not accessible to anyone other than authorized personnel. Workforce One security provisions are sufficient to meet criteria for an electronic case record. Staff working within the "welfare system" which includes employment services providers under contract with the county and tribal employment services providers under contract with the Department of Human Services must maintain privacy, confidentiality and integrity with regard to Protected Health Information as required by state and federal laws, rules and regulations and professional ethics. Confidential information includes oral, written, and electronic information.

Case notes and comments in the Employability Measure regarding documented medical conditions require extra caution due to HIPAA regulations. Only the "minimum necessary" information should be included and this should rarely include an actual diagnosis. The documentation in Workforce One case notes or in the comments of the Employability Measure should be more generic, e.g. "medical condition present, see case file," or "medical condition present that restricts activities, see case file," or "mental health issues present, see case file." Those references alert subsequent Job Counselors to investigate when planning later participation activities and developing employment plans.

When a participant discloses a medical, mental or chemical health condition but they do not have documentation to support the claim, information can be written on the Employability Measure or in a case note e.g. "participant stated she is feeling depressed, assisted participant in making an appointment for an assessment."

The Employment Services – Responsibilities, Rights and Consent form (DHS-3172) informs the participant that information is shared across the "welfare system" when appropriate.

Basic MFIP eligibility factors include who can or must be in the assistance unit. The MFIP assistance unit includes minor children under the age of 18, or age 19 and in school full-time in a secondary school. All minor siblings, and step siblings must be included in the unit, as well as birth and adoptive parents and stepparents.

Stepparents are also mandatory members of the unit whether or not there are children in common.

Eligible relatives and legal custodians (whether relatives or not) can also receive MFIP benefits for minor children, if the children have no parent present in the home. Eligible relatives include, but are not limited to, grandparents, aunts, uncles, cousins, and siblings. An eligible relative can choose to be in or out of the assistance unit. If an eligible relative chooses to be in the unit, her or his spouse (if living in the home) must also be included in the unit. When an eligible relative chooses to be in the unit, all of her or his income, as well as the income of the spouse, will be counted toward the grant. Eligible relative caregivers must also participate in Employment Services, unless exempt.

Pregnant women and their spouses are also mandatory members of the assistance unit.

Other people may be eligible to receive MFIP but are not mandatory unit members, including some optional caregivers. Consult with the financial worker if you have questions about who is in the MFIP unit.

For information on an additional child due to the birth of a baby, see §4.9 (Family Cap).

The birth of an additional child to a family already receiving MFIP will NOT result in an increase in cash assistance, unless certain conditions are met.

The Family Cap applies to the Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP). Counties must inform applicants about the Family Cap at the time of each MFIP or DWP application and at MFIP recertification. You may use the flyer Important Information About the Family Cap (DHS-4198).

The Family Cap ONLY applies to the cash assistance portion of MFIP that the newborn would get. The baby will be eligible for the food portion of MFIP. The Transitional Standard will be different than regular MFIP standards when there is a child not eligible for cash due to the Family Cap.

EXAMPLES:

Child subject to Family Cap
If the new child IS subject to the Family Cap, the Transitional Standard will go from a household of 2 at $764 ($437 cash and $327 food) to a household of 3 at $910 ($437 cash and $473 food). The Family Wage Level (FWL) for a household with a child subject to the Family Cap will be based on the family size used to determine the food portion of the Transitional Standard.

Child NOT subject to Family Cap
If the new child who is NOT subject to the Family Cap is born to a household consisting of a mother and one other child, the Transitional Standard will go from a household of 2 at $764 ($437 cash and $327 food) to a household of 3 at $1005 ($532 cash and $473 food).

In both of these examples, the FWL would be that of a household of 3, or $1,106.

The child who is subject to the Family Cap is considered an assistance unit member in all ways except that any child support received or distributed on behalf of the child is excluded. Otherwise, all other income and resources of the child subject to the Family Cap must be counted the same as they are for other children who are not subject to the Family Cap. The caregiver must assign support for the child subject to the Family Cap and cooperate with the child support enforcement agency or be subject to sanction. Workers will continue to receive CSES DAIL messages detailing support distributed on behalf of the child who is subject to the Family Cap. Children who are subject to the Family Cap will be eligible for child care benefits the same as children who are receiving MFIP.

CHILDREN WHO MEET THE FOLLOWING CONDITIONS ARE NOT SUBJECT TO THE FAMILY CAP POLICY

A child (or children) conceived as a result of a sexual assault or incest. The mother must verify that the incident was reported to a law enforcement agency.

- The 1st child (or children of a multiple birth) born to a minor caregiver. This will mainly apply to a pregnant minor who receives DWP or MFIP as a "MINOR CHILD" before applying for her own MFIP grant as a minor caregiver.

- Children who are born within certain time frames:

  - For families receiving MFIP assistance on July 1, 2003, any child born to the adult parent before May 1, 2004.

  - For families who apply for the DWP or MFIP programs on or after July 1, 2003, any child born to the adult parent within 10 months of the date the family is eligible for assistance.

- An adopted child or a child living elsewhere who returns to the parent's home.

- A relative's child that an MFIP caregiver may apply for.

- Any child who had been subject to the Family Cap (and not receiving cash assistance) could receive the cash portion if the adult parent(s) has NOT received benefits from DWP or MFIP assistance in the previous 10 months and is reapplying for DWP or MFIP.

An adult parent(s) who reapplies and has received benefits from DWP or MFIP within 10 months is under the 10-month newborn eligibility period of the previous application. Therefore, a child born to the adult parent(s) within the original 10-month period is NOT eligible for cash assistance upon reapplication.

INITIAL INCOME TEST

MFIP uses an "initial income test" when a family applies for MFIP. A "monthly income test" is used to determine ongoing income eligibility and the payment amount. See Appendix A (MFIP Assistance Standards) for the MFIP Assistance Standards. See §8.6.3 (Self-Employment Earnings & Hours) for information on determining income from self-employment.

To determine initial eligibility when a family applies for MFIP, the family's income is compared to the MFIP Transitional Standard after allowing the following deductions:

- 18% of gross earnings or 40% of the unit's gross earnings if anyone in the unit was a Minnesota participant of MFIP in any 1 of the previous 4 months.
- Child care costs up to $175 per child for children age 2 and older, and up to $200 per child for children under age 2.
- All court-ordered child support being paid for the support of children not living in the assistance unit's household.
- An allocation for the unmet need of an ineligible spouse or children.

The family is eligible if it:

- Has income less than the Transitional Standard after completing the initial income test.
- Meets other MFIP eligibility requirements including the asset limits.
- Has provided necessary verifications.

MONTHLY INCOME TEST

Families who meet the initial eligibility test have the opportunity to use the work incentives for the duration of their time on MFIP assistance. When a family has earned income:

- 40% of gross earnings are disregarded to arrive at the "net earnings".
- The "net earnings" are subtracted from the Family Wage Level, which is 10% higher than the Transitional Standard.

- Child care is paid out of the MFIP Child Care Program. MFIP participants may have a small child care co-payment.

Families are ALWAYS better off financially when they work. Working families can also increase their income by claiming for the federal Earned Income Credit (EIC) and the Minnesota Working Family Credit (MWFC) when they file their taxes. Use the tax credit calculation to show families the approximate amount they can expect to receive by claiming the EIC and MWFC. Families lose eligibility for MFIP when their earnings reach approximately 115% of the Federal Poverty Guideline.

NOTE: Families who do not work or who receive only unearned income will get an MFIP grant based on the Transitional Standard.

LUMP SUM PAYMENTS

MFIP treats lump sum payments as income in the month received and an asset in the 3rd month after receipt. If the lump sum income exceeds the applicable standards, the family will be suspended for 1 month.

TREATMENT OF THE FOOD ASSISTANCE PORTION OF MFIP

Some assistance programs exclude food assistance benefits when they look at a family's income. For instance, HUD housing programs and fuel assistance do not count the Supplemental Nutrition Assistance Program (SNAP) as income when determining program eligibility or the amount of a monthly subsidy. Although MFIP is considered 1 program, a part of the grant is designated as the "food assistance portion" and will be issued as EBT benefits. The food assistance portion is identified on the "Notice of Action and Budget Calculation" issued by MAXIS. All local, state, or federal programs that do not count SNAP as income MUST NOT COUNT the food assistance portion of MFIP as income. This amount will be issued in EBT benefits and will be shown separately from the total grant to determine the amount of income to count for these programs.

When a family receives only the food assistance portion of MFIP in a month, that month does not count toward the family's 60-month limit. Families who receive only a small amount of the cash portion of MFIP benefits can opt out of receiving the cash portion to preserve their 60-month limit.

TREATMENT OF HOUSING SUBSIDIES

The value of public housing, HUD project-based properties, and Section 8 rental subsidies provided through HUD is counted up to $50, as unearned income toward the cash portion of the MFIP grant. The full amount of the subsidy is counted if it is less than $50. Several types of housing that DO NOT count as income include: RAFS, Bridges, Shelter Plus Care, HOPWA, Mainstream Vouchers, Section 236, or tax credits.

EXEMPTIONS:

The policy does not apply to an MFIP assistance unit which includes a participant who is:

- Age 60 or older;

OR

- A caregiver who is suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury, or incapacity is expected to continue for more than 30 days and prevents the caregiver from obtaining or retaining employment.

  NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

OR

- A caregiver whose presence in the home is required due to the illness or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the illness/incapacity and the need for the participant's presence in the home has been certified by a qualified professional and is expected to continue for more than 30 days. This includes participants who have family members in the home who meet the Special Medical Criteria or receive waivered services.

OR

- A caregiver who is an SSI recipient.

The following procedures apply to people who live in public housing, a HUD project-based property, or a Section 8 rental property:

- Deny the application when applicants do not provide verification of the amount of the subsidy.

- Close the case when participants fail to provide verification of the rent subsidy amount:

- At the time of the recertification.

OR

- When there is a change in the amount of the subsidy.

OR

- When the participant moves to a property that provides a subsidy to the MFIP unit.

TREATMENT OF SSI INCOME

All SSI benefits are excluded as income when determining eligibility and benefit amounts for DWP and MFIP.

The asset limit for MFIP applicants is $2,000. Once on MFIP, the family can accumulate a total of $5,000 in assets. Assets of people in the unit are counted. In addition, assets of the following people are counted:

- Ineligible mandatory unit members.
- Parents and stepparents in the home but not on MFIP.
- Immigrant's sponsor and the sponsor's spouse.

The counted value of most available assets is the equity value (fair market value minus any encumbrances). There are special policies for determining the value of some assets (for example, vehicles).

Following are some of the most common excluded assets:

- All life insurance policies, as well as 1 burial plot per member of the assistance unit.
- 1 vehicle up to a loan value of $15,000.
- The home which is owned by and is the usual residence of the family, including surrounding land and buildings.
- Household and personal goods, including pets, furniture, clothing, jewelry, appliances, and other tools and equipment used in the home.
- Assets used in self-employment or for self-support, EXCEPT for non-homestead real property used for self-employment.
- Disaster relief funds.
- Tax credits, refunds, and rebates.
- Student financial aid.

The MFIP program offers families who are employed a great advantage by providing 2 work incentives:

- A 2-tiered payment standard that uses a higher standard (Family Wage Level) whenever there is earned income.
- A 40% disregard of gross earnings which is available as long as the family receives MFIP.

Both entry-level jobs and part-time jobs are realistic alternatives. The Family Wage Level and 40% earnings disregard ALWAYS result in participants being better off when they work.

The federal Earned Income Credit (EIC) and the Minnesota Working Family Credit (MWFC) can add additional income for the family and are excluded when determining eligibility and benefit levels.

See Appendix A, Appendix A-1, Appendix A-2, Appendix A-3, for MFIP Assistance Standards and tables comparing family size, grant amounts, income amounts and “exit levels”.

Work incentives and tax credits provide families with new opportunities. They can make choices which can increase their income and make self-sufficiency a reality. Participants can enter the job market slowly and with entry-level jobs still see a benefit to their family in terms of increased income. See DHS Bulletin #11-11-03 (DHS Reissues "Work Will Always Pay…With MFIP") handout to show changes effective October 1, 2012). Also see Appendix A (MFIP Assistance Standards**),** Appendix A-1 **(**MFIP Initial Eligibility Threshold Guide), Appendix A-2 (Amount of Earnings Needed to Exit MFIP Cash), Appendix A-3 (Amount of Earnings Needed to Exit MFIP) for MFIP Assistance Standards and tables comparing family size, grant amounts, income amounts, and "exit levels".

General descriptions of the components that affect the MFIP grant are as follows:

- **TRANSITIONAL STANDARD**

  The MFIP Transitional Standard is the base standard issued for most families with no earnings or with only unearned income. The Transitional Standard has a cash portion and a food portion. The MFIP grant is issued on an Electronic Benefit Transfer (EBT) card. Both the cash portion and the food portion are on the same EBT card imprinted with the name of the head of household. One additional card restricted to the food portion is also available on request, allowing children and other family members to purchase food. No name is printed on this card.

  Effective March 1, 2013, use of cash benefits on the EBT card is restricted to vendors and ATMs in Minnesota, Iowa, North Dakota, South Dakota and Wisconsin. This restriction does not apply to food benefits.

  In a small number of cases, where unrelated people reside in the same household, families receive a reduced benefit called a Shared Household Standard.

- **RESTRICTION ON EBT CARDS**

  The cash portion of benefits on an EBT card cannot be used to purchase alcohol or tobacco products. A participant found guilty of using their benefits in this way will be disqualified from the program (other assistance unit member continue to be eligible).

  - For MFIP, the disqualification is one year for the first offense, two years for the second, and a permanent disqualification for the third. See § 14.33 (Fraud and EBT Misuse).

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- DWP families with a disqualified participant are no longer eligible for DWP. An MTAF must be completed to open MFIP for the rest of the assistance unit.
- WB will close and does not reopen.

EARNINGS DISREGARD

The earnings disregard of 40% is applied every month the family has earnings. The disregard is available to each working member of the unit.

➢ **FAMILY WAGE LEVEL**

Whenever a family has earnings, 40% of the earnings are disregarded and the resulting net is subtracted from the Family Wage Level (which is 110% of the Transitional Standard). This means that, up to a certain level of earnings, a family may not experience a reduction in the grant amount. For example, a family with 1 adult and 2 children could have $168 in gross earnings and would still receive the full Transitional Standard of $1,005. A family will never receive a grant payment greater than the Transitional Standard.

NOTE: Families receiving cash benefits are limited to 60 months of assistance during their lifetime. Every month a family receives an MFIP grant that includes a cash portion counts toward the 60-month limit. Any month the grant amount includes the food portion ONLY does NOT count toward the lifetime limit.

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PROSPECTIVE AND RETROSPECTIVE BUDGETING

- **PROSPECTIVE BUDGETING**

  Generally, prospective budgeting is used only in the 1st 2 months of eligibility. Prospective budgeting means the assistance payment is based on the "best estimate" of the income a participant will receive during that month. For example, if the 1st 2 months of eligibility are April and May, a "best estimate" for April is used for the April payment and a "best estimate" for May is used for the May payment.

  April = Budget Month
  April = Payment Month

- **RETROSPECTIVE BUDGETING**

  The MFIP payment for a month is generally based on income received in a past month. This method, called retrospective budgeting, is used because there is an administrative period needed to calculate and issue the payment after income is reported. Retrospective budgeting means that the month's payment is based on the reported income of a previous month. For example, the actual income received in April will be reported in May and used to calculate the payment for June.

  April = Budget Month
  May = Report Month
  June = Payment Month

EMPLOYMENT BONUS

The use of retrospective budgeting also creates an "employment bonus" for families who begin working after they become MFIP participants in the program. After the 1st 2 months of eligibility, income is only counted retrospectively. A family in the retrospective cycle continues to receive a grant for the 1st 2 months after their earnings exceed the grant. The additional income can offset the initial expense when a caregiver begins working. This makes the transition off assistance an easier one

EXAMPLE OF HOW BUDGETING POLICIES AFFECT A FAMILY'S GRANT

A participant starts working on April 1st. She/he reports to the worker on April 10 that anticipated earnings for April would exceed the level of income eligibility.

April Earnings:	Full April Grant.
May Earnings:	Full May Grant.
June Earnings:	April earnings applied. Close MFIP. Begin transitional child care and medical benefits.

In this example, the family would receive the full earnings in April and May, and receive MFIP payments based on income received in February and March. Transitional child care and medical benefits would begin in June.

MFIP has a "significant change" policy to address a decline of income. If a family experiences a decline in gross earned or unearned income of 40% or more in the payment month from income received in the budget month, a supplement can be issued in the payment month. For example, if the hours worked by the participant are reduced in June, and the participant's June payment was based on full-time work in April, a supplement can be issued in June based on the "best estimate" of income that will be received in June. The participant must request this recalculation to be done by the financial worker and can only receive this supplement twice in a 12-month period.

MAXIS issues a monthly "Notice of Action and Budget Calculation" for families with earnings. This notice includes a statement alerting the participant to a possible "significant change". The notice includes the dollar amount that qualifies for a "significant change" and informs the participant to call their worker if they experience this decline in income.

Significant change does not apply when the unit receives a lump sum; a unit member is on strike, in a month in which the unit gets an extra paycheck, or for self-employment income.

There are 3 MFIP budgeting rules to remember:

- The Transitional Standard or the Shared Household Standard is used if the family has no income or only unearned income.
- The Family Wage Level is always used when the family has earnings.
- The actual payment cannot exceed the Transitional Standard or Shared Household Standard.

See Appendix A for the Transitional Standard, Shared Household Standard, Family Wage Level and Appendix A-1 for the Federal Poverty Guidelines (FPGs).

The following examples illustrate the effects of earnings on the payment amount (standards EFFECTIVE 10/1/2012):

CASE EXAMPLE 1:

The family consists of 1 adult and 1 child. There are no earnings. The grant equals the Transitional Standard of $764.

Result: Family receives $437 cash portion and $327 food portion.

CASE EXAMPLE 2:

The same family consists of 1 adult and 1 child. The participant is employed part-time and receives $400 in gross earnings per month. She/he receives 2 work incentives -- the Family Wage Level and the 40% disregard.

$400	Gross Earnings
-160	40% disregard
$248	Net earnings

$840	Family Wage Level
-240	Net earnings
$600	MFIP Grant

Result: Family receives $400 in gross earned income (less paycheck deductions such as taxes and FICA) and $600 grant = $1,100 total family income (less paycheck deductions). In this case, the grant includes $273 cash and $327 in food portion.

In addition, the family would be eligible for the federal Earned Income Credit (EIC) and the Minnesota Working Family Credit (MWFC).

CASE EXAMPLE 3:

The family consists of 1 adult and 1 child. The participant now earns $900/month.

$900	Gross Earnings
-360	40% disregard
$540	Net earnings

$840	Family Wage Level
-540	Net earnings
$300	MFIP Grant

Result: Family receives $900 in gross earning (less paycheck deductions such as taxes and FICA) and $300 grant = $1, 200 total family income. Because the entire grant amount ($300) is in food portion, this month DOES NOT count against the 60-month maximum lifetime limit. Again, the family would be eligible for EIC and MWFC.

As illustrated by these examples, a NON-WORKING family receives cash and food benefits of $764. With earnings of $400 per month, the cash and food benefit grant is $600 and the combined gross income is $1,100 (less paycheck deductions). With increased earnings of $900, the food benefit is $300, the combined gross income is $1,200 (less paycheck deductions), and the month does not count against the 60-month maximum lifetime limit.

CHILD CARE COPAYMENTS

Child care copayments are based on household size and income. Copayments are assessed when family income reaches 75% of the federal poverty guidelines (FPG) and are increased to provide movement to full payment of child care costs as parents' income increases.

Families with income above 100% FPG are assessed copayments based on state median income and family size.

For copayment schedules for all income levels and household sizes, refer to DHS-6413A - Minnesota Child Care Assistance Program Copayment Schedules.

TAX CREDITS

A family can increase their family income even more with the federal Earned Income Credit (EIC) and the Minnesota Working Family Credit (MWFC). These tax credits are not counted against the MFIP grant, whether received monthly or annually.

Units which have received less than 60 months of MFIP may choose to "opt out" of the cash portion of the MFIP grant. The unit will continue to be eligible for the food portion of MFIP, as well as other program benefits, including employment support services and child care.

The months a unit chooses to opt out of the cash portion of MFIP count toward the required months of participation needed for Transition Year Child Care.

Any month a unit chooses not to receive the MFIP cash portion does not count toward the 60-month lifetime limit. Units otherwise exempt from the 60-month limit will receive no additional advantage in choosing only the food portion of MFIP. When a unit chooses to begin receiving the cash portion of the grant again, each month of the cash portion will count toward the 60-month limit. See §13.3 (60-Month Lifetime Limit).

Assistance units that are required to have all or part of the cash portion vendor paid cannot choose to opt out of the MFIP cash portion. This includes new applicant units for the 1st 6 months. It also includes units subject to mandatory vendoring due to 2nd occurrence Employment Services sanctions. See §14.3.3 (Pre 60-Month Type/Length of ES Sanctions).

When a mandatory vendor payment (shelter or utility) period ends, the unit can choose to opt out of the MFIP cash portion. A unit on voluntary vendor payments must choose whether it wants to continue voluntary vendor payments or to opt out of the MFIP cash portion but cannot choose to do both.

Units must choose to opt out of the cash portion by the 22nd of the month prior to the month the change is to take place. There are no EXCEPTIONS. A unit MAY NOT return a warrant or money in the amount of the benefit issued and choose at that time to opt out of the MFIP cash portion for the payment month.

Units which have opted out of the MFIP cash portion may, at a later date, choose to receive both the cash and food portions of the MFIP grant. The unit must notify the county agency that it wants to make the change by the 22nd of the month prior to the month the change is to take place. There are EXCEPTIONS to the deadline for choosing to opt back into the cash portion after the 22nd of the month:

- When a significant change occurs and the unit reports it timely, the unit may choose to begin to receive the cash portion in the month of a significant change and the months thereafter.

- When there is a change in assistance unit composition, the unit may choose to receive the cash portion the month a person is added or removed from the unit and

the months thereafter.

There is no restriction on the number of times a unit can choose to opt out of the cash portion and start it again.

The purpose of this policy is to:

- Provide an efficient method for transfer of electronic case records.
- Define county financial assistance and Employment Services Provider responsibilities to ensure good communication and consistent provision of services to families who move between counties.
- Enhance performance on the statewide participation rate.

MFIP EMPLOYMENT SERVICES CASE TRANSFER POLICY:

Communication between MFIP ES Providers and between ES Providers and county agencies is critical to successfully manage case records and provide services when clients move from one county to another. Use the process outlined below to improve coordination and communication and to ensure continuity of Employment Services.

1. When the receiving county gets notice on MAXIS of a client's move, submit an Employment Services referral within 7 working days (in Hennepin County within 7 working days after the designation of the Employment Services Provider). A case is added to the denominator for the county's participation rate on the date the receiving county issues benefits.

2. Once you receive the ES referral, you have full authority to require the client to participate in all activities, including developing a plan, attending job clubs and workshops, and monthly reporting. You have full authority to impose sanctions for failure to comply with any of these activities, within the provisions of MFIP policy. For cases that have an ES sanction when transferred, you are responsible for managing the sanction resolution process.

3. Once you receive the ES referral, notify the departing county's ES provider within 7 working days unless otherwise agreed upon between the 2 providers. This will allow you to establish a case on WF1.

4. Once the departing county's provider has terminated the case on WF1, you will be responsible for:

    a. Completing an assessment and developing a new Employment Plan.

    b. Making case management decisions, including sanctions.

c. Authorizing child care assistance (once a new Employment Plan has been completed).

d. Tracking participation hours (See item #5, below.).

e. Providing support services.

5. The departing county must record participation hours for the weeks up to the date that service is closed on WF1; they have up to 2 calendar months after the date of closure to do this, as with other MFIP cases. You must record participation hours beginning with the week you open services on WF1.

6. Within the constraints of HIPAA and other privacy laws, and with a signed release from the client, old and new ES providers may share copies of relevant assessments and other paper records.

NOTE: Once you develop a new Employment Plan, authorize and implement necessary childcare through your county's child care assistance program. The departing county is no longer responsible for administering child care assistance to that family.

There are some instances where the child care case would stay with the departing county, for example, when a working participant continues to use the same provider but has not yet developed a new Employment Plan in the receiving county.

Caregivers in all MFIP cases must attend a face-to-face orientation to financial services, unless they meet 1 of the 3 exemptions listed in this section. Caregivers may also have good cause for not attending orientation. See §13.15.9 (Special Medical Criteria Extension). For other reasons that caregivers may have good cause for not attending orientation, see §5.3.3 (Good Cause for Failure to Attend Financial Orientation). For 2-parent families, both parents must attend. Failure to attend orientation without good cause is considered non-compliance with program requirements and may result in a sanction. See §14.3 (Non-Compliance), §14.3.3 (Pre 60-Month Type/Length of ES Sanctions).

The orientation may be conducted by county financial assistance staff, Employment Services Provider staff, or may be a joint presentation. The orientation focuses primarily on the financial aspects of MFIP.

A joint presentation is recommended to make sure that a strong and consistent message is delivered about the expectations and supports for going to work.

The orientation may be a part of the intake process or it may be held at a separate time. If orientation is not on the same day as the caregiver's intake appointment, the county must provide or reimburse for transportation and child care the caregiver needs to attend orientation. Orientation must be held within 30 days of approval of the case.

Give caregivers written information that they must attend orientation unless they meet 1 of the following exemptions:

- A single parent, or 1 parent in a 2-parent family, employed at least 35 hours per week.

OR

- The 2nd parent in a 2-parent family, when the 2nd parent is employed at least 20 hours per week and the 1st parent is employed for at least 35 hours per week.

OR

- Pregnant or parenting minor who is not exempt from the educational requirement and is complying with that requirement.

Any time an application/reapplication is filed for MFIP, the caregiver(s) must attend an orientation. Caregivers who do not receive MFIP are NOT required to attend orientation.

The orientation must inform caregivers of the following topics:

- MFIP work incentives.

- An explanation of the significant change policy.
- Availability of the Earned Income Credit (EIC).
- Minnesota Working Family Credit.
- The types and locations of child care available to help a caregiver participate in employment, pre-employment, and training or educational programs.
- The child care resource and referral service that will help the caregiver choose child care services. See §10.3.3 (General Requirements for Child Care Assistance).
- The responsibilities and rights of MFIP participants.
- What will happen if participants do not meet requirements.
- An explanation of the 60-month time limit on assistance (including periods of non-cooperation with program requirements, with or without good cause, continue to count toward the 60 months), and the post 60-month time limit extension categories. See §13.3 (60-Month Lifetime Limit), §13.15 (Hardship Extensions).
- Information about exemption from the 60-month time limit for victims of family violence. See §7.3 (Employment Plan (EP)), §7.36 (Family Violence Waiver Option).
- Information about shelters and programs for victims of family violence.
- The availability and benefits of the early childhood health and developmental screening.
- Eligibility for Transition Year Child Care (TYCC) when MFIP ends.
- Availability of all health care programs, including transitional medical assistance.
- The necessity to obtain immediate employment.
- The requirement to comply with Employment Services.

- Information about available Employment Services Providers and the option to choose an Employment Services Provider.

- A description of the range of work and training activities that are allowable under MFIP to meet the individual needs of participants. For a list of these activities, see §7.9 (Allowable Activities).

- Notification that the county may not impose a sanction for failure to comply when the participant has good cause because of the unavailability of child care.

  The financial worker must explain good cause, including:

  - The definition of terms used in determining the inability to obtain appropriate child care.
  - That participants cannot be sanctioned if appropriate child care is not available.
  - Who will make the determination of child care availability.
  - That the inability to obtain child care does not extend time on assistance.

- The caregiver's option to request approval of an education and training plan according to the assessment requirements

- The availability of work study programs under the higher education systems.

Give the caregiver a copy of the brochure Education and Training in MFIP (DHS-3366), which explains the general parameters that govern education and training.

It is critical that participants leave the orientation knowing MFIP is a work-focused program and that they are prepared to enter the next phase of the Employment Services program. The county and the Employment Services Provider staff may design the details of the orientation to suit the needs of their local area and participants. However, the orientation is the participant's 1st exposure to MFIP Employment Services and should actively promote the value of early employment.

GOOD CAUSE FOR FAILURE TO ATTEND FINANCIAL ORIENTATION 5.3.3

In general, counties will schedule the orientation to financial assistance and determine whether the participant has good cause for not attending.

Participants required to attend orientation to financial assistance may claim any 1 of the following reasons as good cause for failure to attend:

- Appropriate child care is not available. See §10.3.36 (Good Cause - Inability to Obtain Child Care).
- The participant is ill or injured.
- A family member is ill and needs care by the participant that prevents the participant from attending an orientation.
- The participant is unable to secure the necessary transportation.
- The participant is in an emergency situation that prevents him or her from attending an orientation.
- The orientation conflicts with the participant's work, training, or school schedule.
- The schedule of orientation conflicts with judicial proceedings.
- The participant documents other verifiable impediments to attendance at an orientation beyond the participant's control.
- The participant is needed in the home to care for someone who is ill or incapacitated, OR has a child or adult in the household who meets ANY of the following disability or special medical criteria and whose services have been interrupted. See §13.15.9 (Special Medical Criteria Extension).

  - Child or adult who receives physician-ordered, medically necessary home health services or private duty nursing in his or her residence.

  OR

  - Child or adult in the household who meets the disability or medical criteria for a home and community-based waiver services program.

  OR

  - Child who meets the definition of “severe emotional disturbance”, as determined by a qualified professional.

  OR

- Adult who meets the definition of “serious and persistent mental illness”, as determined by a qualified professional.

If a caregiver misses an orientation because he/she must care for a disabled child or adult whose services are interrupted, the county should grant good cause without time-consuming attempts to document that the complex criteria above are met. When in doubt if the above criteria are met, it is appropriate to grant good cause based on either an emergency situation or verifiable impediments.

County agencies must work with participants to provide child care and transportation necessary to ensure a participant has every opportunity to attend an orientation.

All caregivers receiving MFIP during the 1st 60 months, and caregivers in post 60-month extension categories, must be engaged in Employment Services (ES), with the exception of participants with a birth child under 12 months, see below. For more information on extension categories, see Chapter 13 (Extensions). Caregivers with a fraud disqualification on or after October 1, 2007, are also required to participate in employment services during the disqualification period.

CHILD UNDER 12 MONTHS EXEMPTION

Under the law there is a time-limited ES exemption for MFIP and DWP caregivers with a birth child under 12 months.

An ES exemption begins the 1st month after the month the participant claims the child under 12 months exemption.

The 3 time periods a participant can claim an ES exemption for the care of a child under 12 months are:

- The original child under 1 exemption that was in effect from January 1, 1998 through June 30, 2004.
- The child under 12 weeks ES exception that was in effect from July 1, 2004 through February 28, 2010. Do NOT count more than a total of 3 months for any participant who used the 12-week exception during this period.
- The child under 12 months ES exemption effective March 1, 2010.

All months used on DWP and MFIP under any of these periods count toward the 12 month lifetime limit for a household.

MFIP parents who have not used a total of 12 months of the exemption (up to 12 months combined total per household for a 2-parent family) may choose to use the remaining months beginning March 1, 2010. Parents are allowed to choose to claim the exemption for more than 1 child, and in different spans of time. This ES exemption applies even if the child's needs are not included in the grant, such as for a child that is ineligible for cash under the Family Cap policy or due to receipt of Supplemental Security Income (SSI).

In a 1-parent household, the ES exemption for the care of a child under 12 months is available for a cumulative 12 months lifetime limit.

In a 2-parent household, the parents' exemption months are combined to determine the months used towards the 12-month total rather than being available in full to each caregiver. Only 1 parent is allowed to claim the exemption in any 1 month but the exemption can switch between parents from month to month.

If a parent in a 2-parent household moves out and joins a 1-parent assistance unit to form a new 2-parent assistance unit, the parent who moves in retains any of their unused exemption months. The newly formed unit is limited to 12 months total when the 2 parents' exemption months are added together. If the combined months of the new unit exceed 12 months, they would not be eligible for any more exempt months as long as they live together.

TEEN PARENTS

The ES exemption to care for a child under 12 months is NOT available to minor parents under age 18, or 18- or 19-year old parents who do not have a high school diploma or its equivalent and choose an Employment Plan with an education option. Such parents may choose to claim a 6-week exemption to care for a child under 6 weeks.

An 18- or 19-year-old parent(s) without a high school diploma or its equivalent who choose an Employment Plan with a work option may choose to claim the child under 12 months ES exemption.

VICTIMS OF FAMILY VIOLENCE

The ES exemption to care for a child under 12 months IS available to participants who have an approved Employment Plan (EP) for FSS Participants under the Family Violence Waiver Option.

The Employment Plan should be revised to indicate that the participant is choosing to use the exemption and the review date should reflect the date the exemption is expected to end. Participants should be made aware that while they are using the exemption they would not have access to support service dollars or MFIP child care.

The employment counselor must use the child under 12-month identifier on WF1 to indicate the participant is choosing the exemption.

The participant must come in to revise the Employment Plan the month after the month the exemption ends.

If an applicant wants to request both the Family Violence Waiver and the 12-month exemption they must be referred to Employment Services and must first develop an Employment Plan (EP) for FSS participants under the Family Violence Waiver Option. Once that plan is written, approved and the waiver is in place the participant can choose the exemption. The EP would need to be revised to indicate the participant is choosing to use the exemption.

Each county should establish a process to refer participants to Employment Services (ES) that will best facilitate referrals. However, 2 conditions must be met:

- The process must ensure that caregivers begin participating (for example: attend an overview) within 30 days or within 10 days when a person participated in the diversionary work program within the past 12 months.

- Caregivers must be offered a choice of at least 2 Providers, EXCEPT in counties using a Workforce Center and counties exempt from this requirement due to financial hardship.

All referrals are electronically generated from MAXIS to Workforce One (WF1). Paper referrals do not replace the electronic referral. Referrals can be sent to Employment Services Providers 2 different ways:

- The most common way is the automated referral. These referrals are generated when cases become eligible for the MFIP program. They are also generated when a case is first approved after transferring into a new county.

- A county-generated or manual referral option is also available to counties. This allows financial workers to send referrals whenever they deem it necessary. County-generated referrals will only contain the information available on MAXIS at the time of the referral.

  This option will be used only when the automated option doesn't work for the local referral process. For example, some counties have the Employment Services Overview the same day as the intake appointment. Even though verifications may be lacking to determine eligibility, the county may choose to refer the applicants to the ES Overview anyway. Using the manual referral process will allow financial workers to send a referral which accommodates this local process.

All MFIP referrals must be accepted or declined in WF1, no later than seven calendar days after receipt of the referral, and the participant must be placed in either an enrolled or eligible, not enrolled status.

CHOICE OF PROVIDERS

Unless a county is affiliated with a Workforce Center system or can demonstrate financial hardship, participants must have a choice of at least 2 service providers. Service providers must

offer, or contract for, all services necessary to meet the requirements of the state's Employment Services legislation, including overview, assessment, development of Employment Plans, and job search activities.

The selected employment and training service provider can be any of the following:

- A public, private, or non-profit agency certified by the Department of Employment and Economic Development.
- A public, private, or non-profit agency that is not certified.
- A county agency that chooses to provide services.

To help ensure coordination of service for 2-parent families, both parents must choose the same Employment Services Provider unless a special need is identified but not available through 1 service provider. Examples of a special need include availability of language-specific services or cases involving family violence.

CHANGING EMPLOYMENT SERVICES PROVIDERS

The state recommends counties and their Employment Services Providers:

- Have no policy which totally prohibits changes between providers.
- Allow changes between providers when circumstances warrant.

Counties should develop guidelines and ensure that all MFIP staff is aware of their county's policy.

Counties must provide Employment Services within 30 days after a caregiver is determined eligible for MFIP, or within 10 days when the caregiver participated in the Diversionary Work Program (DWP) within the past 12 months.

FUNCTION OF THE OVERVIEW

It is critical that the MFIP program be presented as an opportunity. Participants must be given a clear, uniform message that MFIP expects, supports, and rewards work. Participants are expected to work, search for work, and/or meet other program requirements. MFIP provides the supports necessary to meet these expectations, and ensures that a job will increase family income and serve as a step toward financial independence.

REQUIREMENT TO ATTEND THE OVERVIEW

All MFIP caregivers, with the exception of participants who have or are in the process of qualifying for a family violence waiver, are required to attend an ES overview.

Participants who have or are in the process of qualifying for a family violence waiver must be provided the same information but cannot be required to attend an overview done in a group setting. In these cases the information is usually presented in the overview must be covered during the development of the Employment Plan. For more information, see §7.3 (Employment Plan (EP)), §7.36 (Family Violence Waiver Option).

Child care cost should be covered for attending the overview.

CONTENT OF THE OVERVIEW

Prior to the overview, most participants will have attended an orientation to financial assistance as part of the MFIP intake or recertification process. Although the messages are similar, the orientation focuses on the financial work incentives and the income maintenance portion of the program. Overviews, which may be offered in a group setting or on an individual basis, should focus on providing specific information about the Employment Services portion of the program and the supportive services available to help the participant transition to work. However, the overview also provides an opportunity to repeat the very important message that “work pays”. Repetition of information about the work incentives increases the likelihood that participants will understand and take advantage of the program. The overview should convey a sense of the urgency and opportunity of obtaining employment, review the financial assistance information from the orientation, and explain resources available to facilitate a transition to employment.

Specifically, the overview should cover:

- **The expectation to work**

  MFIP is primarily a work program. The purpose of the program is to help participants move into the labor market quickly. Support services and cash assistance are provided to facilitate a transition to employment.

  Inform participants that there may be probationary periods new employees must serve after being hired and that job retention services may be available at the ES provider or county.

- **The necessity and opportunity of working**

  Under federal law, cash assistance is limited to 60 months in a lifetime. Going to work immediately increases the chance of going off assistance completely or reducing assistance to the MFIP food portion only and preserving the limited months of assistance for times when no work is available.

  MFIP **expects, rewards**, and **supports** work. MFIP participants are expected to work or participate in work-related activities. Doing so provides significant rewards. Participants must clearly understand how MFIP policies make work pay and that they are always financially better off working than not. Work also provides other less tangible rewards such as enhanced self-esteem and a positive role model for children. Participants have access to child care assistance and other supports necessary to obtain and retain employment.

  Families do not have to choose between welfare and work. Under MFIP, any job increases family income, and provides valuable work experience and a step up the ladder to a better job. Tax credits can also substantially increase family income. See §4.24 (Budgeting Policies), §4.30 (Actual Budgeting).

- **The range of allowable Employment Services work activities**

  Participants need to know that activities necessary to move them toward employment and self-sufficiency may be included in their plan, with job counselor approval. Provide this information in the context of the general sequence of services, order of preference for work activities, and hourly participation requirements. Retain the basic message that participants are expected to take the most direct route to employment. Work-related activities should be seen as

supplementary and should not routinely replace job search and employment. You may want to include the list of 9 approvable activities in an information packet to supplement your verbal explanation. See §7.9 (Allowable Activities).

- **Family Stabilization Services**

  Participants who meet certain criteria may qualify for Family Stabilization Services (FSS). See §11.6 (FSS Eligibility Criteria). If it appears a participant may meet one of the criteria begin the process of securing documentation to make this determination.

- **Training opportunities**

  Training opportunities are available to participants who meet specific criteria. Include the Education and Training in MFIP brochure (DHS-3366) in the caregiver's information packet as a source of reference. This brochure explains the general parameters of MFIP education and training.

  While you should cover general information about education and training opportunities during the overview, it is recommended that detailed and serious discussion of specific educational plans be done during the assessment.

- **Child care resources and referral**

  Child care expenses are paid for MFIP families who work or participate in other activities in an approved Employment Plan as long as child care program requirements are met, for example: complete an application timely; use a licensed or legal non-licensed provider. Participants may be responsible for a small co-payment. See §10.3 (MFIP Child Care). Participants should be informed about the child care resources available to enable them to participate. For child care assistance for victims of family violence, see §7.3 (Employment Plan (EP)).

- **Rights, responsibilities, and obligations of participants**

  MFIP has high expectations for participants but offers ongoing support to enable them to meet those expectations. The program sets up a shared responsibility among families, the Employment Services system, and the county. Job counselors are responsible to help participants develop a realistic plan for the future and for supporting the plan with the full range of available resources. Participants are responsible to develop and follow through with the plan and for working toward

the greatest level of self-support possible. Employment Services – Responsibilities, Rights and Consent (DHS-3172) is a concise summary of the participant's protections and obligations.

- **Rights under the Americans with Disabilities Act (ADA)**

  Job counselors can use DHS brochure "Do you have a disability?" (DHS-4133). See §4.3.9 (Civil Rights and the Americans with Disabilities Act).

- **Consequences for failure to meet requirements.** See §14.3 (Non-Compliance).

- **Eligibility for Transition Year Child Care.** See §10.6 (Continuation of Support Services), §10.6.6 (Transition Year Child Care).

- **Family violence referral information**.

  - Provide information on exemption from the 60-month time limit based on family violence. See §7.36 (Family Violence Waiver Option). Provide the MFIP Family Violence Waiver (DHS-3477) brochure.

  - Provide caregivers with a Family Violence Referral (DHS-3323). You may include this form with other information distributed at the overview or provide it during the 1st meeting with a job counselor. For more information, see §7.3 (Employment Plan (EP)), §7.36.3 (Person Trained in Domestic Violence).

  - Provide information about battered women's community shelter programs and other services for victims of family violence.

- **Availability of all health care programs, including transitional Medical Assistance.** See §10.6.12 (Transitional MA Programs).

REQUIREMENTS

Participants have 2 basic requirements:

- DEVELOP A PLAN. Participants must meet with you for an assessment and to develop an Employment Plan.

- COMPLY WITH THE PLAN. Participants must comply with the terms of their Employment Plan. For most participants, this means participating in job search activities. For details on requirements for these components, see §7.3 (Employment Plan (EP)).

SEQUENCE OF SERVICES

Most participants will follow the same sequence of services during the 1st 6 weeks of participation in MFIP Employment Services. Each of these services is described later in this chapter. The service sequence is as follows:

1. An overview of MFIP Employment Services. See §5.12 (Employment Services Overview).

2. An assessment and development of Employment Plan. See §6.3 (Assessment), §6.3.3 (Contents of an Assessment), §7.3 (Employment Plan (EP)).

3. Job search. See §9.12 (Job Search Activities).

When you determine during the assessment that a mandatory participant has sufficient skills to obtain suitable employment, he or she must job search at least 30 hours per week and accept any offer of suitable employment.

When the assessment indicates a mandatory participant has barriers to employment that will not be overcome by 6 weeks of job search, he or she must develop an Employment Plan that addresses those barriers and meets hourly requirements. See §7.6 (Minimum Hourly Activity Requirements).

NOTE: This sequence does not apply to minor parents, 18- and 19- year old parents without a high school diploma or equivalent who choose an education option, or participants in an ill/incapacitated extension category. See §6.3.9 (Requirements for Teen Parents), §13.15.3 (Ill/Injured/Incapacitated Extensions). Also see §7.12 (Plan for Victims of Family Violence).

An assessment is the process of gathering information related to employability for the purpose of identifying both the participant's strengths and strategies for coping with issues that interfere with employment. The assessment process begins at the first meeting between the participant and a job counselor and continues throughout participation in Employment Services. This information serves as the basis for the initial Employment Plans (EPs), as well as updates and revisions.

In MFIP, assessments should be done on a continuing basis. Job counselors assess participants each time they meet with a participant to revise or review an employment plan. Depending on the needs and circumstances of each participant, transportation, childcare, need for training, or job seeking skills are assessed on an ongoing basis. Thorough, comprehensive assessments should also be done, but are recommended less frequently.

PURPOSE OF AN ASSESSMENT

MFIP Employment Services focuses on helping participants make a successful attachment to the labor force as quickly as possible. The assessment supports this intent. The primary purposes are to:

- Use information from the assessment process to develop and update the Employment Plan.
- Assess the participant's ability to obtain and retain employment.
- Identify the participant's strengths and strategies for coping with issues that interfere with finding employment.
- Identify participants with barriers to obtaining and retaining employment that won't be overcome by 6 weeks of job search.
- Identify participants who may qualify for Family Stabilization Services. See Chapter 11 (Family Stabilization Services (FSS)).
- Evaluate proposals for education and training.

TIMING OF AN ASSESSMENT

Intake

To reinforce the message of urgency, complete an assessment as soon as possible after the overview for caregivers who are mandatory in MFIP Employment Services. Delays between the overview and the assessment for mandatory caregivers should only occur in limited circumstances. Department of Human Services (DHS) recommends completing a thorough assessment at intake but no later than the third month on MFIP.

12-Month Comprehensive Review

The purpose of the review is to determine the need for additional services and supports, including placement in a paid or unpaid work experience.

Conduct a comprehensive review of participation and progress with participants who received MFIP assistance but did not work in unsubsidized employment during the past 12 months. Whenever possible conduct this review together with the financial worker or other county staff (for example, during the annual recertification). For more information on what should be included in a comprehensive review, see §6.3.3 (Contents of an Assessment)

DHS recommends a comprehensive review to be done at twelve months and then annually after that.

FSS Participants

The purpose of the FSS service track is to help families achieve the greatest degree of economic self-sufficiency and family well-being possible. A thorough assessment is needed to develop an EP for FSS participants, which requires that strengths and barriers, including any special family circumstances that impact, or are likely to impact progress towards goals, be in the plan.

In order to fulfill the purpose of the FSS service track a comprehensive review as described in §6.3.3 (Contents of an Assessment) is recommended.

Continuous Assessment

As job counselors meet with participants, review and revise EPs, and assist them to meet their goals ongoing assessments will be happening. See §6.3.3 (Contents of an Assessment) for more information on content of continuous assessments.

For additional information, see:

§6.3.3 Contents of an Assessment.
§6.3.6 Strengths-Based Approach.
§6.3.12 Chemical/Mental Health/Learning Needs Screening.
§6.3.15 Intervention Levels.
§6.3.18 Intervention Levels - Obtaining/Exchanging Information.
§6.3.21 Chemical & Mental Health Assessments: Referrals/Costs.
§6.3.24 Intervention Documentation & Plans.
§6.6 Employability Measure
§7.18 Accommodations for Disabled Participants.
§7.18 Accommodations for Disabled Participants.
§7.38 Requirements for Teen Parents
§10.6.3 Chemical/Mental Health Assessment Support Services.

CONTENTS OF THE CONTINUOUS ASSESSMENT

Cover these 3 areas during the continuing process of assessment for MFIP participants as needed:

- Obtain basic information about the participant's ability to obtain and retain employment, including educational level; interests, skills, and abilities; work history and experience; transferable work skills; and child care and transportation needs. The assessment MAY include basic skills and English language skills testing.

- Identify personal and family circumstances that impact the participant's ability to obtain and retain employment, including any special needs of the children; level of English proficiency; family violence issues; or involvement with social services or the legal system.

  NOTE: Use information obtained through the assessment process to determine whether a participant qualifies for a family violence waiver, and to develop or update Employment Plans as appropriate.

  If a participant is a victim of family violence and this is documented, give the Family Violence Referral (DHS-3323) and Domestic Violence Information Brochure (DHS-3477) to the participant. For information on Employment Plans for victims of family violence, see §7.3 (Employment Plan (EP)), §7.12 (Plan for Victims of Family Violence).

- Discuss results of the MFIP Self Screen (DHS-3482) and the Brief Screening Tool for Special Learning Needs (DHS-3504). Screening tools must be completed by participants who are unable to find suitable employment after 6 weeks of job search, and participants who have barriers to employment that will not be overcome by 6 weeks of job search. See §5.15 (Requirements and Sequence of Services).

  Screening tools may only be administered by job counselors or county staff trained in their use. See §6.3.12 (Chemical/Mental Health/Learning Needs Screening).

CONTENTS OF A COMPREHENSIVE REVIEW

DHS recommends that a comprehensive **assessment** cover at least the following areas at one point in time:

- Abilities
- Child Behavior
- Dependent Care
- Dependent care of anyone else in the household who is a vulnerable adult
- Education
- Family Violence issues
- Financial/Budgeting
- Health (includes physical, chemical, and mental health)
- Housing
- Involvement in Social Services
- Legal
- Level of English proficiency
- Other personal or family circumstances
- Personal Workplace skills
- Prior employment/work history
- Safe Living Environment
- Social Supports
- Transferable work skills
- Transportation

Information gathered through this assessment should be used in developing an EP.

Minnesota agencies have been successful using Motivational Interviewing (MI) as a technique of focusing on a strengths-based approach in working with participants in the Child Welfare, Child Protection and Vocational Rehabilitation systems. DHS is also recommends using this approach when working with MFIP and DWP participants.

Motivational interviewing (MI) refers to a counseling approach in part developed by clinical psychologists. It is a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the participant.

MI recognizes and accepts the fact that participants who need to make changes in their lives approach assistance at different levels of readiness to change their behavior. Some may have thought about it but not taken steps to change it. Others, especially those voluntarily seeking assistance, may be actively trying to change their behavior and may have been doing so unsuccessfully for years.

MI is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the participant's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Alternately, therapists help clients envisage a better future, and become increasingly motivated to achieve it. Either way, the strategy seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change.

MI is considered to be both participant-centered and semi-directive. MI is based upon four general principles:

1. Express empathy, guides job counselor to share with participants their understanding of the participants' perspective.
2. Develop discrepancy, guides job counselors to help participants appreciate the value of change by exploring the discrepancy between how participants want their lives to be vs. how they currently are (or between their deeply-held values and their day-to-day behavior).
3. Roll with resistance, guides job counselors to accept participants' reluctance to change as natural rather than pathological.
4. Support self-efficacy, guides job counselor to explicitly embrace client autonomy (even when participants choose to not change) and help participants move toward change successfully and with confidence.

The main goals of MI are to establish rapport, elicit change talk, and establish commitment language from the participant.

ASKING PERMISSION

Rationale: Communicates respect for participant. Also, participants are more likely to discuss changing when asked, than when being lectured or being told to change.

Examples of Asking Permission
"Do you mind if we talk about [insert behavior]*?"*
"Can we talk a bit about your [insert behavior]*?"*

ELICITING/EVOKING CHANGE TALK

Rationale: Change talk tends to be associated with successful outcomes. This strategy elicits reasons for changing from clients by having them give voice to the need or reasons for changing. Rather than the job counselor lecturing or telling participants the importance of and reasons why they should change, change talk consists of responses evoked from participants. Participants' responses usually contain reasons for change that are personally important for them. Change talk, like several MI strategies, can be used to address discrepancies between participants' words and actions (e.g., saying that they want to become abstinent, but continuing to use) in a manner that is non confrontational. Importantly, change talk tends to be associated with successful outcomes.

Questions to Elicit/Evoke Change Talk
"What would you like to see different about your current situation?"
"What makes you think you need to change?"
"What will happen if you don't change?"
"What will be different if you start working?"
"What would be the good things about changing your [insert risky/problem behavior]*?"*
"Why do you think others are concerned about your [insert risky/problem behavior]*?"*

Elicit/Evoke Change Talk For Clients Having Difficulty Changing: Focus is on being supportive as the participant wants to change but is struggling.
"How can I help you get past some of the difficulties you are experiencing?"
"If you were to decide to change, what would you have to do to make this happen?"

Elicit/Evoke Change Talk by Provoking Extremes: For use when there is little expressed desire for change. Have the participant describe a possible extreme consequence.
"Suppose you don't change, what is the WORST *thing that might happen?"*
"What is the BEST *thing you could imagine that could result from changing?"*

Elicit/Evoke Change Talk by Looking Forward: These questions are also examples of how to deploy discrepancies, but by comparing the current situation with what it would be like to not have the problem in the future.

"If you make changes, how would your life be different from what it is today?"
"How would you like things to turn out for you in 2 years?"

OPENED-ENDED QUESTIONS

Rationale: When job counselors use open-ended questions it allows for a richer, deeper conversation that flows and builds empathy with participants. In contrast, too many back-to-back closed- or deadened questions can feel like an interrogation (e. g., "*How many jobs have you had?" "How many years have you had an alcohol problem?" "How many times have you been arrested?").* Open-ended questions encourage clients to do most of the talking, while the therapist listens and responds with a reflection or summary statement. The goal is to promote further dialogue that can be reflected back to the participant by the job counselor. Open-ended questions allow participants to tell their stories.

Examples of Open-Ended Questions
"*Tell me what you like about your* [insert risky/problem behavior]*."*
"What's happened since we last met?"
"What makes you think it might be time for a change?"
"What happens when you behave that way?"
"Tell me more about when you lost your last job."
"What's different for you this time?"
"What was that like for you?"

REFLECTIVE LISTENING

Rationale: Reflective listening is the primary way of responding to participants and of building empathy. Reflective listening involves listening carefully to participants and then making a reasonable guess about what they are saying.; The job counselor then paraphrases the clients' comments back to them (e.g., "*It sounds like you are not ready to get a job."*). Another goal in using reflective listening is to get participants to state the arguments for change (i.e., have them give voice to the change process), rather than the job counselor trying to persuade or lecture them that they need to change. Reflections also validate what participants are feeling and doing so communicates that the job counselor understands what the participant has said (i.e., *"It sounds like you are participants* usually respond affirmatively.

Examples of Reflective Listening (generic)
"It sounds like…."
"What I hear you saying…"
"So on the one hand it sounds like …. And, yet on the other hand…."
"It seems as if…."

"I get the sense that…."
"It feels as though…."

Examples of Reflective Listening (specific)
"It sounds like you recently became concerned about your [insert risky/problem behavior]*."*
"It sounds like your [insert risky/problem behavior] *has been one way for you to* [insert whatever advantage they receive]*."*
"I get the sense that you want to get a job, and you have concerns about [insert topic or behavior]*."*
"What I hear you saying is that your [insert risky/problem behavior] *is really not much of a problem right now. What you do think it might take for you to change in the future?"*
"I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past."

NORMALIZING

Rationale: Normalizing is intended to communicate to participants that having difficulties while changing is not uncommon, that they are not alone in their experience, or in their ambivalence about changing. Normalizing is not intended to make participants feel comfortable with not changing; rather it is to help them understand that many people experience difficulty changing.

Examples of Normalizing
"A lot of people are concerned about changing their [insert risky/problem behavior]*."*
"Most people report both good and less good things about their [insert risky/problem behavior]*."*
"Many people report feeling like you do. They want to change their [insert risky/problem behavior], *but find it difficult."*
"That is not unusual, many people report having made several previous quit attempts."

In conclusion:

You may find that a strengths-based/MI approach results in more work initially for you because you are spending more time with the client, designing a plan that is tailored to meet his or her needs, rather than taking a generic approach to working with your participants. However, you should see significant progress for most of the participants you work with. Both you and the DWP/MFIP participants will find the strengths-based/MI approach to be much more positive.

Employment Services staff are often aware that something is interfering with a participant's ability to follow through with program expectations. However, the precise nature of the barrier is often not clear. Although signals which raise concerns are not necessarily indicators of mental or chemical health issues, they may be signs that the participant could benefit from a professional assessment.

The MFIP Self Screen (DHS-3482), MFIP Self-Screen Scoring Form (DHS-3482A), and the Brief Screening Tool for Special Learning Needs (DHS-3504) and Brief Screening Tool for Special Learning Needs Scoring Form (DHS-3504A-ENG) are available to identify chemical and mental health issues, and learning problems earlier and more accurately. Employment services staff are also strongly encouraged to use the DWP/MFIP Observation Checklist (DHS-3483) as a supplement to screening tools. The MFIP Self Screen is available in English and 10 other languages. The Brief Screening Tool for Special Learning Needs (DHS-3504) is available in English only, and SHOULD NOT be used with participants who speak limited English.

The MFIP Self Screen (DHS-3482) and Brief Screening Tool for Special Learning Needs (DHS-3504) must be completed by participants who are unable to find suitable employment after 6 weeks of job search, and by participants who you determine have barriers to employment. Document on the Observational Checklist or in a case note the reason you are requiring the participant to complete these tools prior to 6-weeks of unsuccessful job search. Screening tools may only be administered by staff who have been trained in their use. Participants must be told the purpose for screening and how the information will be used to identify and overcome barriers to employment.

For screening protocols and related information, see §6.3.15 (Intervention Levels).

The MFIP Self Screen (DHS-3482) and Brief Screening Tool for Special Learning Needs (DHS-3504) must be completed by participants who are unable to find suitable employment after 6 weeks of job search, and by participants who you determine have barriers to employment. Participants must be told the purpose for screening and how the information will be used to identify and overcome barriers to employment.

The intervention levels outlined below are intended to help you approach screening in a fair and consistent manner, sort through issues and develop appropriate Employment Plans. Although the levels are sequential, you should use professional judgment to determine how quickly to move from one level to the next. A clear message should be communicated to participants about options, choices, and consequences at each level.

The signals listed in the Intervention Levels below cover a wide variety of behaviors and experiences that may be indicative of a chemical or mental heath problem. You should consider your overall experience working with the participant when making decisions about requiring assessments, and seek input or guidance from co-workers and supervisors when making decisions about how to proceed.

These procedures DO NOT apply, in cases when:

- A professional assessment of chemical or mental health has been obtained in the past year. When a professional assessment has already been obtained, you must work with the participant and other professionals involved with the case to develop an appropriate plan.

- It is clear that an immediate response is necessary to ensure the safety of the participant, staff, or others. Follow your agency's procedures in cases where it is clear that an immediate response is necessary.

LEVEL 1 INTERVENTION - AWARENESS THAT ISSUES MAY BE PRESENT:

A Level 1 intervention occurs when observations and/or available information indicates that chemical or mental health issues may be present and are impacting participation in activities included in a plan.

Signals that may trigger a Level 1 intervention include:

- **Observed behaviors:** Slurred speech, unsteady gait, alcohol on the breath, inability to focus, lethargy, excessive nervousness or agitation, flat affect, inappropriate responses, inappropriate anger or hostility, excessive worry, facial

tics or muscle spasms, erratic attendance, lack of follow through.

- **Self-reported behaviors:** Fighting or arguments related to drug or alcohol use, blackouts or memory loss; concern about use of alcohol or drugs, driving while intoxicated, depression or anxiety; worried that something is wrong with their thinking or mind.

- **Self-reported involvement with other systems:** Past attempts to get help for problems associated with alcohol or drugs; past involvement with a mental health center, agency, or private counselor, legal issues, open child protection case.

Use the DWP/MFIP Observation Checklist (DHS-3483) to record this information for the case file. The checklist is an important part of documentation supporting actions taken with the participant and requirements included in a plan or when requiring a participant complete the Self-Screen or Brief Screening Tool for Learning Disabilities prior to 6 weeks of unsuccessful job search. See §6.3.24 (Intervention Documentation & Plans).

INTERVENTION AND OUTCOMES

Intervention at this level consists of a conversation with the participant about the observations and/or information that raised concerns.

Possible outcomes of the conversation include:

- Provide resource and referral information.

- Continue with an Employment Plan (EP) as currently written.

- Revise the plan.

- Level 2 intervention.

Stress other available resources and clearly explain that a professional assessment and other activities that address personal issues may be included in an Employment Plan as an alternative to, or in conjunction with, job search, work, and other activities.

LEVEL 2 INTERVENTION - SCREENING AND VOLUNTARY ASSESSMENT:

A Level 2 intervention occurs when continued observations of behavior and/or available information more strongly indicate that:

- Chemical or mental health issues may be present.

AND

- Are interfering with the participant's ability to obtain or retain employment.

AND/OR

- Affecting progress/compliance with activities in the plan.

In addition to those listed under Level 1, signals that may trigger a Level 2 intervention include:

- **Interference with ability to obtain/retain employment:** Participant is unable to obtain employment after 6 weeks of job search, poor follow-through on job search activities, feedback from employers, cycling through jobs, poor attendance at work; not getting along with supervisors or co-workers.

- **Non-compliance:** Participant was fired or quit work, failed to attend required program activities, is not meeting participation requirements, is not progressing in activities included in the plan, other failure to follow through on requirements in the plan.

INTERVENTION AND OUTCOMES

Intervention at this level MUST include the MFIP Self-Screen (DHS-3482) and the Brief Screening Tool for Special Learning Needs (DHS-3504). Explain the purpose of screening and how the information will be used to provide assistance. Basic skills testing and questions to identify physical disabilities should be included if this has not already been done. Screening tools may be readministered as necessary. Participants who fail to complete screening tools without good cause may be sanctioned.

Discuss with the participant the observations and/or information that raised concerns, and the results of the screening.

Possible outcomes of this meeting and the assessment include:

- Providing resource and referral information.

- If the MFIP Self-Screen (DHS-3482) score is 3 or more, revising the participant's plan to include voluntary completion of a professional assessment.

- Revising the EP (revisions other than a professional assessment), with the understanding that continued lack of progress or non-compliance will result in

sanction.

- Continuing the EP as it is currently written, with the understanding that continued lack of progress or non-compliance will result in sanction.

- Level 3 intervention.

NOTE: Whenever a chemical use or mental health screen indicates that issues may be present, the participant must be offered at least 1 opportunity to voluntarily complete a professional assessment.

LEVEL 3 INTERVENTION - REQUIREMENT TO COMPLETE PROFESSIONAL ASSESSMENT:

Level 3 interventions occur when:

- The MFIP Self-Screen (DHS-3482) score was 3 or more.

AND/OR

- Behaviors of concern recorded on the DWP/MFIP Observation Checklist (DHS-3483) indicate that chemical or mental health issues may be present.

AND

- The participant declined to complete an assessment on a voluntary basis.

AND

- A sanction for non-compliance is in effect or is imminent.

In addition to those listed under Levels 1 and 2, signals that may trigger a Level 3 intervention include:

- **Results of the MFIP Self-Screen** (DHS-3482)**:** The results of the screen indicate a chemical or mental health issue may be present.

- **Professional chemical or mental health assessment not completed on a voluntary basis:** The participant declined to complete an assessment or the participant claims an assessment was completed but refuses to provide documentation or sign a release of information.

- **Sanction is in effect or imminent:** An MFIP Notice of Intent to Sanction (DHS-3175) (NOITS) has been or will be sent; the participant is responding to a NOITS or a Notice of Adverse Action, or a sanction has been imposed and a professional assessment must be completed in order to lift the sanction.

INTERVENTION AND OUTCOMES

Intervention at this level consists of reviewing the results of the screens, the reasons a sanction was or will be imposed, and what is necessary to cure or avoid sanction. See Chapter 14 (Non-Compliance & Sanctions).

When the participant's screening indicates chemical or mental health issues may be present, a professional chemical (Rule 25) or mental health assessment may be required as part of the Employment Plan.

When a professional assessment is required, the participant must verify that the assessment was completed by either providing a copy of the results of the assessment or signing a release of information. Failure to verify that the assessment was completed may result in sanction.

When the participant's screen DOES NOT indicate that a chemical or mental health issue may be present, a chemical or mental health assessment may be required based on observations and information recorded on the DWP/MFIP Observation Checklist (DHS-3483), and a case review conducted by an Employment Services supervisor.

If a professional assessment is not required, continue or revise the EP (revisions other than a professional assessment), and explain that continued lack of progress or non-compliance will result in sanction.

DATA PRIVACY

For information on obtaining and exchanging information regarding intervention levels, see §6.3.18 (Intervention Levels - Obtaining/Exchanging Information).

Employment Services staff must obtain signed written consent from the person in order to obtain information from an assessor or treatment provider. Employment Services Providers should use the MFIP Employment Services Authorization for Release of Information (DHS-4093) or one of their own designs which includes the components of this form, unless something comparable has been developed and approved by the county.

Every effort should be made to ensure that participants understand the release of information form they are being asked to sign. This may mean using an interpreter when the participant has limited English language skills, or reading and explaining the form to a participant with reading ability below the 9th grade level.

REFUSAL TO SIGN A CONSENT TO OBTAIN OR EXCHANGE PRIVATE INFORMATION

Participants must be informed that failure to either sign a release of information OR provide some other verifiable documentation will affect the contents of the plan and/or may result in a sanction.

- If the participant does not provide documentation acceptable to the Employment Services Provider or refuses to sign a release of information related to a voluntary Level 2 chemical or mental health assessment, consider this to mean the person did not complete the assessment. Either proceed to a Level 3 intervention or revise the plan as appropriate. Do not impose a sanction.

- If the participant does not provide documentation acceptable to the Employment Services Provider or refuses to sign a release of information related to a required Level 3 chemical or mental health assessment, a sanction may be imposed. The Notice of Intent to Sanction should include specific information about what the participant did not do and what she/he must do to prevent the sanction.

- If the participant does not provide documentation acceptable to the Employment Services Provider or refuses to sign a release of information related to participation in chemical or mental health treatment:

  - **During the 1st 60 months:** Treatment (including continuation of care activities) should not be included or continued in the person's plan, and any claimed hours should not be counted toward the participation requirement. Revise the plan to replace these activities.

  - **During an extension to the 60-month limit under the ill/incapacitated**

category (cases where Employment Services staff are responsible to monitor the extended case): Notify the county immediately. Participants extended in this category must follow treatment recommendations. Failure to do so means the extension will end unless criteria for another extension category are met.

RELEASING INFORMATION

Employment Services Providers **MUST NOT** release case file information to any party outside of the welfare system prior to receiving a release of information signed by the participant.

If a request for chemical or mental health information comes to the Employment Services Provider from someone within the welfare system (for example: county financial assistance office, county social services), the Employment Services Provider may want to consult the county attorney for advice unless a signed release of information has been provided.

For information on intervention levels, see §6.3.15 (Intervention Levels).

DO NOT use TANF funds to pay for medical services, including mental health diagnosis, psychological testing to make a learning disability determination and chemical dependency assessments. All mental health diagnostic assessments have an integral functional component necessary for diagnostic purposes but which is not in and of itself a billable service. A diagnostic assessment is a specific medical service that can only be conducted by a licensed mental health professional.

NOTE: A functional assessment conducted for the sole purpose of determining the impact of a barrier on an individual's employment is NOT a medical service nor is it equivalent to a mental health diagnostic assessment. Use TANF funds for these assessments.

IN MANAGED CARE COUNTIES:

Participants who are enrolled in health plans or Managed Care programs should be assessed through the behavioral health network used by that plan. The cost will be covered for enrolled participants as long as the assessment is completed within the health plan's network of providers.

Use the health plans to get the health-related assessments your participants need. Be sure to use the correct terminology to ensure that health plans recognize the request as a covered service.

- Use the MFIP Self Screen (DHS-3482) and DWP/MFIP Observation Checklist (DHS 3483) to help evaluate whether a participant has mental health and/or chemical dependency problems. Use the MFIP Self-Screen Scoring Form (DHS 3482A) to record a participant's score from the MFIP Self Screen (DHS-3482).

- Find out from the participant which health plan he or she is enrolled in.

- Use the Greater Minnesota PMAP and MinnesotaCare Contact Grid for Mental Health and Chemical Health Services (DHS-4484) to determine how to find a provider to complete the needed professional assessment.

- If the plan requires authorization, help the participant contact the health plan if possible. You should identify yourself and your client, and explain what you are looking for. The participant should also speak directly to the staff.

- For mental health issues ask for a **mental health diagnostic assessment**. "Work" or "vocational" assessments are **not** covered by MA.

- For intelligence testing, ask for a psychological assessment for the purpose of determining a developmental disability.

- For a learning disability, ask for a psychological assessment for the purpose of determining a learning disability.

- For a chemical health issue, ask for a **chemical dependency assessment**.

- Let the behavioral health provider for the health plan know if you believe the participant needs a mental health assessment, or a chemical dependency assessment, or both, or if you are not certain which type of assessment needs to be done.

- Complete the MFIP Employment Services Authorization for Release of Information (DHS-4093).

- Send the assessor the MFIP Employment Services Authorization for Release of Information (DHS-4093), as well as a copy of the MFIP Self Screen (DHS-3482), DWP/MFIP Observation Checklist (DHS-3483), and any other relevant information.

NOTE: Do not forward third party information unless specifically detailed in the release of information.

Health plan providers will apply the "medically necessary" criteria when determining whether a service is covered. To help ensure that mental and chemical health assessments are recognized as covered services, participants should understand why they are being referred and be able to convey that information to the assessor. You should also develop a cover letter that can be sent to the assessor when a referral is being made, along with a copy of the MFIP Self-Screen Scoring Form (DHS-3482A) when the total score is 3 or more (requires a signed release of information).

THINGS TO REMEMBER:

- Assessing work functionality is not a core competency for professionals who administer psychological or behavioral assessments. Some professionals do have skills in this area, but it is a specialty. You can request an assessor with that specialty or specialization in Social Security disability assessment. Some health plans are able to identify their network providers with these specialties.

- Asking for an IQ test is sometimes rebuffed; it is better to ask for a psychological assessment to determine a developmental disability or a learning disability. That will typically result in an IQ test being completed.

- ARMHS is a benefit for adults with severe mental illness. These are not covered services under the health plans but PMAP members still have this benefit through straight MA.

- Care managers at the health plans are available for difficult or complicated cases. Ask to speak with a care manager, but only if the intake or customer service staff can't address your client's needs.

- ES providers have reported that if you take the participant to the assessment, the "no-show" rate drastically declines.

- Create a relationship with the mental health provider and if the needed assessments are numerous enough, some ES providers have negotiated standing appointments they can fill with participants.

- If the participant is recently out of school, many times learning disabilities have already been documented. Attempt to access any records there might be through the public school district last attended.

USEFUL TERMINOLOGY:

Prepaid Medical Assistance Program (PMAP): DHS contracts with and makes payments to health plans to deliver health care to eligible MA and GAMC recipients. Health plans must provide all medically necessary MA/GAMC covered services.

Adult Rehabilitative Mental Health Services (ARMHS): This is an option under MA that allows for greater flexibility in how and by whom services can be provided. The ARMHS services are mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. ARMHS are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

ARMHS instruct, assist, and support the recipient in areas such as, interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, and transition to community living services.

ARMHS services are carved out of the health plans so providers bill straight MA when giving these services to PMAP members.

For a full list of ARMHS providers from the DHS website, go to this link: http://www.dhs.state.mn.us/id_004956. Or go to the DHS home page www.dhs.state.mn.us and type in "ARMHS" in the Search area. It will give you several options. One of the options is a list of all the ARMHS providers in the state.

Work Assessment, Vocational Assessment, Functional Assessment: These types of assessments are typically used by Mental Health Supported Employment or Rehabilitation Services Counselors. It combines a psychological assessment with a functional work assessment. They are used by the counselor to help make vocational recommendations about the type of work that might be appropriate for a participant as well as limitations.

Mental Health Diagnostic: This type of assessment is primarily for mental health but uses a more comprehensive approach in order to screen for other factors such as physical concerns and chemical use. When seeking a diagnostic assessment for suspected mental health issues, a "diagnostic or behavioral health assessment" should be requested. If it is unclear whether the issues are stemming from chemical abuse or mental health issues, this type of assessment would be able to screen for chemical dependency issues as well. It is best to advise the assessor if chemical issues are suspected.

Rule 25 Assessment: When seeking a chemical health assessment, do not ask a health plan for a Rule 25 assessment, just ask for a chemical dependency assessment. Only counties can provide Rule 25 assessments. Health plans may be contracted with other facilities to do such assessments.

Learning Disability Assessment: If you need an IQ determined, ask for a psychological assessment for determination of a developmental disability or learning disability.

IN FEE-FOR-SERVICE COUNTIES:

Participants who are NOT enrolled in health plans or managed care programs should be assessed by a qualified professional who will accept Medical Assistance (MA) reimbursement.

Refer or direct participants who have been determined to need a professional assessment to call a qualified MA enrolled professional. It is important to request **"mental health diagnostic testing"** and/or a **"chemical dependency assessment"**. Use the correct terminology to ensure that MA enrolled providers recognize the request as a covered service. A copy of the screening tool and scoring form should accompany the referral.

Use the DWP/MFIP Observation Checklist (DHS-3483) to record behaviors of concern and related information as you work with participants who may be experiencing mental or chemical health issues. Document the following items in the case file:

- Signals that triggered an intervention.
- Level of intervention.
- A summary of conversations with the participant, including results of screening, as well as substantial impacts on employment that were identified.
- Whether a professional chemical use or mental health assessment was agreed to voluntarily or is being required.

Update Employment Plans to:

- Incorporate assessment activities.
- Include treatment recommended as a result of the assessment and any other changes to activities resulting from an intervention.

Treatment (including continuation of care activities) may be included in the Employment Plan on a voluntary basis for participants in the 1st 60 months on assistance. Include and require treatment recommendations in the Employment Plan as a condition of the extension. See §13.15.3 (Ill/Injured/Incapacitated Extensions). Clearly indicate on the plan whether the activity is required or voluntary.

The Employability Measure (EM) is an assessment tool which structures an interview or conversation between a job counselor and a participant around their challenges and strengths. The overarching purpose of the EM is to develop a more relevant Employment Plan which assists the participant in moving towards self-sufficiency.

The EM addresses a participant's status in eleven areas of life functioning that have been shown to be related to getting and keeping a job: transportation, dependent care, education, housing, social support, child behavior, financial, legal, safe living environment, health, and workplace skills. The EM consists of a matrix for each area, with descriptions of the five levels, from Level 1, an area of challenge, to Level 5, an area of strength. These matrices provide a way to quantify status and, over time, progress in these areas in a consistent way.

When to complete the EM:

- New MFIP participants: within three months of enrollment on WF1.
- Returning to MFIP participants who have not had an EM: within three months of enrollment on WF1
- All existing MFIP participants: within 18 months of the start date of EM implementation in your county.

Participants cannot be sanctioned for not participating in the EM interview unless it is part of another mandatory activity.

The EM may only be administered by staff trained in its use.

For Employability Measure protocols and related information, see Employability Measure & User Guide.

An Employment Plan (EP) is a social contract between the county/ES provider and each participant. The purpose of the plan is to identify for each participant the most direct path to unsubsidized employment and any subsequent steps that support long-term economic stability. The plan should clearly outline commitments on the part of both the county/ES provider and the participant. See §3.15 (Glossary: E...) for the definition of Employment Plan.

Plans may be created using the Workforce One (WF1) employment plan function or the paper employment plan found on eDocs:

- MFIP/DWP Employment Plan (DHS-4209)
- Employment (DHS-4209A)
- Job Search Requirements (DHS-4298B)
- Unpaid Work Activities (DHS-4209C)
- Education (DHS-4209D)
- Family Safety (DHS-4209E)
- Child Care or Transportation (DHS-4209H)
- Health (DHS-4209I)
- Housing (DHS-4209J)
- Personal/Family Activity (DHS-4209K)
- Legal Issues (DHS-4209L)
- County/State Social Services (DHS-4209M)

WHO MUST COMPLY WITH AN EP

All MFIP participants:

- Are mandatory ES participants.
  AND
- Must develop an EP, unless they:
  - Have a child under 12 months.
  AND
  - Have any remaining months of the child under 12 months ES exemption.
  AND
  - Choose to use any remaining months of the child under 12 months ES exemption. See §5.6 (Timing for Employment Services).

Failure on the part of a mandatory participant to develop or comply with hourly requirements in a plan may result in a sanction:

- Failure to sign an Employment Plan is considered failure to develop an EP and should result in a sanction. See §7.6 (Minimum Hourly Activity Requirements), §14.36 (Guidelines for Working with Sanctioned Participants).

- Failure to develop or comply with the EP on the part of a participant in the FSS service track may also result in a sanction however pre-sanction FSS provisions apply. See §11.18 (FSS Requirements and Sanction Provisions).

WHEN TO DO AN EP

Employment Plans are based on information gathered during the assessment process and throughout participation in the program. Development of a basic EP should begin during the first meeting with a job counselor, or shortly thereafter. The EP is a "living document" that should be reviewed at least every 3 months and revised whenever necessary. See §6.3 (Assessment). For additional information, see:

§7.3.6	Functions of the EP
§7.3.9	Goals in the EP
§7.9	Allowable Activities.
§7.9.3	Order of Preference for Allowable Activities.
§7.12	Plan for Victims of Family Violence.
§7.15	EP - Reduced Hours Due to Good Cause.
§7.18.3	EP for Participants with a Disability.
§7.38	Requirements for Teen Parents.

CONTENTS OF THE EP

The EP must include:

- The participant's overall employment goal.
- Activities and steps necessary to reach that goal.
- Hours of participation and a time line for each activity.
- Expectations and measure(s) used to determine satisfactory progress.
- Meetings with the job counselor.
- Documentation/verification requirements.
- The support services that will be provided.

Clearly indicate that all activities in the plan are mandatory unless otherwise specified. See §7.9 (Allowable Activities). EPs must be signed and dated by you and the participant. Revisions to an existing EP should also be signed and dated by you and the participant.

EPs should include enough hours to meet participation requirements unless a compelling reason to do less is case-noted in the participant's file. See §7.6 (Minimum Hourly Activity Requirements). Note that teen parents meet secondary education requirements by enrolling in and attending school. See §7.38 (Requirements for Teen Parents) and §7.6 (Minimum Hourly Activity Requirements).

Employment Plans may include any allowable activity, however, participation in activities that meet core hourly requirements are a primary consideration when developing or revising an EP. Use the information in §9.12.3 (Structured Job Search) to determine core and non-core activity hours, and the Levels of Activities list in §7.9.3 (Order of Preference for Allowable Activities) as a guide to selecting activities.

VICTIMS OF FAMILY VIOLENCE

Victims of family violence who want to be exempt from the 60-month lifetime limit MUST request a Family Violence Waiver Option and develop an Employment Plan for FSS participants and follow FSS requirements. See §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option), §7.36.3 (Person Trained in Domestic Violence).

This is a function in the Workforce One (WF1) system that provides a place in employment services to keep track of Family Stabilization Services (FSS) plans and plans with reduced hours. Plan types are selected on the employment plan page under the Program tab. In addition to the online plans, plan types can also be chosen when a paper plan is completed.

One and only 1 plan type should be open at a time. New plan types will close the previous one.

Employment Plan

Use this when the participant is in a "regular" employment plan. There are no deviations from the range of expected performance and they do not qualify for FSS.

Reduced Hours Due to Good Cause

There are circumstances where participants meet good cause and therefore, need the hours of their plan to be reduced.

Correct use:

- The participant meets good cause.
- Good cause is the reason for the reduced hours.

Incorrect Use:

Reduced hours should not be used**:**

- On a long term basis, (recommend no longer than 3 months).
- To justify the reduced hours in the plan, only meeting good cause can justify the need.
- To eliminate the need to complete the assessment and diagnostics. See §7.15 (EP - Reduced Hours Due To Good Cause).

FSS - Non-citizen/Refugee/Asylee

Use this when the participant is a new immigrant within the first 12 months. After the 12 months is up, the participant can continue on FSS if the county/ES provider determines there

is a need. See §11.6 (FSS Eligibility Criteria).

FSS - Ill or Incapacitated

Use this when the participant has a diagnosis by a qualified professional as suffering from an illness or incapacity that is expected to continue for more than 30 days and severely limits the person's ability to obtain or maintain suitable employment. See §11.6 (FSS Eligibility Criteria).

EXT/FSS - Ill or Incapacitated

Use this when the participant has a diagnosis by a qualified professional as suffering from an illness or incapacity that is expected to continue for more than 30 days and severely limits the person's ability to obtain or maintain suitable employment. This is for post-60 month extended cases. See §11.6 (FSS Eligibility Criteria).

FSS - Needed in Home

Use this for a participant who is determined by a qualified professional as being needed in the home to care for an ill or incapacitated family member for over 30 days. See §11.6 (FSS Eligibility Criteria).

EXT/FSS - Needed in the Home

Use this for a participant who is determined by a qualified professional as being needed in the home to care for an ill or incapacitated family member for over 30 days. This is for post-60 month extended cases. See §11.6 (FSS Eligibility Criteria), §13.15.9 (Special Medical Criteria Extension).

FSS - Special Medical Criteria

Use this for a participant with a child or an adult in the household who meets the disability or medical criteria for home care services or a home and community based waiver services program or meets the criteria for severe emotional disturbance or serious and persistent mental illness. See §11.6 (FSS Eligibility Criteria).

EXT/FSS - Special Medical Criteria

Use this for a participant with a child or an adult in the household who meets the disability or medical criteria for home care services or a home and community based waiver services

program or meets the criteria for severe emotional disturbance or serious and persistent mental illness. This is for post-60 month extended cases. See §11.6 (FSS Eligibility Criteria), §13.15.9 (Special Medical Criteria Extension).

FSS - Hard-to-Employ

Use this when the participant has a diagnosis of mental illness, developmental disability, learning disability, IQ under 80 or unemployable as defined by the current extension categories. In addition to the diagnosis, the condition must severely limit the person's ability to obtain or maintain suitable employment. See §11.6 (FSS Eligibility Criteria).

EXT/FSS - Hard-to-Employ

Use this when the participant has a diagnosis of mental illness, developmental disability, learning disability, IQ under 80 or unemployable as defined by the current extension categories. In addition to the diagnosis, the condition must severely limit the person's ability to obtain or maintain suitable employment. This is for post-60 month extended cases. See §11.6 (FSS Eligibility Criteria).

FSS - Applied for SSI/RSDI

Use this for participants when they qualify for FSS because they have applied or are appealing an SSI/RSDI application.

There may be overlap between this plan type and others, but you can only pick one. The "official" FSS category will be taken from MAXIS. Therefore, financial workers and employment services staff should communicate so both sides have an FSS case type recorded. An exact match is not necessary. See §11.6 (FSS Eligibility Criteria).

FSS - Family Violence Waiver

Use this when a participant is in an approved family violence waiver. See §11.6 (FSS Eligibility Criteria).

EXT/FSS - Family Violence Waiver

Use this when a participant is in an approved family violence waiver. This is for post-60 month extended cases. See §11.6 (FSS Eligibility Criteria).

FSS - Age 60+

Use this for participants when they qualify for FSS because they are 60 or older.

EXT - Working

Use this for participants who are extended for working at least 30 hours a week for a single parent and at least 55 hours combined for a 2-parent family. See §11.6 (FSS Eligibility Criteria).

EXT - Working Limited Hours

Use this for participants who are working limited hours due to a disability and are extended in this category. See §11.6 (FSS Eligibility Criteria).

The functions of an employment plan are:

- Identifies the participant's self-support and employment goals, breaks those goals into smaller objectives, and lists the steps the participant must take to achieve the goals in the shortest time reasonably possible.

- Documents the partnership between the participant and you. It specifies what each of you will do and when each is expected to do it.

- Helps gauge progress. It serves as a tool for determining participant progress and compliance with the expectations of MFIP Employment Services. This includes the FSS service track.

- Identifies the parameters that are used to determine non-compliance.

An important part of your job is helping participants set goals. The primary goal for participants is employment, but other goals may be included in the plan to fit the participant's circumstances. This is especially true in EP's for Family Stabilization Services (FSS) Participants where, in addition to employment goals, reducing barriers and improving family stabilization should be included.

Goals should be SPECIFIC, REALISTIC, and ACHIEVABLE.

- SPECIFIC: Describe the goal in such a way that both the participant and you will know when the goal has been reached.

- REALISTIC: The goal must represent a measurable step toward self-sufficiency and must be acceptable to the participant and you.

- ACHIEVABLE: The goal must be within the participant's abilities. It must not require resources beyond what you can provide.

For goals for victims of family violence, see §7.12 (Plan for Victims of Family Violence).

The general expectation is that participants will participate to the greatest extent possible and obtain full-time employment as soon as possible. Activities supporting these goals should be included in the Employment Plan. See §7.3 (Employment Plan (EP), §7.12 (Plan for Victims of Family Violence). The number of hours in the Employment Plan must meet the requirements below, unless there is a compelling reason to do otherwise.

Document activity hours for each participant. Documentation and verification MUST be contained in each case file.

Participants who are new to MFIP Employment Services with a skill level likely to succeed in obtaining suitable employment must job search a minimum of 30 hours per week for 6 weeks initially. To meet participation requirements any remaining hours may be met by including other allowable work activities in the plan. This applies to parents in single-parent families and to both parents in 2-parent families.

After the initial 6 weeks of job search, participants must continue to meet the following hourly requirements:

- 87 hours per month of work activities for single-parent families with a child under 6.
- 130 hours per month of work activities for single-parent families with no children under 6.
- Combined total of at least 55 hours per week for 2-parent families.

Employment plans are written with weekly activity and sometimes daily expectations.

Follow this guidance in order to meet the monthly minimum:

- **Minimum Weekly activity requirements for single-parent families with children under 6.**

  Plans should be written with at least a minimum of 21 hours a week. (87/4.3 = 20.23 rounded up is 21). For participants for whom it is realistic and achievable, DHS recommends writing the plans up to the equivalent of full-time work.

- **Minimum Weekly activity requirements for single-parent families with no children under 6.**

Plans should be written with at least a minimum of 31 hours a week. (130/4.3 = 30.23 rounded up is 31). DHS recommends writing the plans up to the equivalent of full-time work each week if appropriate for the individual circumstances.

- **Minimum Weekly activity requirements for 2-parent families.**

  When 1 parent in a 2-parent family is participating 55 hours per week, the 2nd parent is still expected to participate. This 2nd parent is not exempt from the requirement to participate. Use your professional discretion to decide the appropriate number of hours required of this parent to help achieve the goal of leaving MFIP.

  NOTE: In 2-parent families where only 1 parent is receiving MFIP, for example, the 2nd parent is receiving SSI; follow the single parent minimum hourly requirements.

  Job counselors have the discretion and should make a determination of the appropriate number of hours for each case.

Additional guidelines for determining the number of hours written in a participant's plan:

- **Maximum -** For participants for whom it is realistic and achievable, DHS recommends writing plans that mirror full-time work. No participant may be required to participate more than 40 hours per week.

- **Between the maximum and minimum -** Making a determination of the appropriate number of hours between the minimum and maximum should be based on the participant's personal and family circumstances that impact or restrict the participant's ability to obtain or retain employment. This could include, but is not limited to: any assessment results, the participant's performance, observations of the participant, any special needs of the participant or children, family violence issues, the level of English proficiency, involvement with social services or legal issues.

- **Below minimum -** Plans should be written for less than the minimum if the participant qualifies for a modified plan or if the participant has good cause. See §7.15 (EP - Reduced Hours Due to Good Cause) and §14.6 (Good Cause for Non-Compliance) for further details.

  NOTE: In some rare situations, a participant may request an additional activity be added to his or her employment plan that exceeds the 40 hour maximum requirement.

For example, the person is working full-time and chooses to go to school in the evening. The reason for this request is the participant wants additional childcare or other support services that can only be provided by the job counselor in support of an EP. In these situations, a job counselor should use professional discretion in determining the additional activity or hours is appropriate and ensure other polices are not violated (for example, FLSA see §9.3 (Unpaid Employment Activities)). The EP can be written for more than 40 hours provided it was requested by the participant, approved by the job counselor AND it is clearly written in the EP that the additional hours and activity is voluntary.

The rationale for the number of hours in the plan should be documented in case notes.

Do not sanction a participant if the participant is meeting the number of hours required in the participant's employment plan, or the minimum number of hours set forth above, whichever is less. If the plan requires more hours than the participant is achieving, the job counselor should explore the reason for the difference and consider revising the plan.

Do not count transportation time from home to a child care provider, and to and from work or other work activities, toward a participant's hourly requirement. However, count transportation that is a part of the work activity. For example, transportation from the Employment Services office to an interview or between interviews can be counted.

TEEN PARENTS WITHOUT A DIPLOMA OR GED

Minor parents without a diploma or its equivalent and 18- and 19- year old parents who choose a school option meet the minimum participation requirements by attending school. Decide whether to include additional activities, especially in cases where school attendance is less than full time. See §7.38 (Requirements for Teen Parents).

EP FOR VICTIMS OF FAMILY VIOLENCE

The number of hours in a plan with a Family Violence Waiver are based on the circumstances of the family and must be agreed to by the participant, Family Violence professional and the job counselor. See §7.12 (Plan for Victims of Family Violence).

EMPLOYMENT PLAN FOR FSS PARTICIPANTS

Due to the flexible nature of Family Stabilization Services (FSS), the number of hours in the EP should be based on the needs of the family. When applicable, qualified professionals should be consulted on the appropriate number of hours in an activity.

Types of allowable Employment Services (ES) activities are divided into "core", "non-core", and "other allowable activities". The following lists each allowable Employment Services activity under its respective category. The column on the right shows how the activity appears in Workforce One (WF1).

CORE ACTIVITIES	**Track in WF1 as:**
Employed 30 Hours or More Per Week Chapter 8 (Paid Employment Activities)	Employed full time
Employed Less Than 30 Hours Per Week Chapter 8 (Paid Employment Activities)	Employed part time
On-The-Job Training (OJT), Public Sector Chapter 8 (Paid Employment Activities)	OJT public
On-The-Job Training (OJT), Private Sector Chapter 8 (Paid Employment Activities)	OJT private
Paid Work Experience Chapter 8 (Paid Employment Activities)	Paid work experience
Grant Diversion Chapter 8 (Paid Employment Activities)	Grant diversion
Community Service Program §9.3 (Unpaid Employment Activities) Chapter 8 (Paid Employment Activities)	Community service
Child Care for Employment in Community Service Program §9.3 (Unpaid Employment Activities).	Providing childcare Community service
Unpaid Work Experience §9.3 (Unpaid Employment Activities).	Unpaid work experience
Post-secondary vocational education and training lasting 12 months or less §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	Training/ed 12 mos. or less
Vocational Training & Education, 13–24 Month	Training/ed 13-24 mos.

(12 months in a lifetime)
§9.33 (Ed/Training Daily Supervision, Doc. & Verif.).

Job search (for 6 weeks in a fiscal year) — Job search
§9.18 (Job Search/Job Readiness Documentation & Verification).

NON-CORE ACTIVITES	**Track in WF1 as…..**
Job skills training directly relating to Employment §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	Job skills training directly related to employment
English as a Second Language (ESL) Training §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	ESL training
Adult Basic Education (ABE) §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	ABE/remedial training
Functional Work Literacy (FWL) §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	Functional Work Literacy
High School Completion §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	High School completion
GED Classes §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	GED Training
Vocational Training/Education, 13–24 Months (12 mos. lifetime limit used up) §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).	Training/ed 13-24 mos.

OTHER ALLOWABLE ACTIVITIES	**Track in WF1 as:**
Job search (after 6 weeks is used) §9.18 (Job Search/Job Readiness Documentation & Verification).	Job search
Assessment §9.39 (Social Services Activities).	Assessment
Participating in Social Services §9.39 (Social Services Activities).	Social Service activities

Holding — Holding
§9.45 (Holding & Other Activities).

Holding - Sanction — Holding Sanctioned
§9.45 (Holding & Other Activities).

Other — Other
§9.45 (Holding & Other Activities).

Local Flag — Local Flag
§9.45 (Holding & Other Activities)

For further information on these ES activities, see §9.48 (Holidays & Excused Absences).

When selecting activities to include in an Employment Plan (EP), consider the following criteria:

- With few exceptions, all activities must put the participant on the most direct path to employment.
- All activities in the plan should build upon prior steps.
- All activities must contribute to the participant's overall goal. For most plans, this will be an employment goal. For some EPs for FSS Participants with a Family Violence Waiver, the primary goal may be more related to safety or family and economic stability.

More specifics on the various types of plans and order of preference are outlined below.

EMPLOYMENT PLAN (EP)

When selecting activities to include in an (EP), select activities as high in the following hierarchy of activities as possible:

1. Unsubsidized employment.
2. Job search.
3. Subsidized employment or unpaid work experience.
4. Unsubsidized employment and job readiness education or job skills training.
5. Unsubsidized employment or unpaid work experience and activities related to a family violence waiver or pre-employment needs.
6. Activities related to a family violence waiver or pre-employment activities.

The above hierarchy is intended as a guide as you work with participants to develop Employment Plans. It does not provide specific guidance about what to include in every participant's EP. The assumption behind the hierarchy is that it will not be possible for every participant to work full-time at every point during their time on financial assistance.

NOTE: Any activity listed above may not be achievable without identifying several smaller steps. Transitioning from 1 level of activity to another may also require identifying several smaller steps for the participant. The EP must also include

these specific steps.

Job Counselors who are working with part-time employed participants are required to discuss training and consider adding it into the plan, if appropriate.

Participants whose Employment Plans contain social and health services should consider the benefits of combining these services with employment.

EMPLOYMENT PLAN (EP) FOR FSS PARTICIPANTS

Employment Plans for FSS Participants have an order of preference which is much more flexible. Although the most direct path to unsubsidized employment continues to be a primary consideration, the plan may or may not include any activities directly related to employment. Activities that stabilize the health or mental health of the participant or stabilize other needs in the family may be the most direct path to unsubsidized employment. In many situations, employment is not feasible without first addressing barriers and issues in the family. There may also be situations where “obtaining SSI” or other overall goal may be more appropriate.

VICTIMS OF FAMILY VIOLENCE

Participants with a Family Violence Waiver may have a modified order of preference, depending on their safety needs. Plans developed for participants with an approved Family Violence Waiver must ensure the safety of the caregiver and children. The plan must include work activities designed to lead to economic stability. The expert trained in domestic violence and the participant determines whether a work activity endangers the safety of the participant and/or children.

For a list of allowable activities, see §7.9 (Allowable Activities).

Victims of family violence may be exempt from the 60-month time limit when they comply with an EP under the Family Violence Waiver Option.

Plans for participants with Family Violence Waivers should include activities designed to lead to economic stability **when these activities do not endanger the safety of the participant or the children**.

DEVELOPING A PLAN FOR VICTIMS OF FAMILY VIOLENCE

The EP for a participant with an approved Family Violence Waiver (FVW) must be developed, or revised, with:

- The job counselor.
- The participant.
- A person trained in domestic violence.

See person trained in domestic violence in §3.33 (Glossary: O-Q...).

Every EP for victims of family violence should be:

- Focused on safety first.
- Realistic and achievable.
- Individually created, based on the participant's circumstances.

Development of a plan must include the understanding that participants should contact their job counselor immediately if they are having difficulty complying with the activities in the plan. If issues related to family violence impact the participant's ability to comply, the plan should be revised.

POSSIBLE WORK ACTIVITIES TO BE INCLUDED IN AN EP FOR VICTIMS OF FAMILY VIOLENCE

Use the work activities in §7.9 (Allowable Activities), and levels of work activities in §7.9.3 (Order of Preference for Allowable Activities). The list below is provided as guidance only.

Safety-related items:

- Checking in with a domestic violence advocate.
- Carrying a cell phone (if available).
- Changing phone numbers.
- Changing locks and improving security of building/apartment. (Funding is

sometimes available for these purposes through victim/witness projects.)
- Investigating the possibility of court action (Order for Protection or criminal prosecution).
- Assuring that school or day care is aware of the current situation, and that the abuser is not authorized to pick up the children.
- Setting up code words or arrangements at work to call police if necessary.
- Making a police report.

Other supports:
- Having children work with a children's advocate from the community or battered women's program.
- Providing additional time for counseling appointments or support groups

Employment activities:
- Having independent job search activities, such as searching the Internet, or volunteer work activities in community or school.
- Continuing work, if proper safety precautions are followed by management.
- Changing job sites or duties.
- Changing jobs to a place unknown to the abuser.

NOTE: A participant cannot be required to have or obtain an Order for Protection or to attend counseling when developing a plan. A participant also cannot be required to move away from the abuser.

EXEMPTION FROM 60-MONTH TIME LIMIT

As long as a participant has an approved EP and is complying with it, he/she is exempt from the 60-month time limit. There is no limit on the number of months a participant may be exempt from the time limit. It is **extremely important** that all parties involved inform each other about the status of the plan so that information in the computer systems is current.

APPROVAL OF AN EMPLOYMENT PLAN (EP)

Approval of the plan should only be made after careful consideration and consultation with the participant and the person trained in domestic violence to ensure that decisions made are in the best interest of the participant and children.

REVISING/REVIEWING A FVW EMPLOYMENT PLAN

The purpose of the review is to determine if the activities are still appropriate and the

participant is able to safely comply with the plan.

Take into consideration any changes in the participant's safety level, when reviewing the EP. Discuss possible revision or modifications with the client and the person trained in domestic violence. Not all participants will be able to engage in employment work activities. You and county staff will need to rely on the expertise of the person trained in domestic violence and the victim to determine what is appropriate and safe. You must grant "good cause" when incidents beyond the participant's control interfere with their ability to comply with activities mutually agreed to in the plan.

Whenever a plan is developed or revised, you or the county must include the person trained in domestic violence and the participant in determining what activities to be include in the plan.

FAILURE TO COMPLY WITH A FVW EMPLOYMENT PLAN

When a participant fails to comply with the plan, review the plan to determine whether the plan is still appropriate. If the participant is unable to safely comply with activities, the plan should be revised. If the participant is able to comply with activities, but fails to do so, the exemption from the 60-month limit ends and the participant is subject to the FSS sanction process.

For information on non-compliance and sanctions, see Chapter 14 (Non-Compliance & Sanctions).

Hours in a plan may be reduced below the minimum participation requirements in circumstances where the participant meets good cause but does not otherwise qualify for Family Stabilization Services. See §14.6 (Good Cause for Non-Compliance). The job counselor determines whether good cause can be established, and may customize a plan with hours reduced below the minimum requirements.

Reduced hours due to good cause should not be used:

- Long term (recommended no longer than 3 months).
- To justify the reduced hours in the plan reducing the participation requirements for a participant who does not meet good cause.
- To eliminate the need to complete an assessment and diagnostics.

EXAMPLE: The participant is homeless and doesn't have transportation or childcare. The counselor determines that the participant can only do 10 hours of activity a week resolving the emergencies in her/his life.

The reduced hours plan is appropriate because the participant meets good cause for having an emergency situation, and lacking childcare and transportation. The hours in the plan may be reduced for the short term while the participant is resolving these issues.

EXAMPLE: The participant has agreed to get a psychological assessment.

This plan type may apply if the job counselor determines the participant meets good cause. The job counselor MUST document the reason for good cause and that a plan with reduced hours was developed pending the results of the professional assessment.

This plan type may not apply if the job counselor determines the participant does not meet good cause and is still able to do the minimum required hours in the plan.

ACCOMMODATIONS FOR DISABLED PARTICIPANTS 7.18

People with disabilities have the right to participate in, and benefit from, the MFIP program. People with disabilities, including mental illness or, under certain circumstances, chemical dependency, are considered disabled if the condition affects 1 or more basic life functions, including the ability to work. After a disability is documented, you and the participant should develop a plan which includes reasonable accommodations if requested or agreed to by the participant. When designing accommodations, you should seek input from those professionals who assessed the participant and can evaluate his or her ability to perform various activities. Inform participants with disabilities about their rights to reasonable accommodations.

Tailor job search and employment activities to meet the needs of the disabled participant. For example, job search could be limited to certain geographical areas for a participant whose recovery from drug dependence would be compromised if he/she is required to look for work in certain neighborhoods. A participant with a disability should not be required to accept a job that aggravates a condition or requires skills which the disability prevents the participant from acquiring. For example, a participant with a stress-related mental disorder should not be required to accept a position which will increase exposure to stress because of a demanding workload or constant deadline pressures. Another accommodation may be to include fewer hours of work or work activities in the plan.

In the area of chemical dependency, federal requirements to make accommodations apply to participants who **do not currently use illegal drugs or abuse legal drugs (alcohol and/or prescription) AND**:

- Have successfully completed a drug rehabilitation program.

OR

- Are participating a supervised drug rehabilitation program.

OR

- Are mistakenly regarded as engaging in drug use.

NOTE: Federal requirements do not apply to participants who are currently using drugs, possession or distribution of which is illegal, or who are abusing legal drugs under the Federal Controlled Substances Act. Services can be denied if the denial is based on current use of illegal drugs or abuse of legal drugs UNLESS the current abuser is otherwise disabled. For example, if the denial is based on a hearing impairment. In these cases, ES Providers should do whatever is reasonable to facilitate assessment, treatment, and ongoing recovery.

When the caregiver has a documented disability the job counselor and participant should develop a plan that includes reasonable accommodations. When designing the plan, job counselors should seek input from those professionals who assessed the participant and can evaluate his or her ability to perform the activities in the plan. It is the responsibility of the job counselor to inform all participants of their right to reasonable accommodations per guidance under the Americans with Disabilities Act. See §4.3.9 (Civil Rights and the Americans with Disabilities Act).

EXAMPLES OF EPs

- **Ill or incapacitated for more than 30 days:**
  Caregivers in this category should have documentation from a qualified professional on file stating the nature and duration of the illness or incapacity. The plan should be based on this documentation until it is either updated or expires. If the participant is unable to participate for 30 days or more, verification in the file should document the participant's inability to work 20 or more hours a week. This plan should include follow through with treatment recommendations, regular meetings with the job counselor, and the date when the verification must be updated.

  Employment Services providers should help with any special transportation requirements and make other accommodations as necessary.

  NOTE: Medical Assistance can reimburse participants for the cost of transportation for medical services covered by Medicaid. Refer participants to their financial worker for information about MA reimbursement.

  Alternate arrangements should be made if the participant's condition prohibits him or her from coming to the Employment Services office. Alternate arrangements also include home visits, telephone interviews, and mailing the Employment Plan for signature if necessary.

  The plan should only contain activities and hourly requirements appropriate to the participant's circumstances. If appropriate, an application for SSI should be pursued.

  Non-Compliance:
  Participants may not be sanctioned for failure to follow through with treatment recommendations. However, a sanction may be imposed for non-compliance

with developing a plan or other activities in the plan (required meetings, maintain contact, verifications, etc.) as long as those activities are within the participant's abilities and necessary accommodations have been made. The participant may also be eligible to claim good cause if unable to meet the requirements of the plan. See §14.6 (Good Cause for Non-Compliance). There are certain provisions that need to be met prior to sanctioning when:

- Information has been received that an MFIP recipient may meet FSS Eligibility.

OR

- Eligibility for FSS has been determined. See §11.18 (FSS Requirements and Sanction Provisions).

➢ **Participant is unable to participate for less than 30 days:**
The plan for a participant with verification of an illness or incapacity that expires within 30 days will most often include the same activities listed in the example above, as well as activities that will be required after the verification of illness expires.

Some participants may have recovered fully and will not need a specialized plan. Others may be able to participate but on a more limited basis. Activities included in the plan should be based on recommendations from the medical or other qualified professional who treats the participant. Continued treatment or therapy should be included in the plan as necessary and with the participant's agreement. The plan should not include an expectation that the participant will accept a job that aggravates an identified disability/condition or that requires skills the disability prevents the person from acquiring. For example, an individual with a stress related mental health disorder should not be required to accept a position that would increase exposure to a stress level (demanding workload; deadline pressure) that would negatively impact the participant's recovery.

The plan should only contain activities and hourly requirements appropriate to the participant's circumstances. Employment Services providers should help meet any special transportation requirements and make other accommodations as necessary.

NOTE: Medical Assistance can reimburse participants for the cost of transportation for medical services covered by Medicaid. Job Counselors should refer participants to their financial worker for information about MA reimbursement.

Non-Compliance:

Participants may not be sanctioned for failure to follow through with treatment recommendations. However, a sanction may be imposed for non-compliance with developing a plan or other activities in the plan as long as those activities and hourly requirements are within the participant's abilities and necessary accommodations have been made. A participant may have good cause for failure to comply. See §14.6 (Good Cause for Non-Compliance). There are certain provisions that need to be met prior to sanctioning when there is information that an MFIP recipient may meet FSS eligibility or eligibility has been determined. See §11.18(FSS Requirement and Sanction Provisions).

- **Participant is needed in the home to care for a disabled household member:** The plan for participants with verification from a qualified professional should include information about the level of participation that can be reasonably expected from the participant given the family circumstances and the extent to which the caregiver is needed in the home.

  If the household member is a child active in an educational program during part of the day, activities may be scheduled during the time the child is not under the parent's supervision. For example, the plan may require the caregiver to attend parenting classes 2 days a week from 11:00 to 2:00 or could require the participant to seek part time work that does not interfere with the caregiver's ability to care for the disabled household member.

  The plan should only contain activities and hourly requirements appropriate to the participant's circumstances.

Non-Compliance:

The participant can be sanctioned for non-compliance if he or she fails to cooperate with developing a plan or with activities in the plan that do not interfere with their responsibilities for providing care for the disabled household member. In situations where their plan conflicts due to changes in the needs of the household member, the plan should be modified. Good cause policies remain in effect. See §14.6 (Good Cause for Non-Compliance). There are certain provisions that need to be met prior to sanctioning when there is information that an MFIP recipient may meet FSS eligibility or eligibility has been determined. See §11.18 (FSS Requirement and Sanction Provisions).

While it may be more difficult to find work, there are jobs that are available to participants with limited English proficiency (LEP). Inform participants who are not proficient in English, with the use of an interpreter if necessary, that MFIP provides them the opportunity to increase their income through work. Encourage and assist them with job search if they are able to work immediately. Inform participants that they have the right to an interpreter in their job search activities if they have difficulties speaking, reading, writing, or understanding English.

Always consult your agency's LEP plan to know what language assistance services are available (for example, bilingual staff, language line telephone interpreter services, etc.). Know who your agency LEP contact is if you have questions about the client's rights and the extent of your agency's language assistance services available to the public.

Participants with limited English proficiency may require additional assistance in order to obtain and retain employment. Examples of additional assistance includes: job coaching, providing support to the employer and participant to make the transition to work easier for both, providing an interpreter if necessary, and assistance with problem solving. Make sure participants understand that they have the right to have an interpreter present and the extent of the language assistance resources available to them.

The following are effective strategies that have been found to work with participants with limited English proficiency:

- Job development. The most basic job development tool is a job bank which lists available jobs.

- Develop partnerships with employers to facilitate the placement of participants with limited English proficiency.

- Provide ongoing support to both the participant and the employer. Examples of ongoing supports include providing interpreters to help improve communication between the participant and the employer, serve as a mentor to the participant, help orient the participant to the new work site, "shadow" them on their 1st days at work, and provide ongoing follow-up and assistance with problem-solving.

IMPORTANCE OF MONITORING - 2-WAY RESPONSIBILITY 7.24

At the heart of MFIP Employment Services is a social contract between the participant and the government (represented by you). To ensure that the social contract is upheld, it is critical that you assume the role of monitoring participants in meeting program expectations.

Monitoring in MFIP has 2 separate objectives and requires that you play a dual role:

- The 1st objective of monitoring is to **support the participant's progress** toward becoming employed, remaining employed, and transitioning to a job that will take him/her off assistance.

- The 2nd objective of monitoring is to **ensure compliance** with MFIP Employment Services policy and to ensure that federal participation requirements are met. Participation in Employment Services is mandatory for most MFIP participants, and they can be sanctioned for non-compliance.

While there is often tension in a job that combines these 2 objectives, the objectives are **not** mutually exclusive. The plan reflects the responsibilities of both the participant and you. You have the responsibility to support progress and ensure that participants make acceptable progress on their plan. Participants must develop and follow through with the activities they agreed to include in the plan. The plan is a mutually binding agreement.

If you break the agreement, the consequence may be a conciliation conference or fair hearing. If the participant breaks the agreement, the consequence may be loss of support services or sanction. Both you and the participant are more likely to accomplish the goals and objectives when the contents of a plan are carefully considered during development of this agreement and the nature of responsibility is clearly understood.

Although you provide what seems to be a straight-forward set of services, responsibility for evaluating progress and compliance can complicate the job. It is natural for emotions to become involved when "evaluating progress and compliance" is perceived as interference in personal affairs. Experience and sound professional judgment will be central to effectively meeting both objectives discussed above.

Employment Services teams, especially those that include staff from several disciplines, can provide an ideal setting to bring together the collective skills necessary to build relationships with participants which remain respectful and productive over time.

IMPORTANCE OF MONITORING - EVALUATION & REPORTING 7.27

MFIP will be evaluated, both formally and informally, for many years to come. The Department of Human Services (DHS) looks at program components within Financial Assistance and Employment Services. Of particular interest in Employment Services is an evaluation of service delivery, barriers to employment, and the effectiveness of sanctions.

The state must also report participation data to the federal government on a quarterly basis, and beginning in 2005 counties will have to earn 5% of their consolidated fund allocation by meeting performance targets (TANF participation rate and Self Support Index, each accounting for 1/2 of the 5%). Although data interfaces from MAXIS to Workforce One (WF1), hours of participation in other activities, plan types and identifiers are obtained through data you collect and enter into WF1.

Accurate tracking of client activities play an important role in obtaining the information necessary to conduct evaluation, report accurately to the federal government, and to understand how the program is operating on a daily basis.

It is critical to work with participants once they become employed to help ensure job retention and/or job laddering. In the case of part-time workers, help participants develop a plan for full-time employment and self-sufficiency. Consider training as an option.

Participants who are employed part-time must work with you to include enough other activities in the Employment Plan (EP) to meet hourly requirements. Those activities should support obtaining full-time employment as soon as possible or additional training if appropriate.

When the Employment Plan is reviewed after 3 months (all EPs must be reviewed every 3 months), progress toward full-time employment should be gauged and participation in a work experience considered.

VERIFICATION OF EMPLOYMENT

When participants accept employment, you will need some form of verification in order to confirm that they meet participation requirements. Some options include telephone verification, a weekly pay stub if available shortly after employment begins, and time cards. Either you or the financial worker (at county discretion) should also send the employer an employment verification form as soon as possible. Counties have the discretion to use current verification forms or to develop something specifically for MFIP.

If the financial worker sends this form, he/she should send a copy to you when it is returned by the employer. If you send the form, provide a copy of the returned form to the financial worker. Note that employer responses to these forms vary. Some employers complete and return the form quickly, others forward the form to their parent office, and some employers may refuse to complete the form. Counties have discretion to determine how to handle these situations.

HOUSEHOLD REPORT FORMS

The best record of continued employment and hours worked is pay stubs. Financial workers receive a monthly Household Report Form (HRF) from employed participants (for example: they receive information about August employment on the HRF due in September, including pay stubs to verify employment and hours). You and the financial worker should communicate changes in employment (change in employer, end work, start work, change in hours) as soon as possible. Information from the financial worker is available through the interface from MAXIS to Workforce One (WF1). If you have information to share with financial workers or child care workers, use the DWP/MFIP Status Update Form (DHS-3165).

As with any other change in status, the person who first becomes aware of the change should communicate the information to all other affected staff. Note that participants are required to report changes that affect their MFIP grant to the county within 10 days of the change (then followed up with the HRF), so information about a change may be received prior to receipt of the HRF. Participants must also inform you within 10 working days regarding any changes related to their employment status.

ACCEPTABLE PERFORMANCE

Acceptable performance on the job will ultimately be determined by the employer. This means that working participants are considered to be making satisfactory progress as long as the required level of employment is maintained. However, if you learn that the employer is less than fully satisfied, contact the participant to discuss and resolve the issues before loss of employment results. This intervention could be invaluable in helping clients maintain employment.

SELF-EMPLOYMENT

For information on working with self-employed participants and work/job search requirements, see §8.6 (Self-Employment).

LOSS OF EMPLOYMENT

Participants must inform you within 10 working days regarding any changes in their employment status. When participants do not maintain employment, the reason for job loss will determine which policy you follow.

- If the participant quits suitable employment without good cause, or is terminated for non-performance, impose a sanction and follow the guidelines for working with sanctioned participants. See §14.36 (Guidelines for Working with Sanctioned Participants).

- In cases where a participant is terminated for reasons over which he/she has less control (for example: job incompatibility, inability to learn job), use professional discretion to determine whether a sanction is appropriate. The appeals process will likely be the arena in which some of these issues are resolved.

- If the participant is laid off, quits for good cause reasons, or is terminated through no fault of his/her own, the participant must contact you within 10 working days and schedule a meeting to revise the plan. Incorporate activities to replace the job in the

revision.

For information on loss of employment or reduction in hours for participants extended as employed, see §13.21.3 (Employed Extension Criteria - 1-Parent Units), §13.21.6 (Employed Extension Criteria - 2-Parent Units).

Work with the participant to develop an Employment Plan (EP). Depending on how the business plan is written, the EP will resemble or incorporate it completely.

Self-employment activities may be included in an employment plan contingent on the development of a business plan which establishes a timetable and earning goals that will result in the participant exiting MFIP assistance. Business plans must be developed with assistance from an individual or organization with expertise in small business as approved by the job counselor.

Participants with an approved plan that includes self-employment must meet the participation requirements. Only hours where the participant earns at least minimum wage will be counted toward the requirement. **Additional activities and hours necessary to meet the participation requirements must be included in the employment plan.**

Work with the county child care office to ensure that child care is provided.

Every 3 months following development of the Employment Plan, work with the participant and the organization responsible for the business plan to evaluate whether self-employment will continue to be the overall employment goal.

Participants who fail, without good cause, to make satisfactory progress as established in the business plan must revise the employment plan to replace the self-employment with other approved work activities.

Take appropriate and timely steps to sanction participants who are out of compliance with their plans.

The Family Violence Waiver Option stops the MFIP 60-month time clock. Participants who have been determined eligible for the Family Violence Waiver are also considered to meet the eligibility criteria for Family Stabilization Services. To qualify, the participant must take the following steps:

1. **Request a Family Violence Waiver.**

   - **Financial Worker Responsibility**

     If a participant reveals to the financial worker that he/she is a victim of family violence and requests a Family Violence Waiver, the financial worker must identify the participant (with the participant's written permission) as someone needing help or assistance to develop an Employment Plan for Victims of Family Violence. For procedures on developing the plan, see §7.12 (Plan for Victims of Family Violence). The financial worker must ensure that the participant has access to a person trained in domestic violence. See §7.36.3 (Person Trained in Domestic Violence).

   - **Job Counselor Responsibility**

     If a participant reveals to the job counselor that she/he is a victim of family violence and requests a Family Violence Waiver, the job counselor must refer the participant to a person trained in domestic violence if the participant is not already working with a domestic violence advocate. The job counselor must ensure that the participant has access to a person trained in domestic violence. The job counselor, in collaboration with the person trained in domestic violence, must assist the client in developing an Employment Plan. See §7.12 (Plan for Victims of Family Violence).

     Once the plan has been approved, inform the financial worker. Financial workers must enter an approved Family Violence Waiver in MAXIS.

2. **Provide Documentation of Family Violence.**

   The financial worker or job counselor must advise the participant about documentation required to substantiate a claim of family violence. Refer to the list below for acceptable documentation. The county must assist the client if she/he has difficulty in securing any of these items. The client may also be referred to a domestic violence advocate or legal services for assistance. DO NOT require the participant to comply with regular Employment Services

activities or impose an ES sanction during the period of time that a participant is obtaining documentation.

Consider any 1 of the following items as an acceptable verification of family violence:

- Police, government agency, or court records.

OR

- Statement from a battered women's shelter staff person or a sexual assault or domestic violence advocate with knowledge of the circumstances.

OR

- Statement from a professional from whom the client has sought assistance about the abuse.

OR

- Sworn statement from the participant.

OR

- Sworn statement from any other person with knowledge of the circumstance.

NOTE: A notarized statement is recommended from the participant and other person with knowledge of the circumstances, but it is not required. A sworn statement is needed at the minimum. For the definition of a sworn statement see, §3.39 (Glossary: S…).

Safe At Home (SAH) Program is a Minnesota address confidentiality program that assists survivors of domestic violence, sexual assault, and stalking by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. The Minnesota Secretary of State's office administers this program.

SAH provides a free confidential mail-forwarding service and optional absentee voter registration. SAH participants will share a common P.O. Box but each participant will be assigned a unique Lot number. When mail is received for a participant, the Secretary of State is required to forward the mail to the participant's actual residence.

SAH participants who apply for or are receiving public assistance programs administered at the county agency must provide the county with a Safe At Home Identification Card that verifies they are participating in the Safe At Home Program. SAH participants may use the PO Box address along with the unique Lot number assigned to them by the Secretary of State's office as the address on the Combined Application Form (CAF) (DHS-5223) and the Authorization for Release of Information About Residence and Shelter Expenses (DHS-2952).

SAH participants MUST also tell the county agency the county where they actually live. There may be a delay in the mail-forwarding process. Participants may not receive public assistance program notices when anticipated which may affect the ability of the participant to respond timely. County workers will need to make exceptions for these situations.

For more information about the Safe At Home Program, call 651-201-1399 or 1-866-723-3035 or TTY 1-800-627-3529 or 711. The SAH web site is: http://www.sos.state.mn.us/home/index.asp?page=859

A "person trained in domestic violence" is a person who works for an organization designated by the Minnesota Center for Crime Victim Services as providing services to victims of domestic violence, a county staff person who has received similar specialized training (generally, this will be a domestic violence advocate) or any other person or organization designated by a qualifying organization.

A person trained in domestic violence could also be a county or Employment Services staff person who previously received training as an advocate while working at an organization designated by the Center for Crime Victim Services, or it could be someone from Legal Aid or another agency who has been designated by a qualifying organization. Each county must identify locally trained people in order to ensure access for all MFIP participants.

Counties should contact the Minnesota Center for Crime Victim Services, 1-888-622-8799, for more information about agencies in their area.

ACCESS TO A PERSON TRAINED IN DOMESTIC VIOLENCE

Whenever a participant reveals he/she is a victim of family violence and requests a Family Violence Waiver Option, the county must provide the participant access to a person trained in domestic violence. Refer the participant to a domestic violence advocate or someone trained in domestic violence. Legal services can also be an additional resource for victims of family violence. The legal services statewide referral number is 1-888-354-5522.

PARENTS UNDER AGE 18

Minor participants who have not obtained a high school diploma or the equivalent, and who are not exempt from the requirement to attend school, must develop a plan which includes completion of an appropriate educational program as the 1st goal.

County financial workers will refer minor parents (under 18 years of age) to the county social service agency immediately upon approval of MFIP assistance for assessment and development of a social services plan. A referral will come across the interface from MAXIS to Workforce One (WF1). Because school hours must be collected on WF1 in order to count in the participation rate, ES agencies must accept the referral, enroll the student and open the education activity. Development of an employment plan is not required.

Assessments of minor parents must also consider the results of the early childhood health and developmental screening (for the minor parent and/or the minor's child) if available, and the effect of the child's developmental and educational needs on the minor parent's ability to participate in Employment Services.

If the county social services agency determines that school attendance is not appropriate for a minor parent, the county agency must refer the caregiver to social services for services as provided in Minnesota Statutes Section 257.33.

When minor parents **without** a high school diploma or GED turn 18, they have the option to continue to receive services from the county social services agency or to switch to an MFIP Employment Services Provider.

Minor parents who obtain a high school diploma or GED prior to their 18th birthday will be referred to ES or the appropriate agency in your area by the county agency.

18- & 19-YEAR OLD PARENTS

18- or 19-year old participants, who have not obtained a high school diploma or the equivalent, must complete an individual assessment which provides an initial examination of educational progress and needs, literacy level, child care and supportive needs, family circumstances, skills, and work experience. The county has the option to have the educational assessment and the Employment Plan for 18- and 19-year old participants without a high school or a GED who choose an education option completed by either an Employment Services Provider or by county social services.

The county **must** allow 18- & 19-year old teen parent participants who do not have a high

school diploma or its equivalent to **choose** an Employment Plan with either:

- An education option.

OR

- A work option.

The **education option** means that the Employment Plan includes education requirements (high school or its equivalent). The 60-month clock stops for teen parents who choose this option. Employment Plans that include both secondary school attendance and work fall under this option. Income **is not** counted toward the MFIP grant under this option as long as the teen parent is attending school at least half-time.

The **work option** means the Employment Plan includes activities under the regular Employment Services track. The 60-month clock **does not** stop for teen parents who choose this option. Earned income **does** count for teens who choose the employment option. County and Employment Services staff working with 18- and 19-year old parents should explain the option and make specific efforts to inform those who are in sanction for not attending school that there is a new way to come into compliance. Review available school and work options and, together with the participant, select the most appropriate option.

MINOR PARENTS AND 18- & 19-YEAR OLD PARENTS WHO CHOOSE AN EDUCATION OPTION

Minor parents, and 18-and 19-year old parents who choose an education option, must meet educational requirements unless 1 of the 5 conditions below applies or an Employment Plan (EP) indicates education requirements are waived due to safety. Education requirements apply to the individual. In the case of 2-parent families where both parents are under age 20, each must meet the educational requirements.

- No appropriate educational program is identified.
- Transportation services needed to attend school are not available.
- Appropriate child care services are not available.
- The parent is ill or incapacitated seriously enough to prevent school attendance.
- The parent is needed in the home because of the illness or incapacity of another household member. This includes a caregiver of a child who is younger than 6 weeks of age.

Meeting educational requirements means the parent is enrolled in a secondary education program and must meet the program's attendance requirements.

When school is in session, you have the discretion and are strongly encouraged to include additional hours of participation beyond school activities for teen parents who are only in school part-time. These requirements should not interfere with completion of school. You may require teens who do not attend school over summer break to participate in work activities and may sanction them for failure to comply.

If the participant chose an education option, the Employment Plan must specify:

- The school or educational program and hours required.
- That school attendance is mandatory.
- The services that will be provided.
- Other activities in which the participant will take part.
- The child care and supportive services that will be provided.

Ensure that the participant understands the consequences for not attending school or following through with the other requirements in the plan.

NOTE: When an 18- or 19-year old caregiver who chose an education option subsequently turns 20 or receives his/her high school diploma or GED, he/she must participate in Employment Services, unless exempt, and is subject to the requirements for other adult participants.

ON-LINE PROGRAMS

Make a referral to the local school district when a minor parent is enrolled in, or has graduated from, an on-line secondary or high school program that is not approved by the MN Dept. of Education. For additional information on on-line learning, go to this MN Department of Education web site: Online Learning. For information on approved on-line learning providers, scroll down. Each district has a transfer specialist who will determine whether the program is acceptable or whether a teen who completed an on-line program meets graduation standards. See the definition of ON-LINE DIPLOMA in §3.33 (Glossary: O-Q...).

Allow on-line and distance vocational educational training learning programs when:

- The on-line or distance training program has mechanisms for providing reports which document the actual time the participant is accessing the on-line training program.
  OR
- The on-line or distance training program is conducted in a supervised setting.
  AND
- Daily supervision is provided by the course instructor or other responsible individual who is overseeing the participant's on-line or distance course work and progress.

STUDY TIME

Count ONLY the study time hours that have been verified by the course instructor which indicates the amount of study time that is required or advised in order to make satisfactory progress or to complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. See §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).

Use the work option when an 18- or 19-year old parent is enrolled in, or has graduated from, an on-line secondary or high school program that is **not** approved by the MN Dept. of Education. These teens may continue the on-line program on their own, but it should not be included in the Employment Plan or counted toward the participation rate. If the program is **not** approved, any earned income **is counted** toward the MFIP grant.

18- & 19-YEAR OLD CAREGIVERS WHO CHOOSE A WORK OPTION

18- and 19-year old caregivers who choose a work option have the same requirements as other adult participants. See §5.15 (Requirements and Sequence of Services), §7.6 (Minimum Hourly Activity Requirements), §6.3.3 (Contents of an Assessment), and §7.3 (Employment Plan (EP).

SWITCHING FROM/TO EDUCATION OR EMPLOYMENT OPTION

Switch From Education to Employment:
Clients who are 18 or 19 years old may switch from an education option to a work option unless a sanction has been imposed or the NOITS and the Notice of Adverse Action (NOAA) have been sent. If a sanction has been imposed or the NOITS and NOAA have been sent, the

client must attend the ES Overview before the sanction process is stopped and sanction lifted. Client will then be required to follow Employment Option requirements.

Switch From Employment to Education:
Clients who are 18 or 19 years old may switch from a work option to an education option unless a sanction has been imposed or the NOITS and Notice of Adverse Action (NOAA) have been sent. If a sanction has been imposed or the NOITS and NOAA have been sent, the client must enroll in and start attending school before the sanction process is stopped and the sanction lifted. Allowances may be made during the summer months if school attendance is not an option. In that case, registration would suffice. Clients will then need to follow education option requirements.

For the definition of unsubsidized employment, see §3.42 (Glossary: T-Z…).

The following activities should be used when a participant is in unsubsidized employment:

EMPLOYED 30 HOURS OR MORE PER WEEK (Core Activity)

This activity is used for participants who work 30 hours or more per week and continue to receive MFIP assistance. Hours per week could be the result of two or more part-time jobs. Include paid internships, work study, and self-employment in this activity.

EMPLOYED LESS THAN 30 HOURS PER WEEK (Core Activity)

This activity is used for participants who work less than 30 hours per week and continue to receive MFIP assistance. Include paid internships, work study and self-employment for less than 30 hours a week in this activity. Hours can be the result of 2 or more part-time jobs.

Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a "work activity." Activities or hours a participant participates in for political purposes, which are defined as "an act that is intended or done to influence, directly or indirectly, voting at a primary or other election" are not countable work activities.

For the definition of self-employment, see §3.39 (Glossary: S...).

All participants should be encouraged to look for employment that will lead to their self-sufficiency. Participants with an approved Employment Plan that includes self-employment must meet the participation requirements. Only the hours the participant earns the federal minimum wage count toward the participation requirements. The number of self-employment hours is determined by dividing the net self-employment income by the federal minimum wage. When the number of self-employment hours is less than the number of hours required for the participant to be included in the numerator, the participant's employment plan should be revised to include additional countable activities, such as job search, paid employment, or unpaid work experience.

BUSINESS PLANS

Self-employment activities may be included in an Employment Plan contingent on the development of a business plan.

Business plans establish a timetable and earning goals that will result in the participant exiting MFIP. Business plans MUST be developed with assistance from an individual or organization with expertise in small business as approved by the job counselor.

The Standard Self Employment Business Plan (SEBP) was developed based on research on self- employment business plans and in consult with professionals, who have expertise in small business, therefore meets the requirement to seek assistance from an expert in small businesses. If the DHS SEBP is not used, MFIP/DWP participants must seek assistance from an individual or organization with expertise in small businesses as approved by the job counselor.

The SEBP can only be used for the following types of employment:	
• In home product sales (Avon, jewelry, etc.) • Personal services (hairdresser, massage, nail care) • Day care in the home • Handyman services • Accounting services	• Paper route • Housecleaning service • Taxi driver • Miscellaneous services

Participants who are already self-employed when they are referred to Employment Services should be offered the opportunity to work with an organization with staff trained to assist in the development of business plans. The business professional should offer these participants suggestions on how to revise their business plans so they result in greater profitability and a level of income that would allow the family to leave assistance. Those who do not want to access these services should work with the job counselor to determine other ways to move toward greater self-sufficiency. For information on handling plans for farming, see §6.3.3 (Contents of an Assessment), §7.3 (Employment Plan (EP)).

Business Plans are not intended to replace the need for an Employment Plan. The Business plan must be used in conjunction with the Employment Plan which is required for all MFIP/DWP participants §7.3 (Employment Plan (EP)).

Revise the Employment Plan for participants who fail without good cause, to make satisfactory progress as established in their business plan and replace self-employment with other approved work activities.

NOTE: When 1 parent in a 2-parent family is self-employed, he/she may employ the other parent (regardless of marital status). However, wages will be counted against the MFIP grant and but cannot be deducted as a business expense in the grant calculation. This means the family may be better off if both parents are not jointly self-employed. Job counselors should contact the financial worker for help determining the financial impact on the family.

ORGANIZATIONS THAT WORK WITH SMALL BUSINESS OWNERS

The U.S. Small Business Administration assists small businesses to start up and grow. The MN District office offers free counseling and technical assistance, pre-business planning workshops and information on starting and managing a small business through the Small Business Development Centers, Women's Business Centers, The Business Information Center, Tribal Business Information Center and SCORE. A full range of financial assistance programs is also available. Links to various resources are below:

- Minnesota Small Business Development Centers
  http://www.bplans.com/sb/index.cfm?a=state&s=mn

- SCORE
  http://www.scoremn.org/

- University Of St. Thomas/Small Business Development Center
  http://www.stthomas.edu/sbdc/

- Small Business Resource Guide/Minnesota
  http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business

- DEED Small Business Development Centers
  http://www.mnsbdc.com/

- Tribal Business Information Centers
  http://www.sba.gov/content/native-americans

RENT IN RETURN FOR WORK

If families can produce either a check stub or statement from the landlord indicating that they have worked in exchange for rent reduction, the household can count the earnings as earned income. Hours of participation are calculated using the self-employment method outlined above. These hours will be taken from MAXIS. Code Workforce One (WF1) as either part-time or full-time employment. A business plan is not needed.

If the family makes a good faith effort to receive the rent reduction as cash or to produce evidence that they are working in exchange for rent and are unable to do either, the earnings are considered "in-kind" income and are not counted against the grant. The Job counselor can code this as unpaid work experience if it can be shown that participation in this activity is a meaningful activity that will provide marketable job skills and will assist the client in obtaining paid employment in the future. For verification and documentation requirements, see Chapter 8 (Paid Employment Activities).

Self-employed participants' monthly earnings are used to determine ongoing exemptions as well as participation requirements for self-employed participants who are not exempt.

A participant's earnings are calculated by taking reported income from self-employment and subtracting reported self-employment expenses. The financial worker will gather and share this information.

Use the actual amount of earnings counted against the participant's grant in a given month to determine participation hours for that month. This figure is taken from the MAXIS system. It can represent either the actual earnings for a previous month or a rolling average of earnings over the year, depending on how the participant's income is counted against the grant. This figure is found on the DHS-IX tab in WF1 and Individual Tracking page.

To determine the number of hours of participation:

1. Start with the participant's monthly earnings figure, as calculated by the financial worker. This figure is found on the DHS-IX tab in WF1 and Individual Tracking page.

2. Divide the figure from Step 1 by the federal minimum wage to arrive at the number of hours per month for which the participant is earning minimum wage.

   Note: This figure is the amount of hours for the month that are counted as core hours.

EXAMPLE: A participant's counted earnings are $460 in a given month.

$460.00	Earnings
÷ $7.25	Federal Minimum Wage
63	Hours per month that the participant is earning minimum wage

In this case, the expectation should be that the participant will find additional work or participate in job search for at least 24+ hours per month (with a child under 6) or 67+ hours per month (with a child over 6), unless there is a compelling reason to expect fewer hours.

If the number of self-employment hours are less than the number of hours required for the participant to meet minimum hourly requirements, the participant's employment plan must be revised to include additional activities, such as assessment, job search, training or education,

ELL/ESL, basic education, community work experience, social services, unpaid internship, job skills related to employment or other.

A participant's income from self-employment will fluctuate. This will be particularly true in the case of people who are seasonally employed and choose not to use the rolling average to calculate their earnings. This means that the required number of hours of work will also fluctuate from month to month.

Participants are required to fulfill this work requirement **regardless** of how many hours they actually work in self-employment. Many small businesses require long hours of work for very little economic return, especially when they are just starting out. Even if a participant is working 60 hours per week in self-employment, if he/she is not earning the equivalent of federal minimum wage for the required number of hours, he/she will be subject to additional work requirements or face sanction. Make this aspect clear to participants who are considering self-employment.

ON-THE-JOB TRAINING (OJT) PUBLIC SECTOR & PRIVATE SECTOR (Core Activity)

Counties and Employment Services Providers (ESP) who develop On-The-Job Training programs for MFIP participants may make payments to employers for costs that, during the period of the training, must not exceed 50% of the wages the employer pays to the participant. Payments to employers are considered compensation for the extraordinary costs associated with training participants and in compensation for costs associated with lower productivity during training. See §3.33 (Glossary: O-Q...) for the definition of On-The-Job Training.

Participants in On-The-Job Training must be compensated by the employer at the same rates, including periodic increases, as similarly situated employees or trainees, and in accordance with applicable law, but in no instance less than the federal or applicable state minimum wage, which ever is higher.

The limit on length of training should be based on the complexity of the job and the participant's previous work experience and training. Placement in an On-The-Job Training position with an employer is for the purpose of training and employment with the same employer who has agreed to retain the person upon satisfactory completion of training.

- **On-The-Job Training (OJT), Public Sector.** This activity is used when a participant is hired by a **public** employer and while engaged in productive work receives training that provides knowledge or skills essential to the full and adequate performance of that job.

- **On-The-Job Training (OJT), Private Sector.** This activity is used when a participant is hired by a **private** or **private non-profit** employer and while engaged in productive work receives training that provides knowledge or skills essential to the full and adequate performance of that job.

PAID WORK EXPERIENCE (Core Activity)

This activity is used when a participant is in a temporary employment experience in the public, nonprofit or private sector.

Paid work experience may or may not be considered **subsidized employment**. Paid work experience is considered subsidized employment when the ESP reimburses the employer for wages paid to the participant. Paid work experience is not considered subsidized employment when the ESP pays the participant's salary directly (unless the participant is an

employee of the employment services provider). In either case, hours in paid work experience count as core hours and are collected from the MAXIS system. It is important for ESPs to inform financial workers when a job is subsidized.

Tax Credits are not considered subsidies for the purpose of determining if a participant is in subsidized employment.

AmeriCorp

According to the Department of Labor and the Corporation for National and Community Service, the provisions of the Fair Labor Standards Act do not apply to AmeriCorp members as each member receives some form of compensation for participating in the AmeriCorp program. Cash payments to participants enrolled for full-time service as a volunteer under AmeriCorp programs including AmeriCorps VISTA, AmeriCorps State, AmeriCorps National and AmeriCorps NCCC are considered excluded income.

Counties should record both income received for participating in Americorp programs and hours of participation in AmeriCorp programs in the MAXIS system. In Workforce One (WF1), code this activity under paid work experience. Divide the stipend by hours worked to calculate an hourly wage to enter in WF1.

GRANT DIVERSION 8.12

Counties and Employment Service Providers may develop a grant diversion program for MFIP participants and divert to an employer all or part of the cash portion of the MFIP grant for the participant's assistance unit. Payments to employers are intended to subsidize employment for participants as an alternative to public assistance payments. Grant Diversion is a core activity.

In addition to diverting the cash portion of the MFIP grant to an employer, Employment Services funds may be used to subsidize the Grant Diversion payment.

The employer will compensate participants in Grant Diversion at the same rates, including periodic increases, as similarly situated employees or trainees and in accordance with applicable law, but never less than the federal or state minimum wage, whichever is higher. Grant diversion may last up to 9 months during which time the participant continues to be an MFIP participant. Nine months is the limit of the program.

Placement with an employer is for the purpose of training and employment with the same employer who has agreed to retain the person upon satisfactory completion of training. Placement of any participant in a Grant Diversion subsidized training position must be compatible with the participant's assessment and Employment Plan.

For information on non-displacement in work activities, see §8.18 (Non-Displacement).

Financial Workers are responsible for obtaining documentation and verification for those participants in paid employment.

Financial Workers can accept the following documentation for all participants who are engaged in paid employment, who are not self-employed:

- Pay stubs that include hours worked.
- Employer reports that list hours worked.
- Employer time and attendance records.
- Employer statement of hours worked.

The county must verify the number of hours of **paid** employment.

MFIP participants submit a monthly Household Report Form (HRF) to the county and attach documentation and verification of the hours of paid employment. Employment Services Providers can not require additional verification of hours in unsubsidized employment. Department of Human Services (DHS) requires that if required verification information such as paycheck stubs is known to the agency, the employment counselor can not require that the participant submit the verification again. ES providers are included in this definition as part of the agency because of the contractual relationship with the respective county. Household Report Forms (HRF) **must** have the work verification attached. Requiring paycheck stubs both to the employment counselor AND along with the HRF violates this "known to the agency" policy.

When a participant submits a HRF and accompanying paycheck stubs by the 8th of the month, this is sufficient notice for both employment counselor and financial worker. As soon as the HRF is processed, this information comes across on the WF1/MAXIS interface and in Hennepin is loaded on Diamond.

The following are strategies that can be used to help prevent last HRFs/paycheck stubs or in the event the participant turns in the HRF/paycheck stubs late to get the information needed without requiring that the pay stubs be turned in twice:

- Write a clause in the employment plan that if the participant fails to submit the paycheck stubs with the HRF by the 8th of the month, activity logs will be required. The activity log will need to include the number of hours worked in the month. Failure to turn in these activity logs is subject to sanction.

  Note: you cannot send a participant the Notice of Intent to Sanction (NOITS) DHS-3175 or sanction them for not providing you with their paycheck stubs.

- Try a positive approach by using incentives. Reward participants for turning in the HRF and paycheck stubs on time with gas vouchers or gift certificates.

SELF-EMPLOYMENT DOCUMENTATION & VERIFICATION

Self-employment participants are required to submit a monthly Household Report Form (HRF) and either a Self-Employment Report Form with documentation that supports the participant's business related income and allowable expenses or other similar documentation of monthly business income and expenses. The hours of self-employment counted toward the participation rate requirement are determined by subtracting the allowable business expenses from the business income (net income) and dividing the remainder by the federal minimum wage ($7.25/hour). MAXIS will calculate the number of hours of self-employment.

Counties must inform Employment Services Providers (ESPs) of a participant's hours of self-employment each month. Employment Services Counselors must determine if the countable hours of self-employment are sufficient to meet the work participation rate requirements. If the hours are not sufficient to meet the work participation rate, the ESP and participant must consider additional countable work activities.

DAILY SUPERVISION OF PAID EMPLOYMENT

Assume the participant's employer will provide daily supervision. There are no additional supervision requirements

Many counties and their Employment Services Providers are using work experience placements as a means of helping MFIP participants develop skills and build a work history, as well as boost the county's participation rate. The following information is intended to help explain federal and state "non-displacement" requirements for paid and unpaid work experience placements.

FEDERAL LAW

Federal law places restrictions on the state's use of federal funds to place MFIP recipients in jobs where they would be, in essence, displacing a regular employee (42 U.S.C., section 607(f).

In general, no adult in a work activity funded in whole or in part by federal funds should be employed or assigned when any other individual is on layoff from the same or any substantially equivalent job, or if the employer has terminated the employment of any regular employee or otherwise caused an involuntary reduction of its workforce in order to fill the vacancy with an MFIP recipient(s).

The federal TANF non-displacement statute applies to, and would prevent an MFIP recipient from being placed in an unpaid or voluntary work experience position that was previously held by someone who was laid off. It would also prohibit placing an MFIP recipient in a position which is similar to a position held by an employee who is now laid off. It does not matter, under the federal law, whether the organization is public or private. It also does not matter whether the organization is covered by a collective bargaining agreement.

States must maintain a grievance procedure for resolving complaints of alleged violations.

STATE LAW

We must also meet the requirements set out in the state law (M.S. 256J.72) when union workplaces are involved.

- Notification and Consent from Bargaining Representatives

  State law requires counties to provide written notification to and obtain the written concurrence of the appropriate exclusive bargaining representatives regarding job duties covered under the collective bargaining agreements, and ensure that no MFIP recipients will be placed in a work assignment that results in:

  - Termination, layoff, or reduction of the work hours of an employee for the

purposes of hiring an MFIP recipient.
- The hiring of an individual if any other person is on layoff, including seasonal layoff, from the same or a substantially equivalent job.
- Any infringement of the promotional opportunities of any currently employed individual.
- The impairment of existing contract for services of collective bargaining agreements.
- A participant filling an established unfilled position vacancy, except for on-the-job training.

➢ Temporary Public Service Placements.

Written notification to the appropriate bargaining representatives must be provided at least 14 days in advance of placing an MFIP recipient in temporary public service. The notice must include the number of individuals involved, their work locations and anticipated hours of work, a summary of the work to be performed, and a description of how the individuals will be trained and supervised.

➢ Limit on length of placement in temporary public service or community service jobs.

Participants may not work in temporary public service or community service jobs for a public employer for more than 67 working days, or 536 hours, whichever is greater, as part of a work program under MFIP. A participant who exceeds the time limits is a public employee, as the term is used in Chapter 179A. Upon the written request of the exclusive bargaining representative, a county or public service employer must make available to the bargaining representative a report of hours worked by participants in temporary public service or community service jobs.

➢ Dispute Resolution.

If there is a dispute between an exclusive bargaining representative and a county or an employer over whether job duties are within the scope of a collective bargaining unit, the bargaining representative, the county, or the employer may petition the bureau of mediation services to determine if the job duties are within the scope of a collective bargaining unit, and the bureau shall render a binding decision.

If there is a dispute over whether there has been a violation of the non-displacement provisions, the parties may use a grievance and arbitration procedure of an existing

collective bargaining agreement to process the dispute. If no grievance and arbitration procedure is in place, either party may submit the dispute to the bureau. The commissioner of the bureau of mediation services shall establish a procedure for a neutral, binding resolution of the dispute.

GUIDANCE

MFIP participants should NOT be placed in a position vacant as a result of lay off or earlier downsizing/termination, regardless of the amount of time that has elapsed, UNLESS the employer first offers the position to the employee who was laid off or downsized/terminated AND current employees for whom the position would be a promotion. If these individuals refuse the position, the participant may be placed. However, the collective bargaining unit must be notified and agree in writing to the placement. If the position is public or community service with a public employer, the participant would become a public employee if s/he works more than 67 days or 536 hours.

Unpaid employment activities include: unpaid work experience, CWEP, and community service. Track AmeriCorp and AmeriCorp/Vista Programs under paid work experience because these programs provide a form of compensation. See Chapter 8 (Paid Employment Activities).

All of the following activities are **core** activities. These activities should be coded accordingly and the hours should be tracked on Workforce One (WF1).

Unpaid work experience is an option if the participant agrees to participate or the unpaid work experience meets following criteria:

- The participant has been unable to obtain or maintain paid employment in the competitive labor market and there are NO paid work experience programs-available.

AND

- The unpaid work experience provides specific skills or experience that cannot be obtained through other work activity options where the participant lives or is willing to live.

AND

- The skills or experience result in higher wages than the participant would earn without the unpaid work experience.

Paid work is the ultimate goal for everyone in the program. However, unpaid work may be a necessary intermediate step that provides a work experience and core activity hours that count toward the participation requirement. See §16.3 (TANF Participation Rate). MFIP is designed to put participants on "the most direct path to unsubsidized employment".

UNPAID WORK EXPERIENCE (Core Activities)

This activity is used when a participant is in a placement in a public, non-profit, or private sector work site. This can include unpaid supported work and unpaid internships.

COMMUNITY SERVICE PROGRAM (Core Activities)

Community service placements must fulfill a useful public purpose. MFIP Employment Services Providers (ESPs) must identify and document this purpose in the case file. Some examples include work performed for a school, Head Start Program, providing clerical support for a government or not-for-profit agency and working for a church preparing meals for the elderly, as well as participation in volunteer organizations, such as Volunteers in Service to America or private volunteer organizations.

Document how the community service program work assignment enhances the participant's employability.

This activity includes sentence-to-serve community service.

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) (Core Activities)

This activity is used to improve the employability of MFIP individuals not otherwise able to obtain employment by providing work experience and training to assist them to move into regular employment. The participant must have completed job search prior to entering CWEP. Placements must serve a useful public purpose.

CWEP may be used for a particular participant after exhausting other employment opportunities, including opportunities to participate in other work activities. This means that as a condition of making a CWEP placement the participant must first be provided with:

- An opportunity for placement in suitable subsidized or unsubsidized employment through participation in job search.

OR

- Placement in suitable employment through participation in On-The-Job Training, if such employment is available.

CWEP work sites developed are limited to projects that serve a useful public service such as: health, social services, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, public facilities, public safety, community service, services to aged or disabled citizens, and child care. To the extent possible, the prior training, skills, and experience of the participant should be considered in making appropriate work experience assignments. Structured, supervised volunteer work with an agency or organization, which is monitored by the county service provider, may, with the approval of the county agency, be used as a CWEP placement.

For information on non-displacement in work activities, see §8.18 (Non-Displacement).

The maximum number of hours any participant may work in a CWEP placement is limited to the amount of the MFIP Transitional Standard divided by the federal or state minimum wage, whichever is higher. The placement may not continue beyond 9 months unless the maximum number of hours the participant works is no greater than the amount of the MFIP Transitional Standard divided by the rate of pay for individuals employed in the same or similar occupations by the same employer at the same site. This limit does not apply if it would prevent a participant from working enough hours to count toward the work participation rate.

For the Transitional Standard amounts, see Appendix A (MFIP Assistance Standards).
County agencies and ES providers may place participants in Unpaid Work Experiences that are not part of CWEP.

Unpaid placements that do not meet all of the CWEP criteria listed in this section should be coded as Unpaid Work Experience.

Unpaid Work Experience Placements are subject to non-displacement restrictions. See §8.18 (Non-Displacement).

The participant's Employment Plan must include the length of time needed in the CWEP or Unpaid Work Experience placement, the need to continue job search activities during the placement, and the participant's employment goals.

After each 6-month participation period in a CWEP or unpaid work experience placement, and at the conclusion of the assignment, review the Employment Plan and revise as necessary.

PROVIDING CHILD CARE FOR PARENT WORKING IN A COMMUNITY SERVICE PROGRAM (Core Activities)

This activity is used only for participants who are providing child care for other participants in a community service program. This is an unpaid activity, if the participant is being paid for the childcare, code as you would any self-employed person, in unsubsidized employment.

FAIR LABOR STANDARDS ACT (FLSA)

Participants who are engaged in work experience or community service program activities are subject to the provisions of the Fair Labor Standards Act (FLSA). When developing a work schedule for a participant in an unpaid work experience, volunteer or Community Work Experience Programs position, hours are determined by dividing the participant's actual MFIP grant (both cash and food portions) by the federal minimum wage $7.25/hour.

NOTE: Use the actual amount of the participant's MFIP grant after applying a sanction, when applicable.

For example, a participant's MFIP grant is $400. Divide by $7.25/hour. The maximum number of hours the participant is permitted to work in an unpaid employment activity during the month is 55. Always round down to the nearest whole number of hours.

In the above example, the individual would fall short of the 87 hours per month core requirements. However, because of the FLSA restrictions, the TANF regulations allow states to deem the participant to have met the TANF core hour requirement of 87 hours per month if he/she worked the maximum number of hours allowed under the FLSA.

Deeming means that the participant's hours will count towards the federal TANF Work Participation Rate core hour requirement without having participated in the additional hours needed to add up to 87 hours.

Using the example above, if the participant is engaged in an unpaid work activity (for example, unpaid work experience, community service programs or a combination of the two) for 55 hours (the maximum number of hours allowed under the FLSA), the participant will have met the 87 core hour requirement. The state is allowed to "deem" the additional 32 hours needed to meet the 87 core hour requirement (55 actual hours plus 32 deemed hours = 87 core hour requirement).

If a participant fails to participate the maximum number of hours allowed under the FLSA, no additional hours are deemed. Again, using the above example, if the participant was engaged in an unpaid work activity for 54 (or fewer) hours, no additional hours would be deemed. The participant will not meet the 87 core hour requirement (unless the participant was engaged in additional core activities which, when added to the actual number of hours the participant was engaged in unpaid work activities, total 87 hours or more).

Do not allow deeming of additional hours to meet the 130 hours per month requirement for families without a child under the age of 6. These participants must be engaged in additional countable activities, not subject to the FLSA, in order to meet the 130 hour per month participation requirement.

Occasionally though, a participant expresses interest in <u>voluntarily</u> exceeding the maximum hours that are allowed under the FLSA. When this situation arises it is important that the participant is informed of the following:

- The activities included in the participant's employment plan are required. The participant cannot substitute time spent in the additional voluntary job for the required activities in the employment plan.

- The maximum number of hours the participant could be required to work in an unpaid job is determined by dividing the participant's MFIP grant (both the cash and food portions) by the federal minimum wage.

    - The maximum number of hours allowed under the FLSA will not change until the participant's MFIP or DWP grant amount changes;

    - Employment counselor should make changes to the participant's employment plan with the correct number of hours when the participant's MFIP grant amount changes.

- Any additional time the individual chooses to voluntarily work in any unpaid job is not associated in any way with the MFIP or DWP programs.
    - The additional volunteer time the participant wishes to work is a free choice the participant is free to make on his or her own. It is not required or otherwise approved by the participant's employment counselor. Therefore, the county/provider cannot sanction a participant for failing to follow through with the additional volunteer assignment.
    - The additional volunteer time will not be included in the participant's employment plan;
    - The participant will not be compensated for the additional volunteer time, including any additional support services;
    - No additional child care will be available for the additional volunteer time;
    - The participant's activity log/time sheet should only include required work activity hours. The additional volunteer time should not be entered on an activity log/time sheet.
        - In the event the participant records hours from the additional volunteer job on his/her time sheet, the employment counselor should identify the additional voluntary time, and record a case note to explain the additional hours;
        - Do not time track these additional volunteer hours.

NOTE: This guidance does not apply to participants who are sentenced to court ordered community service. For participants engaged in court ordered community service record the required hours in the employment plan and enter a case note that the hours in the plan are for court ordered community service.

TWO-PARENT CASES

The maximum number of hours allowed under the FLSA is case based (not person based). Use the family's MFIP grant (both cash and food portions) to determine the maximum number of hours the family can participant in unpaid work activities. A two-parent family with both parents

engaged in an unpaid work activity, the total of their unpaid work hours cannot exceed the maximum allowed under the FLSA.

ADDITIONAL HOURS OF OTHER CORE AND NON-CORE ACTIVITIES IS ALLOWED

A participant may be engaged in other core and non-core activities without violating the FLSA. The FLSA governs the number of hours we can require or permit a participant to work in an unpaid work activity.

Additional hours of job search/job readiness assistance, education and training, and paid employment may be added to the participant's employment plan without violating the FLSA.

Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a "work activity." Activities or hours a participant participates in for political purposes, which are defined as "an act that is intended or done to influence, directly or indirectly, voting at a primary or other election" are not countable work activities.

Use the instructions below to determine payment of any claims resulting from an alleged injury or death of a person participating in a county or a tribal unpaid work experience program that is approved by the Commissioner of DHS and operated by:

- The county agency.
- The tribe.
- A department of the state.

OR

- A community-based organization under contract, prior to April 1, 1997, with a county agency to provide a community work experience program or a Supplemental Nutrition Assistance Program (SNAP) community work experience program, provided the organization has not experienced any individual injury loss or claim greater than $1,000.

This determination method is available to the community-based organization identified in the 4th bullet above only for claims incurred by participants in the community work experience program, unpaid work experience, or the SNAP Community Work Experience Program.

Injury Protection Program (IPP) covers unpaid work experience for the following programs:

- MFIP including CWEP.
- DWP.
- FSET.
- Tribal unpaid work experience.
- Other unpaid work experience programs approved by the Commissioner of DHS.

NOTE: Do not use IPP to cover volunteer placements with employers who have other volunteers, or volunteer positions, that are, or should be, covered under workers' compensation. If you have questions or concerns about a client's placement and whether Minnesota Workers' Compensation laws covers the work site, contact the Department of Labor and Industry customer assistance line at 651-284-5030 or 800-342-5354.

INVESTIGATION OF THE CLAIM

Claims must be investigated by the county agency or the tribal program responsible for supervising the work to determine whether the claimed injury occurred, whether the claimed medical expenses are reasonable, and whether the loss is covered by the claimant's insurance. If insurance coverage is established, the county agency or tribal program shall submit the claim to the appropriate insurance entity for payment. However, medical bills associated

with work related injuries should not be submitted to medical assistance. The investigating county agency or tribal program shall submit all valid claims, in the amount net of any insurance payments, to the Department of Human Services. Claims should not be submitted to the Department of Human Services until the treatment has been completed and all bills associated with the work related injury have been received.

SUBMISSION OF CLAIM FOR PERMANENT PARTIAL DISABILITY COMPENSATION

The Commissioner shall submit all claims for permanent partial disability compensation to the Commissioner of Labor and Industry. The Commissioner of Labor and Industry shall review all submitted claims and recommend to the Department of Human Services an amount of compensation comparable to that which would be provided under the permanent partial disability compensation schedule of Minnesota Statutes, Section 176.101, subd. 2a.

CLAIMS LESS THAN $1,000

The Commissioner shall approve a claim of $1,000 or less for payment if appropriated funds are available, if the county agency or tribal program responsible for supervising the work has made the determinations required by this section, and if the work program was operated in compliance with the safety provisions of this section. The Commissioner shall pay the portion of an approved claim of $1,000 or less that is not covered by the claimant's insurance within 3 months of the date of submission.

CLAIMS MORE THAN $1,000

On or before February 1 of each year, the Commissioner shall submit to the appropriate committees of the Senate and the House of Representatives a list of claims in excess of $1,000 and a list of claims of $1,000 or less that were submitted to but not paid by the Commissioner, together with any recommendations of appropriate compensation. These claims shall be heard and determined by the appropriate committees of the Senate and House of Representatives and, if approved, must be paid under the legislative claims procedure.

COMPENSATION FOR CERTAIN COSTS

Compensation is limited to reimbursement for reasonable medical expenses and permanent partial disability compensation for disability in like amounts as allowed in Minnesota Statutes, Section 176.101, subd. 2a. Compensation for injuries resulting in death shall include reasonable medical expenses and burial expenses in addition to payment to the participant's estate in an amount up to $200,000. No compensation shall be paid under this section for pain and suffering, lost wages, or other benefits provided in Minnesota Statutes, Section 176. Payments made under this section shall be reduced by any proceeds received by the claimant from any insurance policy covering the loss. For the purposes of this section, "insurance policy" does not include the medical assistance program authorized under Minnesota Statutes, Section 256B or the general assistance medical care program authorized under Minnesota Statutes, Section 256D.

A provider (for example, a medical provider) who accepts, or agrees to accept, an IPP program payment for services to an individual may not require any payment from that individual. This provision extends third party liability protection to program participants.

EXCLUSIVE PROCEDURE

This procedure is exclusive of all other legal, equitable, and statutory remedies against the state, its political subdivisions, or employees of the state or its political subdivisions. The claimant shall not be entitled to seek damages from any state, county, tribal, or reservation insurance policy or self-insurance program.

INVALID CLAIMS

A claim is not valid for purposes of this section if the county agency responsible for supervising the work cannot verify to the Commissioner:

- That appropriate safety training and information is provided to all persons being supervised by the agency under this section.

AND

- That all programs involving work by those persons comply with federal Occupational Safety and Health Administration and state Department of Labor and Industry safety standards.

A claim that is not valid because of failure to verify safety training or compliance with safety standards will not be paid by the Department of Human Services or through the legislative claims process and must be heard, decided, and paid, if appropriate, by the local government unit or tribal program responsible for supervising the work of the claimant.

FORMS REQUIRED FOR FILING A CLAIM

The following forms are required to file an Injury Protection claim for unpaid work experience participants. The forms are created so you may type the information directly onto the form before printing:

- Injury Protection Program (IPP) - Participant Information & Authorization to Release Medical Information (DHS-3994).

- Injury Protection Program (IPP) - First Report of Injury (DHS-3995).
- Injury Protection Program (IPP) - Participant Medical Referral and Medical Care Provider Information Letter (DHS-3996).

- Injury Protection Program (IPP) - Participant Injury Status Report (DHS-3997).

NOTE: The client must also receive a copy of the Notice of Privacy Practice (DHS- 3979).

UNPAID EMPLOYMENT DOCUMENTATION & VERIFICATION 9.9

The Employment Services Provider must verify hours of unpaid employment activity in order to count these hours toward the work participation rate.

A time sheet or similar attendance document must be used to document hours a participant is engaged in an unpaid employment activity. The document used to verify hours of participation must include the days and number of hours worked each day.

Time sheets or other attendance documents must be submitted to the employment services provider no less than monthly. Verify work hours by reviewing the time sheet or other attendance documents.

Time sheets or attendance documents must be signed by a supervisor in order to be an acceptable form of documentation for unpaid employment activities. When a participant submits an unsigned time sheet or other attendance document, the employment services provider must contact the work site to verify the hours are correct or have the participant obtain the necessary signature in order for the hours to be countable. A signed release of information from the participant must be obtained prior to contacting the unpaid employment activity supervisor. When hours are verified by contacting the work site, an employment services staff person must sign the time sheet or attendance document and enter a case note in the participant's file.

The number of hours a participant provides child care for another MFIP participant who is participating in a community service program must be verified in order for the hours to count towards the work participation rate.

For participants who provide child care to another MFIP participant in a community service program unpaid position, it is necessary to obtain a statement that supports the hours the participant provides child care. Acceptable documentation includes a statement from the participant in a community services program or another individual who has knowledge of the time spent providing child care. The document used to support the hours must be submitted to the employment services provider no less than every two weeks.

A statement from the MFIP participant who provides the child care is not an acceptable form of verification for this activity. An employment services provider that receives a statement or other document that is not signed by the participant who is participating in the community service program or other responsible individual must confirm with the participant in a community services program that the hours are correct in order for the hours to be countable. The employment services provider must write a case note to document the verification of hours.

DAILY SUPERVISION OF UNPAID EMPLOYMENT ACTIVITIES

Require participants who are engaged in **unpaid employment activities** to be supervised on an ongoing basis no less frequently than daily. Daily supervision means participants have an assigned supervisor they report to daily, preferably at the work site. Supervision includes developing and overseeing the participant's work schedule and assignments. An employer, work site sponsor or other responsible individual, such as an employment services staff person, can provide daily supervision of the participant in an unpaid employment activity. **NOTE**: **DHS recommends development of a written agreement between the work site and the employment services provider that specifies the party responsible for providing daily supervision of a participant engaged in an unpaid employment activity.**

Require participants who are providing child care to another MFIP participant who is participating in a community service program to be supervised on an ongoing basis no less frequently than daily. Supervision may be by a responsible individual, such as an employment services provider staff person. The employment services provider and the participant must develop an agreed upon employment plan that lists the days and hours the participant will be providing child care for another MFIP participant who is in a community service program.

TRACKING UNPAID WORK HOURS (WF1)

Record the actual number of hours the participant is engaged in an unpaid work activity each week. When the total monthly hours **equals** the maximum number allowed under the FLSA, DHS will report the additional "deemed" hours (behind the scene). Do NOT record the "deemed" hours on WF1. See §9.3 (Unpaid Employment Activities).

Most caregivers will participate in job search and job readiness activities (JS/JRA) at some point during their involvement with Employment Services. Job search is an important and central activity that should be designed not just to help locate a job, but also to prepare participants for work. See §9.12.3 (Structured Job Search). Under MFIP policy, JS/JRA is a permissible activity in a participant's employment plan regardless of whether the JS/JRA hours count towards the TANF Work Participation Rate requirement.

TANF WORK PARTICIPATION RATE

For the purposes of meeting the TANF work participation rate, 120 or 180 hours only of job search is counted as a core activity. According to the TANF regulations, effective October 1, 2008, job search and job readiness is calculated differently.

120 or 180 Hour Job Search 12-Month Limit

The JS/JRA limits are now defined in hours instead of weeks. The maximum number of hours of JS/JRA that count as a TANF Core Activity for a single parent family with a child under the age of 6 is 120 over a 12 month period. For all other families, the maximum number of JS/JRA hours that count as a TANF Core Activity is 180 hours over a 12-month period.

12-Month Period

The period of time used to determine the 120 or 180 hour job search JS/JRA limit (for example, the 6-week limit) was changed to a revolving 12-month period (11 preceding months, plus current month). It is no longer based on the federal fiscal year.

NOTE: On October 1, 2008, every participant starts this new revolving 12-month period with a full allocation of JS/JRA hours available. No JS/JRA hours/weeks reported in the 11 preceding months are carried forward.

Four Consecutive Week Limit and Definition of a "Week"

The TANF rule that prohibits states from counting a participant's JS/JRA hours for more than 4 consecutive weeks remains in effect. JS/JRA hours tracked in a 5th consecutive week cannot be reported as JS/JRA in the TANF Work Participation Rate report. A JS/JRA week is defined as Sunday through Saturday. All JS/JRA hours from a week are included in the TANF Work Participation Rate report based on the Saturday's date. For example, a week is Sunday, October 26 through Saturday, November 1. All JS/JRA hours from that week (October 26 through November 1) are reported in the November TANF Work Participation Rate report since Saturday's date is November 1. Continue to track hours on WF1 in the month the activity was done. Determining the "week" is done behind the scenes.

Hours not captured as core hours
Any hours reported as JS/JRA that do not help make the participant rate in a given month will be reported under the "Other Work Activities" category behind the scenes.

Keeping track of the 120/180 JS/JRA limit - Role of employment service provider
Some of the above changes to the JS/JRA activity affect how DHS reports JS/JRA hours in the federal TANF Work Participation Rate report. These reporting changes, which are intended to maximize the use of JS/JRA as a countable activity, should not dictate how the services are provided to program participants.

Employment counselors will not know when a participant has met the job search limit. Do not write employment plans with participants in an attempt to maximize the work participation rate. Employment counselors must use their professional judgment in determining the activities that are included in each participant's employment plan with the goal of increasing the family's economic stability. Whether or not a participant has exhausted the maximum number of countable JS/JRA hours should not be the basis for determining whether that participant's employment plan should continue to include JS/JRA activities. An employment counselor should continue to include JS/JRA in a participant's employment plan when JS/JRA is an appropriate activity for the individual.

JOB SEARCH (Core Activity for 120/180 hours a year)

This activity is used for both the initial job search and all subsequent periods of job search.

This includes:

- Job search. Includes filling out applications, submitting resumes, attending interviews with employers, as well as job clubs, job readiness and job placement.

- Job readiness. Includes preparing a resume or job application, training in interviewing skills, instruction on appropriate attire and behavior on the job, effective job seeking as well as life skills training.

- Job readiness assistance for Chemical Health Treatment, Mental Health Treatment and Rehabilitation Services.

Counties and Employment Services Providers should ask for the least amount of information necessary to verify hours of participation.

NOTE: Although Chemical Health treatment, Mental Health Treatment and Rehabilitation

Services are subject to the 120/180 hours limit for reporting purposes (with no more than 4 of the weeks being consecutive), the actual length of time services are allowable will be determined by a qualified professional based on the participant's needs.

FIRST 6 WEEKS OF JOB SEARCH

Completion of the initial 6-weeks of job search is MFIP policy. This policy is NOT defined as 120/180 hours but rather calendar weeks. There is no provision to drop the 5th consecutive week.

At enrollment in Employment Services, participants that you determine possess sufficient skills to succeed in obtaining unsubsidized employment must job search at least 30 hours per week for up to 6 weeks, and accept any offer of suitable employment. Additional work activities necessary to meet hourly requirements should also be included in the Employment Plan (EP). The goal is to actively engage each participant in **intensive** job search activities that meet the minimum requirements of §7.3 (Employment Plan (EP)). Job search activities should be tailored to meet local economic conditions, and the participant's individual needs when possible. See §9.12.3 (Structured Job Search). Participants who are unable to find suitable employment after 6 weeks must complete the MFIP Self Screen (DHS-3482) and the Brief Screening Tool for Special Learning Needs (DHS-3504), and meet with a job counselor to determine whether other activities should be incorporated into the plan. See §6.3.3 (Contents of an Assessment) and §6.3.12 (Chemical/Mental Health/Learning Needs Screening).

Upon agreement by the job counselor and the participant, an Employment Plan may limit a job search to jobs that are consistent with the participant's employment goal. Participants may search for any currently available job that matches their current skills and abilities. For example, a participant with graphic arts skills and/or experience may limit job search to businesses that hire graphic artists, as long as there are jobs currently available in those firms. However, if the participant is unable to obtain employment among the firms with current openings, the search must be expanded to other employers with current openings, regardless of whether the job matches the participant's interests, skills, or training. Make clear to participants when the job search must be expanded to include other employers and what constitutes "suitable employment".

JOB SEARCH AFTER 6 WEEKS

Job Search activities which are continued after 6 weeks must be structured and supervised. Participation in job search activities beyond 6 weeks should be continued as necessary, and recorded in Workforce One (WF1), even though these hours do not count toward the participation rate. It may also be necessary to add job search into an EP at a later time for participants who were initially determined unable to obtain unsubsidized employment, after a job

loss, or for participants who are not meeting participation requirements though unsubsidized employment after completion of an education or training activity. See §9.12.3 (Structured Job Search).

Job search activities may be terminated or reduced if it becomes obvious that the job search is not appropriate or the participant is having difficulty successfully following through with activities in the Employment Plan. Revisions of the plan should take into account relevant issues identified during any additional assessment and any changes in circumstances.

NOTE: In some cases up to half the hourly requirements in a participant's Employment Plan may be English as a Second Language (ESL), Functional Work Literacy (FWL), GED or Adult Basic Education (ABE) activities. For more information on policies and limits for these activities, see §9.24 (Adult Basic Education or GED), §9.30 (ESL & Functional Work Literacy (FWL)).

Job search is difficult for anyone, and even more difficult for inexperienced job seekers. For that reason counties and ES providers are encouraged to implement structured job search for most, if not all, MFIP job-seekers.

Structured job search is more a philosophical approach than one single model for helping participants develop the skills to successfully find and keep a job. In general, structured job search is a continuum of organized, intensive, and supervised activities that help identify work skills, develop soft skills, build confidence, coach, and provide peer support. Expectations for participants in job search activities should parallel expectations they will encounter in real life employment.

COMMON FEATURES

Most structured job search components include:

- **Requirement to participate in on-site activities.** Participants are expected to treat job search as their job, until they find a job. This means there is significant involvement in structured, on-site activities when the participant is not interviewing or doing other approved off-site activities. At a minimum, participants start and end their day at the Employment Services office.

- **Workplace expectations.** Participants are expected to model workplace behavior. Expectations such as appropriate dress, timeliness, and engaged participation should be established and enforced. The job search group usually helps to develop and enforce these expectations.

- **Skill building workshops.** Skill building workshops cover a wide variety of topics under the umbrella of "job seeking and keeping skills". Suggested workshop topics include preparation for job search and work activities such as organizing child care and transportation, and identifying a support network for the participant. Skills identification, including soft skills, work history, and basic skills testing, if appropriate. Job seeking skills, including how to fill out applications, how to write a resume, networking, cold calling, and job fairs. Job retention skills including attendance, conflict management, diversity, employee rights, and career advancement. And lastly, life skills such as budgeting, taxes, stress management, parenting, and mentoring opportunities.

- **Job club.** Job club is generally the daily group meeting that participants must attend after completing workshops, or in combination with attendance at workshops. Job club meetings are often used to discuss the successes and

difficulties participants encountered during their daily job search; to share job leads; to provide group support. Documentation of the day's job search activities can be turned in at this meeting, and form the basis for both the group discussion as well as the plan for the next day's job search. The level of structure in the job club varies greatly and can be tailored to meet the needs of the MFIP job seekers in your county.

- **Frequent evaluation of progress and feedback to the participant**. Consistent, constructive feedback on progress, and assistance with ongoing planning, are critical pieces of structured job search. This can happen during daily check-ins, job club, and individual meetings with a job counselor.

In general, successful job search programs offer a variety of hard and soft skills training, as well as regular job club and networking opportunities. Requirements and expectations parallel as closely as possible the work environment and the expectations participants will encounter when they begin working. Participants are required to engage actively in specific activities for the full number of hours specified in their plan. These activities effectively become the participant's "job" until paid employment is found. Operating an effective structured job search component has the potential to improve the effectiveness of skill and needs assessments; help staff develop more effective Employment Plans; increase accountability.

For more information, see §9.12 (Job Search Activities), §16.3 (TANF Participation Rate).

Do not routinely refer participants to a single employer, or a select set of employers, to the exclusion of other employers with current job openings. Consider the individual needs and abilities of individual participants when referring them to employers. Make referrals to employers with the best interests of the participant in mind. The participant is free to seek employment from all employers in the area.

The above notwithstanding, in certain circumstances you may refer a participant to a single employer known to be hiring, for example, when a participant appears to be purposely failing to obtain employment. Participants may be sanctioned for failure to follow through on this referral or for failure to accept an offer of suitable employment.

While permanent employment should be the primary goal, temporary employment (when it meets the definition of suitable employment) is 1 option participants may pursue to meet participation requirements. Temporary jobs can provide work experience, increase the participant's income, and lead to a permanent job. Use professional judgment when deciding if a referral to a temporary agency should be used as a method to help ensure that the participant accepts suitable employment. You are responsible for making referrals to reputable temporary agencies which ensure placements that meet the definition of suitable employment. Participants may be sanctioned for failure to accept suitable temporary employment. See SUITABLE EMPLOYMENT in §3.39 (Glossary: S...).

Use the "job search" activity for participants preparing for self-employment. When participants are approved for self-employment activities in the Employment Plan, use job search when no income is being earned. Examples of self-employment activities include: developing a business plan and working with a SCORE counselor.

When income from self-employment is earned and being reported in MAXIS, use the unsubsidized employment activities in Workforce One (WF1).

For more information on self-employment, see §8.6 (Self-Employment), §8.6.3 (Self-Employment Earnings & Hours).

Hours of job search and job readiness assistance for each participant must be documented and verified in order for the hours to count towards the work participation rate. Acceptable documentation for the weekly check-in is a case note in the participant's file.

Documentation for on-site job search and job search readiness assistance. Acceptable documentation and verification for **on-site** job search and job search readiness assistance activity and hours includes:

- Schedules of the activities.
- Completed resumes.
- Workshop materials.
- Attendance records that include the dates, hours of activities and name(s) of the participant(s).

Documentation for off-site job search and job search readiness assistance. Acceptable documentation for **off-site** job search and job readiness assistance activity (other than chemical dependency or mental health treatment or rehabilitation services), includes:

- Attendance records signed by the provider of off-site activities.
- Copies of completed applications.
- Detailed activity logs of specific employment contacts made by the participant, along with other activities such as researching career opportunities.

The activity log must include the hours spent in each activity and the status or outcome. Documents used to support a participant's time in job search and job readiness activities must be submitted to the Employment Services Provider no less frequently than monthly.

Verify **off-site** job search and job readiness assistance activity and hours by a review of:

- The schedule of daily activities.
- The attendance records.
- The activity logs for consistency.

The review should be done with the participant whenever possible. Attempt to verify inconsistent entries on the activity log. Items that cannot be verified should be crossed off the activity log. Attendance records should be returned to the participant if they are not signed by a responsible individual who supervised off-site services so that a signature can be obtained. The Employment Services Provider can also verify the entry for the participant. When the Employment Services Provider contacts a responsible individual for verification, the contact should be documented in case notes. Department of Human Services (DHS)

recommends that the review occur at least weekly.

REPORTING ACTUAL HOURS OF PARTICIPATION IN JOB SEARCH

TANF regulations require states to report the actual hours of participation in all core and non-core activities, including hours of participation in Job Search. Proxy formulas should not be used to report the amount of time a participant spends in other job search related tasks/activities, such as writing resumes and thank you letters, or for looking for jobs in a newspaper or on-line. DHS requests that counties/providers avoid printing the standard proxy method or formula for the various job search related tasks/activities on the Job Search Activity Logs, as doing so may result in participants reporting the standard times rather than the actual time.

For example, a participant's job search activity log indicates exactly one hour of time for each application submitted during the week and exactly two hours for each job interview

An average of one hour per application and two hours for each job interview may be reasonable amount of time for these activities. But, it is likely that some applications take one hour while another application may take longer. The same is true for each job interview.

It is understandable for counties/providers to have a general idea of the average amount of time it takes a participant to complete for each type of job search related task/activity. This would be helpful to staff, providing them a starting point when reviewing a participant's job search activity logs and determining whether the amount of time the participant reports is reasonable. But participants should be advised they are required to report actual hours of participation.

NOTE: Hours a participant is engaged in a self-directed job search are not countable unless the hours are verified and documented.

You can count travel time between activities as part of a job search/job readiness assistance activity, but not the travel time to the first job activity or the time spent returning home after the last activity.

DAILY SUPERVISION OF JOB SEARCH

Require participants who are engaged in job search and job readiness assistance to be supervised on an ongoing basis no less frequently than daily. Daily supervision can be provided by an employment services staff person, or other responsible individual.

At a minimum, daily supervision means the employment counselor and participant must have developed an agreed upon schedule of daily activities for the week. For mental health, substance abuse or rehabilitation activities, hours will be based on the recommendations or treatment plan signed by a qualified professional, or a schedule of group meetings.

Supervision also includes at least one in-person or phone check-in each week. During the check-in, the participant and the employment counselor must review progress, identify support service needs and make any necessary changes in the schedule of activities.

MFIP has a focus on employment and long-term economic outcomes for families. Education and training can increase family income both in the short-term and in the long-term. Minnesota state law allows opportunities for education and training that will not always count in the federal Work Participation Rate. Participants must be given the opportunity to pursue education and training, whether or not those activities count toward the Work Participation Rate.

Education and Training activities include English as a Second Language (ESL), Adult Basic Education (ABE), Functional Work Literacy (FWL), General Educational Development (GED), high school, and post-secondary education. This also includes job skills training directly related to employment.

Employment counselors must inform participants of the opportunity to pursue ESL, ABE, FWL, GED, high school and post-secondary education and training while in the Minnesota Family Investment Program.

Employment plans including education and training must meet hourly requirements, if the education and training plan does not meet the hourly requirement; work with the participant to include additional work activities into the Employment Plan. Participants need to make satisfactory progress, as defined by their educational institution, to continue in education activities.

If satisfactory progress is not being made, work with the participant to revise the Employment Plan.

All of the following activities are either **core or non-core** activities. See the activity description for specifics. These activities should be coded accordingly and the hours should be tracked on Workforce One (WF1).

For additional information, see:

§9.24 Adult Basic Education or GED
§9.27 Post-Secondary Training & Education
§9.30 ESL & Functional Work Literacy (FWL)
§9.33 Ed/Training Daily Supervision, Doc. & Verif.

Although many participants may be able to find a job with the skills they possess when they enter the program, in some circumstances Adult Basic Education (ABE) or GED classes are appropriate.

NOTE: Track Adult Basic Education (ABE), English as a Second Language (ESL) and Functional Work Literacy (FWL) training in the respective or corresponding category in Workforce One (WF1).

HIGH SCHOOL COMPLETION (Non-Core Activity)

This activity is used for all participants who take classes that will earn credits necessary for a high school diploma. For information on study time, see §9.33 (Ed/Training Daily Supervision, Doc. & Verif.). Participation hours for teen parents under 20 who do not have a high school diploma is coded in MAXIS as either full-time, part-time or half-time students. Teen parents automatically meet the participation requirement when they are coded in any of these and have at least one hour of school activity tracked per week. Track hours on WF1 for participants including students under 18. For teen parent requirements see §7.38 (Requirements for Teen Parents).

GENERAL EDUCATIONAL DEVELOPMENT (Non-Core Activity)

This category is for all participants who take classes necessary for a high school equivalency certificate (GED). For information on study time, see §9.33 (Ed/Training Daily Supervision, Doc. & Verif.). Participation hours for teen parents under 20 who do not have a high school diploma or GED are coded in MAXIS as either full-time, part-time or half-time students. Track hours on Workforce One (WF1) for all participants taking classes for a General Educational Development (GED).

ADULT BASIC EDUCATION (ABE) (Non-Core Activity)

This category includes courses of instruction designed to improve the employability of the students through instruction in reading, math, language, and workplace readiness. Remedial education involves repetition of such instruction previously given to the participant. For information on study time, see §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).

Any participant without a high school diploma can include ABE or GED in their EP.

Review Adult Basic Education every 3 months for satisfactory progress.

Participants who are interested in participating in post-secondary education or training as part of their Employment Plan must discuss their education plans with their job counselor.

Developing a Post-Secondary Education plan:

1. Job Counselors will work with participants to evaluate their options by :

   - Advising whether there are suitable employment opportunities that require the specific education or training in the area in which the participant resides or is willing to reside.

   - Assisting the participant in exploring whether the participant can meet the requirements for admission into the program.

   - Discussing the participant's strengths and challenges based on MFIP assessments, previous education, training and work history.

2. Documentation of Post-Secondary Education discussion:

   - Case note in WF1.

   - Checklist or written notes in case file.

3. Review for satisfactory progress, as defined by their educational institution, every 3 months. If satisfactory progress is not made, revise the Employment Plan.

POST-SECONDARY VOCATIONAL EDUCATION AND TRAINING LASTING 12 MONTHS OR LESS (Core (12 months in a lifetime). **Non-Core** (**lifetime limit has been exhausted))**.

This activity includes training done by a private or state college or post-secondary educational institution or a program that results in an industry recognized certificate. Training in this category is limited to programs that can be completed in 12 months or less if participants attend full-time. Months are still counted if the program designed to last 12 months takes participants longer than 12 months to complete. Supervised study time may be counted under this activity.

NOTE: If a participant is attending a program that cannot be completed within 12 months, code them in the 13 plus category. Do not code the first 12 months of a longer program in the 12 months or less code.

For study time information, see §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).

POST-SECONDARY VOCATIONAL TRAINING/EDUCATION LASTING MORE THAN 12 MONTHS (Core (12 months in a lifetime). Non-Core Activity (lifetime limit has been exhausted).

This activity includes education provided by a private or state college or post-secondary educational institution or a program that results in an industry recognized certificate. Training in this category is limited to programs that can be completed in 4 years or less if participants attend full-time. Months are still counted if the program designed to last 4 years takes participants longer than 4 years to complete. Supervised study time may be counted under this activity.

Requirement after Completion of Approved Training:

After participants complete or end their post-secondary education or training program, they must continue to meet hourly requirements. Participants have up to 12 weeks to find a job consistent with their field of training. Those who were working while pursuing education may choose to continue in that job while seeking a job in their field. If participants are not able to find employment consistent with the field of training after 12 weeks, they must accept any offer of suitable employment or must meet with the job counselor to revise the employment to include additional work activities necessary to meet hourly requirements.

For study time information, see §9.33 (Ed/Training Daily Supervision, Doc. & Verif.).

In order for English as Second Language (ESL) or Functional Work Literacy (FWL) to be an approved work activity, the participant must be below a spoken proficiency level (SPL) of SPL 6 or its equivalent, as measured by a nationally recognized test (for example, CASAS). As part of monitoring progress for ESL and FWL activities, testing procedures should be in place so that a participant's SPL can be gauged on a regular basis. If the participant's proficiency exceeds SPL 6 or the equivalent and the approved plan includes ESL or FWL, allow the participant to continue until the end of the course.

When counseling a participant interested in learning English, provide information about the advantages of FWL programs when available.

Review Employment Plans for satisfactory progress, as defined by their educational institution, every 3 months.

Participants must enroll in English as a Second Language (ESL) classes offered by a state approved provider. The MN Department of Education/Adult Basic Education maintains a list of state approved public and non-profit ESL providers. Most of these providers are public schools or non-profits that are associated through partnerships/collaborations with approved providers. All approved programs and their partners must follow state requirements to maintain their approved status and funding through the Department of Education.

The Department of Education funds a "literacy hotline" database at the Minnesota Literacy Council that includes all ABE consortia, their partner providers as well as "unaligned" providers who are considered state approved public and non-profit ESL providers. To determine whether an ESL provider is in the database call 1-800-222-1990 and give the hotline operator the zip code for the area you are interested in or Literacy hotline Text - 612-424-1211. The operator will provide information about the nearest programs, operating hours and contact information. Hotline information can also be found at: http://www.mnliteracy.org/hotline

ENGLISH AS A SECOND LANGUAGE (ESL) TRAINING (Non-Core Activity)

This activity includes proficiency training for participants who need to improve their ability to speak, read, or write English. Participants must be below a spoken language proficiency level (SPL) of SPL 6 for ESL to be an approved work activity.

See §9.33 (Ed/Training Daily Supervision, Doc. & Verif.) for information on study time.

FUNCTIONAL WORK LITERACY (FWL) (Non-Core Activity)

This activity consists of participants in an intensive and work focused ESL program that offers at least 20 hours per week of class time. Participants must be below a spoken language proficiency level (SPL) of SPL 6 for this activity to be approved.

Participants must have an approved Employment Plan in order to access support services such as child care or transportation for ESL classes.

See §3.15 (Glossary: E...) for the definition of English as a Second Language. See §3.18 (Glossary: F...) for the definition of Functional Work Literacy (FWL).

See §9.33 (Ed/Training Daily Supervision, Doc. & Verif.) for study time information.

ADULT BASIC EDUCATION (ABE), ENGLISH AS A SECONDARY LANGUAGE (ESL), FUNCTIONAL WORK LITERACY (FWL):

Daily Supervision – Provided by a responsible person employed by or stationed at the institution, including but not limited, to course instructors, student advisors, or attendance office personnel.

Documentation Requirement – Group attendance sheets or time sheet (or activity log) must be submitted no less frequently than monthly. Must include:

- Participant's name.
- Dates covered by the group attendance sheets.
- Individual time sheet (or activity log).
- Actual number of hours of participation each day.
- Name, signature and phone number of the person responsible for providing the daily supervision for the job skills training directly related to Employment Provider.

Note: Another responsible person who is employed by or stationed at the job skills training directly related to Employment Provider may also sign the timesheet if the person providing the daily supervision is unable to do so. **Electronic attendance records** must contain all of the above information, but do not need to be signed by a responsible person.

Study Time Documentation - In order to count any hours of study time, the Employment Services Provider must receive a statement from the Job Skills Training Directly Related to Employment Provider or course instructor which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted by the Employment Provider must be documented on the activity log or in a case note.

On-line and Distance Learning Programs – Allowed when:

- The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program.

OR

- The on-line or distance training program is conducted in a supervised setting.

AND

- Daily supervision is provided by the course instructor or other responsible person who is overseeing the participant's on-line or distance course work and progress.

Documentation Retention – Employment Service Provider retains the time sheet (or activity log) in the participant's case file. A group attendance sheet may be filed in the participant's case file or a location that is readily accessible to program monitors. Follow MFIP records retention schedule.

GENERAL EDUCATION DEVELOPMENT (GED):

Daily Supervision – Provided by personnel from the secondary school or GED course instructor.

Documentation Requirement – High School Attendance - There are several methods of documenting satisfactory attendance of a secondary school including:

- Time sheet (or activity log) must be submitted no less frequently than monthly.
- Request for Verification of School Attendance/Progress (DHS-2883) or similar form submitted no less than monthly.
- On-line attendance record collected no less than monthly.
- Via the phone.

The documentation must include:

- Participant's name.
- Dates covered.

- **A**ctual number of hours of participation each day.

- Name, signature and phone number of the school official verifying the hours of participation.

Note: If an on-line attendance records is used to document school attendance, the record must include the participant's name, the dates covered by the on-line attendance record, and the number of hours of attendance (or the methodology used to determine the actual hours). If the student's attendance information is received by phone, the Employment Provider must document the hours, the name and contact information of the person providing the attendance information. Electronic attendance records do not need to be signed by a responsible person.

Documentation Requirement – **GED –** In addition to the above mentioned documentation requirements, a group attendance sheet may be used to document attendance for a participant engaged in GED.

Study Time Documentation - In order to count any hours of study time, the Employment Services Provider must receive a statement from the Secondary or GED provider or course instructor which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted must be documented on the activity log or in a case note.

On-line and Distance Learning Programs – Allowed when:

- The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program.

OR

- The on-line or distance training program is conducted in a supervised setting.

AND

- Daily supervision is provided by the course instructor or other responsible person who is overseeing the participant's on-line or distance course work and progress

Documentation Retention – Employment Service Provider retains a copy of the activity log, Request for School Attendance/Form (or similar form), a copy of the on-line attendance record in the participant's case file. When the attendance information is received by phone, the information must be entered as a case note or retained in the case file. Follow MFIP records retention schedule. For GED, a group attendance sheet may be filed in the participant's case file or a location that is readily assessable to program monitors. Follow MFIP records retention schedule.

Recording/Tracking Hours – All hours of Secondary School Attendance and GED are recorded and tracked on the WorkForce One system.

Verification Requirements – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and the name, signature and phone number of the school official verifying the hours of participation. If on-line attendance records are used, the Employment Service Provider verifies the participant' name, the number of actual or derived hours of participation, the method used to derive the hours of participation and the dates. If the information is received by phone, the Employment Provider must verify the name and contact information of the person providing the attendance information.

POST-SECONDARY EDUCATION AND TRAINING PROGRAMS LASTING 2 YEARS AND 4 YEARS:

Daily Supervision – Provided by a responsible person employed by or stationed at the vocational educational training institution, including but not limited to, course instructors, student advisors, or attendance office personnel.

Documentation Requirement – Time sheet (or activity log) must be submitted no less frequently than monthly. Must include:

- Participant's name.
- Dates covered by the time sheet (or activity log).
- Actual number of hours of participation each day.
- Name, signature and phone number of the responsible person responsible for providing the daily supervision for the vocational educational training provider.

Note: Another responsible person who is employed by or stationed at the vocational educational training provider may also sign the timesheet if the person providing the daily supervision is unable to do so. **Electronic attendance records** must contain all of the above information, but do not need to be signed by a responsible person.

Study Time Documentation - In order to count any hours of study time, the Employment Services Provider must receive a statement from the Vocational Educational Training provider or course instructor (including baccalaureate and advanced degree education programs) which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted by the Employment Provider must be documented on the activity log or in a case note.

On-line and Distance Learning Programs - Allowed when:

- The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program.

OR

- The on-line or distance training program is conducted in a supervised setting.

AND

- Daily supervision is provided by the course instructor or other responsible person who is overseeing the participant's on-line or distance course work and progress.

Documentation Retention – Employment Service Provider retains the time sheet (or activity log) in the participant's case file. Follow MFIP records retention schedule.

Recording/Tracking Hours – All Vocational Educational Training hours are recorded and tracked on the WorkForce One system.

Verification Requirements – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and name, signature and phone number of the person

providing the daily supervision of the participant attending vocational educational training (or other responsible person's name, signature and phone number). **No signature is required for electronic attendance records.**

When intervention exceeding your expertise is required, make a referral to the appropriate county or community agency. Issues you are likely to identify which require a referral include chemical dependency, mental or emotional health problems, family violence, physical health problems, and legal problems.

A wide variety of work-related activities can be in a plan in order to help the participant move beyond social, legal, and health issues to employment. See §7.9 (Allowable Activities), and §7.9.3 (Order of Preference for Allowable Activities). Participants who receive social services or health-related services should also participate in concurrent job search or work unless you determine this is not a realistic expectation. Although these are non-countable activities for purposes of the participation rate, see §16.3 (TANF Participation Rate), the hours of participation in social, legal, and health-related services should be entered on Workforce One (WF1).

When the current plan is limited to only social, legal, or health-related services, include a date for reassessment and specify any required meetings with you.

Child care is available to cover costs associated with participation in social service activities included in a plan, even if these are the only activities included in the plan.

This section includes social services as well screening and assessments that can lead to participation in social services. Hours tracked in these activities are **not countable** towards the participation rate.

NOTE: Chemical health, mental health or rehabilitation services may be counted as part of the first 6 weeks of "job readiness". See §9.18 (Job Search/Job Readiness Documentation & Verification).

ASSESSMENT (Other Allowable Activity)

Assessment means the continuing process of gathering information related to employability. Although assessments may identify barriers to employment, the focus and tone should be based on identifying each participant's strengths. See §6.3.6 (Strengths-Based Approach). Also track as assessment when the participant is involved or engaged in an assessment related activity, including activities associated with:

Initial assessment:

- Orientation and overviews;
- Employability Measure; and
- Employment Plan Development

Formal assessment:

- Educational assessments;
- Vocational assessments;
- Psychological assessments; and
- Medical assessments

Continuous assessment:

- Periodic check-ins (non JS related);
- Updating Employment Plans;
- Retention Services;
- Crisis Management; and
- Avoiding/Curing sanctions

SCREENING (Other Allowable Activity)

This activity includes using the MFIP Self-Screen (DHS-3482) and the Brief Screening Tool for Special Learning Needs (DHS-3504).

PARTICIPATING IN SOCIAL SERVICES (Other Allowable Activity)

This activity is used for participants who are involved in all forms of social service interventions. Possible interventions include: child protection, chemical dependency assessment or treatment, mental health assessment or treatment, assessment for learning disabilities, domestic violence services.

For participants engaged in social service activities that are not being tracked for job readiness under "Job Search" in Workforce One (WF1), document the following social service interventions:

- Treatment plans.

OR

- Chemical Dependency or Mental Health services.

OR

- Counseling.

OR

- Meeting with advocates.

OR

- Child protection.

These activities should be documented by the participant on their activity log. Although it is not required that the professionals working with the participant sign the activity log it is seen as good practice.

Hours of Social Services being reported as Job Readiness Assistance for each participant engaged in these activities must be documented and verified in order for the hours to count towards the work participation rate. You must have a signed release to communicate with the social service provider.

Acceptable documentation for the weekly check-in is a case note in the participant's file or an indication on the activity log that the check-in was satisfactorily completed for each/all activities.

When daily supervision is not required, a general guideline for checking in with the participant is no less than monthly. If you have reason to check in less frequently, document the reason in a case note.

DAILY SUPERVISION OF SOCIAL SERVICE ACTIVITIES

Daily supervision **may or may not be required** for someone who is in Social Service activities.

Require participants who are engaged in Social Services being tracked as Job Readiness ("Job Search" on WF1) to be supervised no less frequently than daily. Daily supervision can be provided by the service treatment provider, an employment services staff person, or other responsible individual.

At a minimum, daily supervision means the employment counselor and participant must have developed an agreed upon schedule of daily activities. For mental health, substance abuse, or rehabilitation activities, hours will be based on the recommendations or treatment plan signed by a qualified health professional, and/or a schedule of group meetings.

Supervision also includes at least 1 in-person or phone check-in each week. During the check-in, the participant and the employment counselor must review progress, identify support service needs, and make any necessary changes in the schedule of activities.

Do **not require** daily supervision if the participant is only engaged in Social Service activities and is not being tracked for Job Readiness in WF1 under "Job Search". Follow up with the participant no less than monthly. Update the Employment Plan at least every 3 months. If the Employment Plan warrants less frequent contact, case note why less contact is required and how often the follow-up will occur.

EXAMPLE 1: A participant has a family violence waiver and is receiving Family Stabilization Services (FSS). The Employment Plan for FSS participants, written with the advocate only includes safety activities. This does not fit the definition of job readiness nor are there activities that can be tracked in any other category. **There is no requirement of daily supervision**. Follow up should be provided no less than monthly with the participant and the Employment Plan should be updated every 3-6 months.

EXAMPLE 2: A participant has a family violence waiver and is receiving Family Stabilization Services (FSS). The Employment Plan for FSS participants, written with the advocate includes safety activities, job search, and mental health counseling. Job search should be tracked under "Job Search" in WF1. The counseling can be tracked under "Job Search" because it fits the definition of "Job Readiness". The safety activities should be tracked in "Social Services". **In this case daily supervision of counted activities is required.**

Hours tracked in these activities are **not included** in the work participation rate calculation.

HOLDING (Other Allowable Activity)

This non-activity temporarily places a participant in "suspension". Holding is commonly used to allow some time to pass before anticipated entry into another activity. It is also recommended to use this when someone already enrolled in MFIP takes the 12 month exemption, in order to avoid a new referral process.

HOLDING – SANCTION (Other Allowable Activity)

This non-activity is used when a participant is in sanction status for non-cooperation with MFIP Employment Services.

OTHER (Other Allowable Activity)

This activity is used to track hours for activities not included in other activity categories. Efforts to stabilize the family by securing suitable housing, doctor appointments, etc. may be included.

The following is a list of mandatory verification for Holding and Other activities:

- Holding. Document in case notes why the Holding activity is being used. If appropriate open identifier to indicate reason for use of Holding activity.

- Holding Sanction. Copies of the Notice of Intent to Sanction should be in the case as well as any other supporting case notes documenting the reason for the sanction. If the participant meets eligibility criteria for Family Stabilization Services (FSS) there must be a copy of the completed FSS Pre-Sanction Checklist (DHS-6075) in the case. Attempts to contact the participant to discuss how to cure the sanction should also be documented in case notes. Although the participant may choose not to respond to your contacts, continue contact at least once per month.

- Other. Document in case notes why the other activity is being used. Hours of activity should be tracked on an activity log and recorded in Workforce One (WF1). If appropriate open identifier to further identify Other activity.

DAILY SUPERVISION

Daily supervision is not a requirement for these activities.

It is not uncommon for participants in the "Other" activity to have a plan that has multiple activities. Department of Human Services (DHS) recommends follow-up on the "Other" activities at the same time you are checking in with the rest of the plan.

ROUNDING UNPAID ACTIVITY HOURS 9.47

There are 2 types of rounding methods. The rules governing which method depends on the type of activities participant is engaged in.

For each week, the Employment Counselor should enter the number of hours the participant was engaged in an unpaid activity, and round to the nearest whole number when the hours of participation are not equal to a whole number.

- Round **down** to the nearest whole number if the number of hours the participant was engaged in an unpaid activity is from 00.01 to 00.49.

- Round **up** to the next whole number if the number of hours the participant was engaged in an unpaid activity is from 00.50 to 00.99.

The rounding policy also applies to all unpaid non-countable activities.

Apply the same rounding policy for a participant who is engaged in more than 1 unpaid activity during the month. Round the hours of participation for each unpaid activity separately each week.

This rounding policy applies to the following unpaid core and non-core activities:

- Job Search/Job Readiness Assistance.

- (Unpaid) Work Experience.

- Community Service Programs.

- Vocational Educational Training (0 – 12 months and 13 – 24 months).

- Job Skills Training Directly Related to Employment.

- Adult Basic Education (ABE).

- English as a Secondary Language (ESL).

- General Equivalency Degree (GED).

- Functional Work Literacy (FWL).

- High School Completion.

- Providing Child Care to Participant Engaged in Community Service Program.

Participants in the activities listed below may be credited for holidays, plus a limited number of days for Other Excused Absences (OEA).

- Community Work Experience Program (CWEP).
- Unpaid Work experience.
- Job Search and Job Readiness Assistance.
- Community Service Programs.
- High School Completion.
- GED classes.
- Functional Work Literacy (FWL).
- English as a Second Language (ESL).
- Post-secondary Vocational Education Training lasting 12 months or less.
- Post secondary Vocational Education Training, 13 – 24 months.
- Job Skills Directly Related to Employment.
- Providing Child Care to Community Service Program Participant.

NOTE: It is also allowable to use OEA for activities not counted towards the TANF participation rate. Using OEA for activities such as "Social Services" or "Other", count towards the 80 hours of holiday and OEA limits.

Excused Holidays

Participants will be credited as participating on the holidays listed below. Up to 8 hours can be used for each of these holidays; participants must be credited with the number of hours they would have been scheduled for if the day had not been a holiday.

- New Year's Day (January 1st).
- Martin Luther King Day (3rd Monday in January).
- President's Day (3rd Monday in February).
- Memorial Day (Last Monday in May).
- Independence Day (4th of July).
- Labor Day (1st Monday in September).
- Veterans Day (November 11th).
- Thanksgiving Day (4th Thursday in November).
- The Day after Thanksgiving (4th Friday in November).
- Christmas Day (December 25th).

When New Year's Day, Independence Day, Veterans Day, or Christmas Day falls on Sunday, the following Monday shall be a holiday. When New Year's Day, Independence Day, Veterans Day, or Christmas Day falls on Saturday, the preceding Friday shall be a holiday.

To correctly apply the holiday hours correctly, follow the guidance below.

1. To determine whether or not a participant can be credited with holiday hours the participant must be scheduled to participate in one or more unpaid activities on the date of the holiday, but was unable to participate because the office/location where the activity was to occur was closed due to the holiday.

2. Refer to the participant's employment plan activity schedule to determine the number of holiday hours to credit the participant and the corresponding activity.

3. The holiday hours should be proportionately split between multiple activities when the participant was scheduled to be engaged in multiple activities on a holiday.

Other Excused Absences (OEA) for Participants in Education and Training Activities

Participants engaged in Education and Training Activities, including Vocational Educational Training, Adult Basic Education (ABE), Functional Work Literacy (FWL), English as a Second Language (ESL) and General Education Development Certificate (GED) Training will be credited with no more than 80 hours of excused absences over a 12 month period, with no more than 16 hours in a calendar month period. Participants will be considered to be meeting the attendance requirements and credited with excused hours when the educational institution is not in regular session, including holiday breaks. This policy does not apply to summer breaks.

Granting Excused Absence Credit

Participants do not have to accrue excused absence hours. A participant is eligible for the full excused absence policy as soon as they become engaged in one of the activities listed at the beginning of this section.

Credit a participant with no more than 16 hours per month for excused absences, with no more than 80 hours of excused absences over a 12-month period. The 12-month period is a rolling period. To determine whether the participant is eligible for an excused absence credit, look back over the previous 11 months.

If the participant has been granted OEA for 80 hours over the previous 11 months, the participant is not eligible for any additional hours of OEA in the 12th month.

If the participant has been granted OEA for less than 80 hours over the previous 11 months, the participant is eligible to be credited with the number of hours equal to 80 hours minus the

number of OEA hours credited in the previous 11 months.

Participants are eligible for up to the number of hours they were scheduled for on the OEA day(s). A participant may use as little as one hour of OEA per occurrence.

Hours must be recorded in the activity category where the hours were missed.

Case note the reason for the OEA and reference giving the participant an "Other Excused Absence" or "OEA" allowance for that day.

To apply the OEA hours correctly, follow the guidance below.

To determine whether or not a participant can be credited with OEA hours the participant must:

1. Check the previous 11 months to determine that they are eligible for OEA Hours.

2. Refer to the participant's employment plan activity schedule to determine the correct number of OEA hours to credit the participant and the corresponding activity. If the plan is written for 25 hours a week. The participant would be credited 5 hours for the day.

3. The OEA hours should be proportionately split between multiple activities when the participant was scheduled to be engaged in multiple activities on the date the participant was unable to participate.

4. Use Good Cause Reasons to grant OEA hours. A participant may be credited with OEA hours for any good cause reason. However, OEA may also be granted for reasons unrelated to good cause. See §14.6 (Good Cause for Non-Compliance).

NOTE: The "OEA" for work participation purposes should not be confused with good cause as it relates to the sanction policy. Good cause is not limited to 80 hours per 12 months. Participants must not be sanctioned if they have good cause.

Workforce One (WF1): Record the OEA hours in the Excused row under the appropriate, corresponding activity (i.e. Job Search). A corresponding case note should be written documenting the reason.

Because participants are ONLY eligible for up to the number of hours they were scheduled for on the excused absence day(s). A participant may use as little as one hour of excused absence per occurrence.

This is a function in the Workforce One (WF1) system that provides a means for Employment Services to keep track of additional characteristics of a case. Additional information about a plan type, person, or activity can be collected by using identifiers. Identifiers are found on the activity page under the program tab and can be entered in 3 places:

- On the identifier table.
- As part of entering an activity.
- As part of entering an Employment Plan.

Close the identifier when it no longer applies to the participant or the case closes.

You may have zero to many identifiers.

IDENTIFIERS THAT FURTHER DESCRIBE THE PLAN TYPE OR A CHARACTERISTIC OF THE PERSON

Mental Health (MH) Diagnosis - Use this identifier when the participant is diagnosed with a mental health condition. This identifier will be used most likely in conjunction with the Hard to Employ FSS plan type, but could also be used with any other plan type including "Employment Plan". People with mental health issues can successfully work and fully participate in work activities.

Developmental Disability (DD) - Use this identifier when the participant is diagnosed with a developmental disability. The diagnosis of a developmental disability (DD) is included here. This identifier will most likely be used with the Hard to Employ FSS plan type, but could also be used with any other plan type, including "Employment Plan". People with developmental disabilities can successfully work and fully participate in work activities.

Learning Disability (LD) - Use this identifier when the participant is diagnosed with a learning disability. This identifier will most likely be used with the Hard to Employ FSS plan type, but could also be used with any other plan type, including "Employment Plan". People with learning disabilities can successfully work and fully participate in work activities.

Low IQ - Use this identifier when the participant is diagnosed with an IQ under 80. This identifier will most likely be used with the Hard to Employ FSS plan type, but could also be used with any other plan type, including "Employment Plan". People with low IQs can successfully work and fully participate in work activities.

Physical Illness/Incapacity - Use this identifier when medical treatment for an illness or incapacity is expected to last 30 days or more. This identifier will most likely be used with the FSS – Ill or Incapacitated plan type, but could also be used with any other plan type, including "Employment Plan". People with physical illness/ incapacity can successfully work and fully participate in work activities.

Unemployable - Use this identifier for a participant who meets the definition of "unemployable". The definition can be found in the current extension policy, §13.18.12 (Unemployable Extension Criteria). This is the only identifier that is associated with a plan type and is not a diagnosis. Department of Human Services (DHS) recommends the use of this identifier only if the person has been found eligible for the Hard to Employ – Unemployable category (FSS/extended & pre 60 month FSS). See §13.18 (Hard To Employ Extensions).

IDENTIFIERS THAT FURTHER DESCRIBE THE ACTIVITY OR OTHER SPECIAL CIRCUMSTANCE:

Child Under 12 Months Exemption - Use this identifier when the participant is using the child under 12 month exemption. This will primarily be used with the "Holding" activity.

Chemical Dependency (CD) Assessment - Use this identifier when a participant agrees to complete a CD assessment in his/her employment plan. This identifier can be opened when the CD assessment is put into the Employment Plan. Close it when you receive the assessment. If the participant does not follow through with completing the assessment, close the identifier, put "unsatisfactorily" completed and write in comments that they did not follow through. This will primarily be used with the "Job Search", "Assessment", or "Social Services" activities.

Mental Health (MH) Assessment - Use this identifier when a participant is scheduled for and completes an assessment. This identifier can be opened when the MH assessment is put into the employment plan. This identifier can be closed when you receive the assessment. If the participant does not follow through with completing the assessment, close the identifier, put "unsatisfactorily" completed and write in comments that they did not follow through.

Use in conjunction with "Job Search", "Assessment", or "Social Services" activities.

Mental Health (MH) treatment - Use this identifier when the participant has agreed to mental health treatment as part of the Employment Plan. This is includes but not limited to: counseling, in-patient or out-patient mental health services, and support groups.

Use in conjunction with the "Job Search" or "Social Services" activities.

Chemical Health (CD) treatment - Use this identifier when the participant has agreed to do CD treatment as part of the Employment Plan. Close it when all treatment is completed. Include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings here as well.

Use in conjunction with the "Job Search" or "Social Services" activities.

Self Screen - This is the **MFIP Self Screen** for mental and chemical health issues. When you administer this screening, open and close this identifier the same day. Hours (or minutes in this case) for this should be captured in whichever activity you are using for the appointment, typically "Job Search", "Assessment", or "Social Services". This simply documents that the screening has been completed.

Learning needs screen - This is the **Brief Screening Tool for Special Learning Needs.** When you administer this screening, open and close this identifier on the same day. Hours (or minutes in this case) for this should be captured in whichever activity you are using for the appointment, typically "Job Search", "Assessment", or "Social Services". This simply documents that the screening has been completed.

Rehabilitation Services - Use this identifier when a participant has been referred to Rehabilitation Services (RS). This identifier can be opened when the referral is made to RS and can be left open throughout the eligibility determination process. Close this if the RS Counselor finds them ineligible for services, puts them on a waiting list, or discontinues services with the participant.

Use in conjunction with the "Job Search" or "Social Services" activities.

Child protection - Use this when a participant is working with child protection and you have included activities related to child protection in the Employment Services Plan.

Use in conjunction with the "Social Services" activity.

Medical treatment - Use this when a participant has an illness or incapacity expecting to last 30 days or more and the Employment Plan includes medical treatment activities such as medical appointments, physical therapy, dialysis, etc. Use in conjunction with the "Other" activity.

Safety activities - Use this identifier when a participant has a Family Violence Waiver. This identifier will be for specifics in the Plan related to the violence such as meeting with the domestic violence advocate, doing activities through a battered women's shelter, participating in domestic violence support groups, etc.

Bachelor's degree - Use this identifier when the participant is in an approved education plan to complete a bachelor's degree.

Use in conjunction with the "Job Skills Training Directly Related to Employment" activity.

Advanced degree - Use this identifier when the participant is in an approved plan for obtaining an advanced degree such as a master's degree or certificate. (For example, a certificate might be a teaching certificate).

Use in conjunction with the "Job Skills Training Directly Related to Employment" activity.

CWEP - Use this identifier for a particular participant after exhausting other employment opportunities, including opportunities to participate in other work activities. This means that as a condition of making a CWEP placement the participant must first be provided with:

- An opportunity for placement in suitable subsidized or unsubsidized employment through participation in job search.

OR

- Placement in suitable employment through participation in On-The-Job Training, if such employment is available.

Use in conjunction with the "Community Service" activity.

Housing – Use this identifier when the participant is homeless and their employment plan includes looking for housing.

Use in conjunction with the “Other” activity.

Supported Work – Use this identifier for a participant who is in a supported work position.

Child care assistance for MFIP participants is available through the child care fund as follows:

- Participants must submit an application for child care assistance.
- Child care assistance is available to support MFIP participants for participating in authorized activities.
- Child care assistance is available for children through age 12. Children through age 14 may also receive child care assistance if they have a disability.
- Child care assistance pays for child care expenses, minus the parent's co-payment fee, are paid by Child Care Assistance.

CHILD CARE ASSISTANCE FUND

MFIP participants may receive child care assistance to:

- Attend an orientation.
- Attend an overview.
- Develop an Employment Plan (EP).
- Comply with activities in an Employment Plan (EP).
- Attend assessments.

While child care for employment and job search is available to all MFIP participants, child care for education/training or other activities is only available after enrollment in MFIP Employment Services.

Specific rules and limits on child care are discussed in more detail in the sections on work, education, other activities, and 2-parent families which follow in this chapter.

Payment of child care assistance for work or job search is effective the date employment or job search starts, or the date of MFIP eligibility, whichever is later. Payment of child care assistance for activities (other than work and job search) in the Employment Plan is effective the date it is authorized in the plan. This means that the child care expenses incurred for activities other than work or job search will be paid only when they are included in a plan.

WORK

When a participant is receiving an MFIP grant but DOES NOT have an Employment Plan, child care for employment is available as long as the participant works an average of 20 hours per week, receives at least the applicable minimum wage, and meets all other requirements of the child care assistance fund rule and law. When the parent has an Employment Plan, child care for employment is available as determined in the plan. For additional information, see §10.3.18 (Child Care for Employment), §7.12 (Plan for Victims of Family Violence).

OTHER REQUIREMENTS

- All participants must cooperate with child support enforcement. Child care is not available to participants in a child support sanction.

- Parents must use legal providers. Legal non-licensed providers must be registered with and authorized by the county before payments for child care may be made.

- Child care assistance for job search is available for up to 240 hours in a calendar year without an Employment Plan.

- Child care assistance for job search that is included in the Employment Plan is available as identified in the plan.

- Child care assistance is available up to 120 hours in a 2 week period per child.

CHILD CARE RESOURCE AND REFERRAL

Counties must inform all MFIP applicants and participants of the Child Care Resource and Referral (CCR&R) services available to them. Minnesota law requires counties to:

- Insure that child care services available to eligible residents are well advertised.

AND

- Inform all MFIP applicants and participants of training and employment opportunities and programs, including child care assistance and child care resource and referral services.

Minnesota has a Child Care Resource and Referral (CCR&R) agency for each region in the state. In the metro area there is a CCR&R agency for each county. State law requires these agencies to provide up to date information on all types of licensed child care, including family day care, center care, half-day programs, Head Start, drop-in programs, and school-age programs.

Participants calling the designated CCR&R agency for their area will receive a computerized list matching their child care needs to those providers with openings to meet their needs. Information includes hours of care needed, ages of children, openings, rates, location, school districts, pets, smoking or non-smoking, special needs, training of provider, transportation, and program philosophy.

Participants will receive detailed information, both through phone counseling and written materials, on how to choose child care, parents' rights in choosing care, indicators of quality, how to set up a good parent/provider interview, and how to negotiate a good parent/provider contract.

For more information on the CCR&R program or agencies, contact the Child Care Resource and Referral Grants Administrator at http://www.mnchildcare.org/ or 1-888-291-9811, or the Department of Human Services (DHS).

When a participant needs child care assistance for an activity in the Employment Plan (EP), you must:

- Provide participants with information about Child Care Aware services to help families find and select child care. You can reach your local Child Care Aware agency online at http://www.childcareawaremn.org/ or by calling 1-888-291-9811.
- Help the participant complete an application for child care assistance if one has not already been completed.
- Provide the child care assistance worker with information about the activities included in the Employment Plan.

The county should develop a communications process between the job counselor and the Child Care Assistance Program worker that supports sharing information as efficiently and as timely as possible so that the Child Care Assistance Program worker can authorize child care assistance. The job counselor and child care assistance worker can communicate through a variety of methods (including, but not limited to, fax and email).

The child care assistance worker should not re-verify activity information that is monitored by the job counselor.

ROLES AND RESPONSIBILITIES OF JOB COUNSELORS AND CHILD CARE ASSISTANCE WORKERS

Job counselors and child care assistance workers must follow different policies and procedures. Detailed information about the Child Care Assistance Program policies and procedures is located in the Child Care Assistance Program Policy Manual.

The job counselor is responsible for:

- Determining the activities included in the Employment Plan.
- Monitoring participation in Employment Plan activities on an ongoing basis.
- Adjusting the Employment Plan as needed.
- Determining if a client is out of compliance with his/her Employment Plan.

- Notifying the child care assistance worker within 10 days of changes in Employment Plan activities, changes in the parent's schedule if known, and sanctions.

The job counselor can use the DWP/MFIP Status Update Form (DHS-3165) or a county-created form to send information to the CCAP worker. The information the job counselor must send the child care assistance worker to authorize child care includes:

- The activities included in the Employment Plan, including activity type and activity begin dates.
- The schedule of the parent's participation in those activities, including travel time and breaks needed, if known.
- Clustering or grouping Employment Plan activities to create blocks of time to work with child care provider schedules and practices, when possible.

The job counselor is not required to send the Employment Plan to the child care assistance worker.

Your county may determine which worker is responsible for determining how many hours of child care are needed, provided that worker is considering:

- The activity schedule of the parent(s).
- The school schedule of the children.
- The provider's availability.

The CCAP worker is responsible for:

- Determining how many hours of care are needed.
- Authorizing the care the family is eligible for.
- Acting on information received from the job counselor within 10 days.
- Ensuring that families and providers are given 15-day notice of adverse actions.

- Communicating concerns about actual participation in the activities in the Employment Plan to the job counselor. The child care assistance worker should not take action to reduce or end the authorization for non-participation in Employment Plan activities unless the job counselor changes the Employment Plan.

- Obtaining schedule verification of the activities in the Employment Plan **only if** the job counselor has not provided the schedule information.

- Obtaining income verification for employment. An Employment Plan cannot be used as verification of income for Child Care Assistance Program.

The child care assistance worker is not responsible for monitoring the client's participation in the activities of the Employment Plan.

GUIDANCE FOR CHILD CARE ASSISTANCE PROGRAMS (CCAP) SERVICE AUTHORIZATIONS FOR MFIP/DWP PARTICIPANTS WITH EMPLOYMENT PLANS

An MFIP/DWP participant is eligible for Child Care Assistance Program (CCAP) if the participant meets all CCAP eligibility requirements. If a participant receiving child care has an Employment Plan (EP)**,** the **amount of CCAP authorized** must be based on the parents' schedule of participation in the activities identified in the Employment Plan, including the amount of travel time needed to complete activities, the child's school schedule, the provider's availability, and any other factors that would affect the amount of care that the child needs.

The amount of child care authorized should reflect the child care needs of the family and minimize the out-of-pocket child care costs to the family.

Care must be authorized in full hour increments. The number of hours authorized for each child should be the number of hours that care is needed to support the parental authorized activities, excluding the hours that care is not needed or hours the provider is not available. The child may not need child care due to being in school or the parent having another care arrangement.

In a 2-parent family where both parents are in an authorized activity and are able to care for the child, care should only be authorized during time periods when both parents are participating in authorized activities, including travel time and breaks/meals. During times when only 1 parent is participating in authorized activities, care is not needed because the

other parent is available to care for the child.

Additional guidance about authorizing child care is found in the Child Care Assistance Program Policy Manual Chapter 9.1 (Child Care Authorization). Job Counselors have flexibility in determining appropriate activity schedules to create Employment Plans that meet the needs of participants and their families.

MONITORING AND AUTHORIZATIONS

The job counselor regularly determines if the participant is participating in the activities in the Employment Plan. They must take appropriate action when and if changes occur or an Employment Plan ends.

Specific details about the status of Employment Plans and their active dates:

- If an MFIP/DWP participant has an Employment Plan, consider that person to be participating in the activities in the Employment Plan until the job counselor ends or changes the Employment Plan.

- All signed Employment Plans are considered to be "approved".

- The job counselor does not need to indicate a date that the Employment Plan or the Employment Plan activities will end if the job counselor believes that the family will continue to participate in the activities.

- The review dates listed on the Employment Plan should not be interpreted as "end dates". Child care assistance should not automatically end if an Employment Plan review date has passed and a new Employment Plan has not been completed.

- Workforce One (WF1) assigns a "Plan Start Date" on the front page of the Employment Plan and does not allow that date to be adjusted. Individual activities within the Employment Plan can have earlier dates than the "Plan Start Date". Child Care assistance can be authorized and paid back to the earlier individual activities dates as long as the family was MFIP eligible and meets all other Child Care Assistance Program eligibility requirements.

- When a participant is out of compliance with their Employment Plan and the non-compliance results in a sanction, the job counselor worker should:

- Consider whether the participant is working towards curing the sanction, if so Child Care Assistance should remain in place. (During the Notice of Intent to Sanction phase, Child Care Assistance should not be cancelled. Assume childcare is needed to prevent the sanction.)

- If the participant is not working towards curing the sanction, send a Status Update to the Child care assistance worker. The the Child care assistance worker will determine if the child care authorization needs to be reduced or ended and send a 15 day notice of adverse action to the participant and the child care provider and close the CCAP case. See Child Care Assistance Program Policy Manual Chapter 4.3.3.9 (MFIP Sanctions) for more information about how sanctions impact Child Care Assistance Program authorizations.

EMPLOYMENT PLANS AND CCAP OVERPAYMENTS

Participants may be charged with Child Care Assistance Program overpayments if:

- The job counselor fails to notify the child care assistance worker within 10 days that an Employment Plan has changed or ended or that the participant is sanctioned.

- The participant does not provide timely reports of changes in income, family composition or other factors related to the family's eligibility for child care assistance.

- The participant fails to cooperate with child support.

A job counselor may determine that a participant has not been in compliance for a prior period of time with some or all of the activities identified in the Employment Plan. Just as there is no MFIP overpayment or retroactive adverse action for a participant's noncompliance with the activities in his/her Employment Plan, there should not be a Child Care Assistance overpayment due to lack of or reduced participation in the EP activities, except in cases of fraud.

Most participants will need child care assistance to participate in Employment Services. Assistance with child care expenses must be provided when necessary and requested because participation is required. Child care may be authorized for most activities included in an Employment Plan. See §10.3.12 (Allowable Child Care Activities) for information about which expenses are covered by the MFIP child care fund. Child care is also covered when necessary for financial assistance orientation, the overview, and meetings with job counselors to develop an Employment Plan (EP). Arrangements for child care prior to development of a plan may be the most difficult situation to coordinate.

Such situations may include:

- Participants must complete an application, locate a provider, and have the provider complete registration requirements. The child care funds must be authorized. All of these steps may delay reimbursement to the child care provider or participant.

- Participants may use a child care provider that the county is unable to reimburse because the child care provider will not or cannot meet registration requirements.

- Participants may not have the money to pay for child care, and reimbursement could take a few weeks or more.

- Inability to find child care may become a common "good cause" reason for failure to attend the necessary meetings to develop an Employment Plan. See §10.3.36 (Good Cause - Inability to Obtain Child Care).

- Participants may be working before the EP is developed. The county should address this issue by expediting referrals to MFIP Employment Services and to Child Care Assistance. When that is not possible, the job counselor can back date the EP to the date of employment or the date of MFIP eligibility, whichever is later.

The maximum amount of child care assistance that may be authorized in a 2-week period is 120 hours per child.

AUTHORIZED ACTIVITIES IN AN EMPLOYMENT PLAN

Child care may be authorized for the following activities when they are approved and included in an Employment Plan:

ACTIVITY:

- Assessment
- Training/Education 12 months or less
- Training/Education 13+ months
- English as a Second Language (ESL) Training
- Adult Basic Education (ABE)/Remedial Training
- Functional Work Literacy (FWL)
- High School Completion
- General Educational Development (GED) Training
- On-The-Job Training (OJT) - Public Sector
- On-The-Job Training (OJT) - Private Sector
- Volunteer and Community Service
- Grant Diversion
- Community Work Experience Program (CWEP)
- Work Experience
- Uncompensated Work Experience
- Job Search
- Employed less than 30 hours per week
- Employed 30 hours or more per week
- Participating in Social Services

  NOTE: These activities include, but are not limited to, chemical and mental health assessment (includes learning disabilities), counseling and treatment, or related support groups and continuation of care activities.

- Employment Plan for Family Violence Waiver

  NOTE: This activity includes the process where victims of family violence develop and follow a plan to ensure the safety of themselves and their children.

- Other

  NOTE: Other activities may include pre-employment or social service activities needed to help families reach their employment goals and enhance their ability to care for their children. Child care necessary to participate in these types of activities should be authorized in the participant's plan.

- Employment Plan for Family Stabilization Services Participants

AUTHORIZED ACTIVITIES OUTSIDE OF AN EMPLOYMENT PLAN

Child care may be authorized for the following activities outside of an approved Employment Plan:

- Financial and employment services orientations and assessments.
- Appeals and hearings for cash assistance.
- Job search up to 240 hours per calendar year. There is no minimum amount of hours required for authorization. Job search includes locating and contacting potential employers, preparing for interviews, interviewing, and up to 2 hours of travel time per day as needed.
- Employment for at least an average of 20 hours per week, or 10 hours per week if a full-time student, and earning at least the applicable minimum wage.

ACTIVITIES THAT CANNOT BE AUTHORIZED

Child care cannot be authorized for the following activities, regardless of whether they are included in an approved Employment Plan or not:

- Participants who are engaged in political activities done for political purposes when the act is done to influence voting as in a primary or other election. This applies to any paid, uncompensated, or subsidized private sector or public sector position.
- Licensed family child care providers and their employees and legal nonlicensed child care providers and their employees are NOT eligible to receive child care

assistance for their own children or children in their family during the hours they are providing child care or being paid to provide child care.

Give participants information about accessing child care during the Employment Services overview. Explain the participant's responsibility to make arrangements for child care when it is needed to participate in job search activities.

DETERMINING HOW MANY HOURS OF CHILD CARE TO AUTHORIZE

- Child care is available to cover up to 120 hours in a 2-week period per child for authorized activities. Authorize all hours necessary to participate in job search activities. For participants with an approved Employment Plan, activities can include:
  - Job search activities
  - Employment
  - Education/training
  - Other activities in the plan (which may include social services activities), or any combination of these activities. See §10.3.27 (Child Care for Social Services in the Employment Plan).

- Child care may be authorized for job search activities on or off the agency's site. Payment of child care for hours where participants are job searching at home should be by exception, not standard practice. If job searching at home would require payment of child care, require the participant to complete this activity at the agency site instead.

The Child Care Assistance Program has guidance about determining authorized child care hours in the Child Care Assistance Program Manual Chapter 9.1 (Child Care Authorization). Job Counselors have flexibility in determining appropriate activity schedules to create employment plans that meet the needs of participants and their families.

DETERMINING HOW MANY HOURS OF CHILD CARE ARE AVAILABLE

When the participant is working child care assistance should be provided for the actual hours of participation, break and meal time during employment, and travel time (travel time includes time from the site of child care to employment and return to the child care site).

Employed caregivers who do not yet have an approved Employment Plan must work an average of at least 20 hours per week (10 hours per week if the participant is a full-time student) and receive at least applicable minimum wage for all hours worked in order to be eligible for child care assistance. Caregivers who are enrolled in Employment Services are exempted from these restrictions, and may receive child care for hours that are included in an Employment Plan.

Refer to the Child Care Assistance Program Manual for further information on childcare for participants who work 3rd shift, irregular hours or other non-traditional childcare schedules.

Participants can receive child care for approved activities in an Employment Plan, including hours necessary to develop a business plan and a reasonable amount of start-up time where the business may be generating little or no income.

A reasonable amount of start-up time should be determined with assistance from the organization helping to develop the business plan. In general, Department of Human Services (DHS) recommends reviewing the plan after 3 months to determine whether the plan is still appropriate. After this period of time, only hours where the participant is earning minimum wage should be approved. These hours are arrived at by dividing the net gross income by the applicable minimum wage.

When 1 parent in a 2-parent family is self-employed, child care necessary for the other parent to participate in activities in their plan can only be approved for hours in which the parents' work-related activities conflict.

When participation in basic education is included in an Employment Plan, you may authorize the number of hours necessary to enable the participant to attend class and to complete assignments not to exceed 120 hours in a two week period per child.

CHILD CARE FOR BASIC EDUCATION

Examples of basic education programs include:

- High school.
- GED.
- Remedial course work.
- English as a Second Language (ESL).
- Adult Basic Education (ABE) courses.

CHILD CARE FOR A POST-SECONDARY PROGRAM

When an education or training program is included in an Employment Plan, you may authorize child care assistance necessary for the participant to comply with this plan.

Job counselors have flexibility in determining appropriate activity schedules to create education plans that meet the needs of participants and their families. Special considerations could include study time, tutoring needs, special learning needs and travel time.

Job counselors can refer to the guidance that child care assistance workers are given about developing a child care schedule for parents in school. See Child Care Assistance Program Policy Manual 9.12 (Authorized Hours - Students).

Child care assistance should cover care for education activities including, but not limited to:

- All hours of actual class time.
- Credit hours for coursework that does not have direct class time including online courses, independent studies and internships.
- Travel time.

- Up to 2 hours per week per credit hour for post-secondary students for study and academic appointments,

For information on post-secondary education limits, see §9.27 (Post-Secondary Training & Education).

For some participants in Employment Services, working on issues that interfere with obtaining or retaining employment may be the best course of action. Examples include chemical health, mental health, family violence, or issues identified through child welfare services. Child care assistance can be authorized for these activities if:

- Participation in the activity supports progress toward the employment goal.

AND

- The activity has been included in an approved Employment Plan.

AND

- Child care is necessary for the participant to engage in the activity.

Continuation of child care assistance for social services in the Employment Plan is based on your determination that the participant is attending the activity, making acceptable progress, and that child care assistance is still necessary.

Payment of child care assistance for social services in the Employment Plan is effective the date you authorize it. This means that the child care expenses incurred for social services will be paid only when they are included in an Employment Plan and the participant is considered to be in compliance with those activities.

CHILD CARE FOR MEDICAL RESTRICTIONS IN THE EP 10.3.28

Payment of child care assistance for medical restrictions and activities in the Employment Plan (EP) is effective the date you authorize it. This means that the child care expenses incurred for medical restrictions and activities will be paid only when they are included in an EP and the participant is considered to be in compliance with those activities.

For some participants in Employment Services, an employment plan (EP) will be written to accommodate a participant's medical restriction and/or incorporate activities necessary for the treatment of that medical condition. Child care can be authorized for participants with the following restrictions and activities:

- **Medical restrictions due to pregnancy**
  Medical appointments and activities needed for the pregnancy can be included in an EP and authorized for child care. Examples include but are not limited to: appointments with doctors, nutritionists, and public health nurses.

- **Short-term medical restrictions**
  Medical appointments and activities needed to improve health or recover can be included in an EP and authorized for child care. Examples include but are not limited to: appointments with doctors, physical therapy appointments, and dialysis.

In cases of more debilitating restrictions such as bed rest, hospitalization or hospice, the employment services provider should use professional discretion when determining if child care is appropriate. Consider the following factors when determining whether or not to approve child care:

- Is child care already in place? Keeping existing child care provides consistent care for the children.

- Is there a plan for the children if the parent is unable to provide care 24 hours a day? Services from child protection may be more appropriate for a comprehensive care solution for the children rather than limited child care.

- Is the participant expected to return to employment or an approved activity in the near future?

When authorizing child care for participants with more severe restrictions, the EP must be written to include the number of hours needed for child care. In addition, the inability of the participant to provide care and the necessity of bed rest or hospitalization must be documented by a physician.

CONTINUATION OF CHILD CARE ASSISTANCE

Continuation of child care assistance for medical restrictions and activities in the EP is based on:

- Your determination that the participant is cooperating with the EP.

- It is reasonably expected he/she will return to employment or an approved activity.

AND

- Child care assistance is still necessary.

CHILD CARE FOR 2-PARENT FAMILIES 10.3.30

Child care assistance can be made available to a 2-parent household when both parents have an Employment Plan, child care is needed to comply with the activities in the Employment Plan, AND when 1 of the following circumstances applies:

- Both parents are working or in job search activities and the hours of job search or the terms of employment make both participants unavailable to care for the minor child(ren) during the hours child care is requested.

- One parent is complying with an Employment Plan, and the other parent is working or in job search, and these activities make both parents unavailable to care for the minor child during the hours child care is requested.

- One parent is working or complying with an Employment Plan, and the other parent is unable to care for the minor child as determined by a medical doctor or by an assessment by the local social services agency.

- The need for child care is identified in an Employment Plan. See §7.12 (Plan for Victims of Family Violence).

NOTE: Do NOT authorize child care funds for 2-parent families when a non-mandatory parent is not available to care for the children because:

- This parent is enrolled in a basic education program (includes ESL) that is not included in an approved Employment Plan.

OR

- This parent is enrolled in a post-secondary training or education program that is not included in an approved Employment Plan.

GOOD CAUSE - INABILITY TO OBTAIN CHILD CARE 10.3.36

The Department of Human Services (DHS) defines the following terms for the county/ provider's use in determining good cause for failure to comply with orientation to financial services and any Employment Services requirements due to inability to obtain needed child care. Minnesota law prevents applying sanctions if the county/provider determines that an MFIP participant has good cause for not complying with program requirements because appropriate child care is not available. The definitions are:

- Appropriate child care means:

  - The provider of care is a licensed or legal non-licensed provider according to state standards.

  AND

  - The provider of care is able to meet a demonstrated need for language-specific care.

  AND

  - The care is appropriate to the child's age and special needs. Special needs means disabilities as defined in Minnesota Statutes, section 125A.02, subd.1, which defines a child with a disability. Counties should also accommodate demonstrated needs for culturally-specific services as resources allow.

- Reasonable distance means that the total commute time to the child care provider and to work does not exceed 2 hours round trip.

- Unsuitability of informal care means that the provider does not meet standards regarding health and safety of the child that would be applied to legal non-licensed providers.

- Affordable child care arrangements means the provider does not charge in excess of the maximum amount the county is allowed to pay, as established in a rate schedule set each year.

Counties and their Employment Services Providers are not required to continue providing Employment Services to caregivers after the MFIP case (cash and food) is closed. However, counties have flexibility to use money from their MFIP Consolidated Fund Allocation to provide post-MFIP Employment Services for families who meet certain eligibility requirements and have income below 200% of the federal poverty guidelines. See §3.9 (Glossary: C...) for the definition of Consolidated Fund.

Check with your county to determine whether continued services should be provided.

When you require a mental and/or chemical health assessment in an Employment Plan, you must ensure that the necessary support services, such as child care and transportation, are available for such an assessment.

MFIP child care funds may be used to cover child care expenses related to chemical or mental health assessments, treatment, therapy, and those related to mental health case management or mental health extended Employment Services. Note that child care costs associated with inpatient treatment may be available under the child care fund 30-day medical leave policy. Contact local child care staff for additional information.

Participants may have concerns about how to pay for child care when they take employment that will make them ineligible for MFIP. MFIP participants who have been on MFIP for at least 3 of the last 6 months before losing eligibility may be eligible for Child Care Assistance under the Transition Year child care assistance sub-program (TY) for employment and job search activities.

Transition Year child care assistance will help pay child care costs for up to 1 year while the participant continues working or for job search activities up to 240 hours/calendar year. Like the other child care programs, Transition Year program pays for child care expenses minus the participant's co-payment fee.

Participants are eligible for Transition Year child care assistance if the following conditions are met:

- They have received MFIP in at least 3 of the past 6 months. This includes families who request closure of MFIP, and those who are terminated from MFIP for failure to return their Household Report Form or recertification form. It does not include families with caregivers disqualified from MFIP due to fraud. If they recently moved to Minnesota from another state, the TANF they received in the other state will count as long as they received MFIP in Minnesota for at least the last month.

- They are working at least an average of 20 hours a week (10 hours per week if the participant is a full-time student) and earn at least the applicable minimum wage.

- The family income is not more than 67% of the state median income.

- They have a dependent child, defined by the child care assistance programs as a child 12 years of age or younger, or a child 13 or 14 years of age who has special needs. For additional information on TY, contact the county child care office or the Department of Human Services.

2-PARENT ASSISTANCE UNITS

If a 2-parent assistance unit has an extension under the MFIP employed category and 1 parent is permanently disqualified due to non-compliance, and if the unit meets transition year and other child care eligibility requirements, the unit would be eligible for TY.

Inform participants that after a year of child care assistance through the Transition Year (TY), they may be eligible for child care assistance through the Basic Sliding Fee sub-program (BSF). For more information on Transition Year sub-program, see 10.6.6 (Transition Year Child Care). The Basic Sliding Fee sub-program helps with a portion of child care expenses. The parent co-payment fee is based on gross income and family size. If the provider charges more than the county maximum amount, the difference becomes the parent's responsibility. There is a limit to the number of families that each county can serve through Basic Sliding Fee, as this is a capped allocation. If the county has no openings, the participant's name will be added to a waiting list effective the date the family became eligible for the Transition Year sub-program.

If a family on the Transition Year sub-program moves to a new county, the transition year will continue for the remainder of the 12 months, providing the family continues to be eligible. The waiting list date established by the original county transfers with the family.

Transition Year Extension (TYE) was designed to provide continuous child care assistance to families who complete their 12 months of Transition Year (TY), continue to be eligible, but cannot be moved into Basic Sliding Fee child (BSF) because your county lacks funds and has a waiting list. There is no time limit on TYE.

Some people closed from Medical Assistance (MA) due to increased income may be eligible for Transitional Medical Assistance (TMA) or Transition Year Medical Assistance (TYMA).

- Transitional Medical Assistance (TMA): Up to 4 months of additional medical coverage provided to some people terminated from regular MA because of increased child or spousal support.

- Transition Year Medical Assistance (TYMA): Up to 12 months of additional medical coverage provided to some people terminated from regular MA due to increased earnings, loss of earned income disregards, or a combination of loss of child/spousal support and increased earnings/loss of earned income disregards.

Households must contain a parent or caregiver and a minor child. Both programs are person-based; thus, some households may have people receiving regular MA and/or TMA or TYMA. The MA program deeming rules, income deductions, and exclusions are used to determine eligibility for TMA and TYMA; thus, counties do not need to determine whether household income is within previous MFIP standards.

For specific provisions and eligibility criteria, see the Health Care Programs Manual.

ELIGIBILITY

Funds to provide employment services, including client support services, are part of the MFIP consolidated fund. Counties and tribes must give priority to families currently receiving MFIP, DWP, Family Stabilization Services (FSS), and families at risk of receiving MFIP or DWP.

The following applicants whose income is below 200% of the Federal Poverty Guideline (FPG) for a family of the applicable size are eligible for services using the consolidated fund:

- Families with a minor child.

OR

- A pregnant woman.

OR

- A non-custodial parent of a minor child receiving assistance.

ALLOWABLE EXPENDITURES

Allowable expenditures, most often determined and/or handled by the county, include:

- Short-term non-recurring shelter and utility needs that are excluded from the definition of assistance for families who meet residency requirements.

- County administrative expenses.

- Services to parenting and pregnant teens.

- Child care needed for MFIP, DWP or FSS to participate in social services.

- Child care to ensure that families leaving MFIP or DWP will continue to receive child care assistance from the time they no longer qualify for transition year child care until there is an opening in the basic sliding fee child care program.

- Services to non-custodial parents get or keep a job when that parent lives in Minnesota, has a minor child receiving MFIP or DWP, but does not live in the same household as the child.

- Services to help families participating in FSS achieve the greatest possible degree of self-sufficiency.

Allowable Employment Services expenditures include:

- **Client Education –** includes direct costs of education (secondary and post-secondary), including tuition, books, application fees, testing fees, etc.

- **Transportation Expenses –** include bus passes, cab fare, mileage, bus tickets, allocated expenses of a van pool or bus, auto purchase or lease, insurance and repairs.

- **Employee Related –** includes costs of employment-related expenses such as work tools, uniforms, safety shoes, trade licenses, interview clothing and work incentive awards.

- **Housing –** includes housing-related expenses such as rent, mortgage payments, security deposits, furnishings and utilities.

- **Other –** services and benefits that do not meet the definitions of any of the above categories. Examples of other are: wage subsidies, cost of vocational or functional assessments that are not covered by medical assistance.

DO NOT use Employment Services funds when there are other resources available to cover an expense. Counties and ES Providers have discretion to determine how much to spend in each category.

WHAT IS NOT COVERED

MFIP funds cannot be used to cover:

- Medical services
- Fines
- Parking tickets
- Restitution or other penalties
- Payments on defaulted student loans.

Federal regulations have generally prohibited use of funds by agencies for the cost of:

- Amusement
- Diversion
- Social activities
- Ceremonial events
- Related costs such as meals, lodging, rentals, transportation, and gratuities.

NOTE: This means that ceremonial events, facility costs, and gifts for participants should not be covered with MFIP funds. Costs for refreshments served during direct program activities, however, are acceptable.

Family Stabilization Services (FSS) is a new service track in the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP). FSS serves families who are not making significant progress in the regular employment and training services track. FSS participants are not included in the TANF work participation rate calculation, giving counties more flexibility to develop appropriate plans.

FSS is intended to help families achieve the greatest possible degree of economic self-sufficiency and family well-being. Services include, but are not limited to, assessment and development of a family stabilization plan. FSS participants must also have access to all employment and training services to the same extent as other MFIP participants.

To the extent possible, FSS participants should be assisted in becoming job ready and expected to return to the MFIP-ES track as soon as possible.

NOTE: The 60-month time limit policy does not change for families receiving FSS.

A person who is applying for or receiving DWP or MFIP (pre or post 60 months) or a person who was disqualified due to fraud on or after October 1, 2007, who meets 1 or more of the following criteria is eligible for Family Stabilization Services (FSS).

The following are the "ill, injured or incapacitated" eligibility categories:

ILL, INJURED OR INCAPACITATED

Participants who are ill, injured, or incapacitated MUST provide professional certification of an illness, injury, or incapacity that is expected to last more than 30 days and severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

Participants who are ill or incapacitated ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. See §13.15.3 (Ill/Injured/Incapacitated Extensions).

NEEDED IN THE HOME

Participants who are needed in the home MUST provide verification that they are needed to provide care for another member of the assistance unit, a relative in the household, or a foster child in the household who has a professionally certified illness or incapacity that is expected to continue for more than 30 days. Participants in this category are not expected to work but ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. See §13.15.12 (Needed In The Home Extension Criteria).

SPECIAL MEDICAL CRITERIA

Participants with a child or an adult in the household who meets the special medical criteria for home care services or a home and community-based waiver services program, severe emotional disturbance, or serious and persistent mental illness. Those meeting the special medical criteria must be receiving or eligible to receive these services or programs. Verification of the ability of caregivers to obtain or retain employment is not required. The participant in a single parent MFIP unit and 1 of the parents in a 2-parent unit are presumed to be unable to work but ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

If the participant's health care provider cannot or will not provide the information needed to determine if the participant is eligible for FSS, obtain a release of information from the participant authorizing you to contact the health care provider. Explain to the health care provider that this information is needed to determine if the participant is eligible for a service track in MFIP. If the health care provider still does not respond, contact the consumer representative at the health plan. If the health plan does not respond, contact DHS Health Care Purchasing Division, at 651-296-3386 or 1-800-657-3756. Indicate which health plan you have contacted. See §13.15.9 (Special Medical Criteria Extension)

The following are the "hard to employ" eligibility categories:

UNEMPLOYABLE

Before determining whether a participant is unemployable for purposes of FSS, counties and Employment Services Providers should assess whether he or she is eligible under a different FSS category. If he or she does not meet the criteria for another category, but appears to have significant and severe issues that impact their ability to work, a determination of unemployability should be done by a vocational rehabilitation specialist or another qualified professional designated by the county. For more information on Qualified Professional, see §3.33 (Glossary: O-Q...).

There is no single factor or cluster of factors which would indicate unemployability, but take the following into consideration:

- The participant's work history over the past 5 years. If the person has worked, review his or her work history and the reason or reasons the participant left employment to determine whether any barriers exist which prevent the participant from maintaining a job. If the participant has not worked, review the reason he or she has not been employed to identify any barriers to employment.

- Extremely limited ability to speak or understand English, despite efforts to learn it. This means that the person cannot communicate in English or understand questions, and this remains difficult even with an interpreter. There must be documentation of the participant's efforts to learn English.

- Felony record that inhibits employment in existing positions.

- Other severe and chronic mental health or chemical dependency issues that have not been professionally certified because the nature of the illness interfere with the participant's ability to seek assessment or treatment. There must be documentation of

the agency or other professionals attempt to engage the participant in necessary services.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

NOTE: Factors such as lack of child care, transportation, or housing, while they may be significant barriers to employment, do not in and of themselves constitute a basis for unemployability.

After reviewing the above, determine whether there are any factors that would result in the participant being unable to work. If there are not significant factors that would result in the participant being unable to work, he or she is considered employable and is NOT eligible for FSS. If the participant cannot work, determine whether he or she could work with a reasonable investment of available supports to address his or her limitations.

- If yes, these supports must be provided. The participant is not eligible for FSS under the category of "unemployable".

- If no, the county must document the lack of available supports, and the participant may be extended as "unemployable". When appropriate, the county should assist a participant who is assessed as "unemployable" to apply for SSI.

See §13.18.12 (Unemployable Extension Criteria).

DEVELOPMENTAL DISABILTY OR MENTALLY ILL

Participants who are developmentally disabled or mentally ill must be diagnosed by a licensed physician, psychological practitioner, or other qualified professional as developmentally disabled or mentally ill or the condition severely limits the participant's ability to obtain or maintain suitable employment. See §13.18.3 (Developmental Disability/Mental Illness Extension Criteria).

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

PARTICIPANTS WITH IQ BELOW 80

Participants with an IQ below 80 must have been assessed by a vocational specialist qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts:

- The range of employment that the person is able to perform.

OR

- The condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Determining if a person has an IQ below 80 may be difficult due to limited English proficiency or lack of cultural assessment tools. Standard methods used to determine IQ may be inappropriate or ineffective. Only accept statements from professionals who are qualified to determine IQ scores AND who have experience assessing functional limitations with non-English speakers. See §13.18.9 (IQ Below 80 Extension Criteria).

LEARNING DISABLED

Participants with a learning disability must have been assessed by a vocational specialist or qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment. Learning disabled means that the person has a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using language. The determination must be based on a statement provided by a licensed professional who is qualified to assess learning disabilities. Statements from qualified professionals submitted for purposes of determining eligibility for these criteria must include verification that:

- There is a pattern of intra-individual discrepancy when compared to similar language of peers.

- The disability is not primarily the result of visual, hearing, or motor handicaps, developmental disability, emotional disturbance or due to environmental,

cultural, or economic disadvantage.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts:

- The range of employment that the person is able to perform.

OR

- The condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Determining if a person has a learning disability may be difficult due to limited English proficiency or lack of cultural assessment tools. Verify by seeking and only accepting statements from professionals who are qualified to determine learning disabilities, and have experience assessing functional limitations with non-English speaking clients. See §13.18.6 (Learning Disabled Extension Criteria).

FAMILY VIOLENCE WAIVER

Participants who are victims of family abuse are considered FSS participants. The abuse MUST be verified. See §7.36 (Family Violence Waiver Option) for a list of acceptable forms of verification. These participants must work with a job counselor and/or FSS case manager and a person trained in domestic violence (if they are not already working with a domestic violence advocate) to develop an EP for FSS participants. The primary goal of an EP for Victims of Family Violence is to ensure the safety of the caregiver and the children. The job counselor and/or FSS case manager has final approval of the EP, see §7.12 (Plan for Victims of Family Violence). Participants in this category ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

The following are the remaining eligibility categories:

IN THE COUNTRY 12 MONTHS OR LESS

Participants who are legal non-citizens in the United States 12 months or less are considered an FSS participant and ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

NOTE: Legal non-citizens may continue to receive FSS beyond the initial 12 month period if it

is determined by the participant and the case manager that the participant should continue with ESL or skills training or both.

APPLYING FOR SSI/RSDI

Participants who are applying for or those who are appealing a denial of an SSI or RSDI application are considered an FSS participant and ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

AGE 60 OR OLDER

Participants who are age 60 or older are considered FSS participants. They ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

Within 30 days after FSS eligibility is determined, the job counselor or a county-designated case manager (social services, disability services, or housing services) must attempt to meet with the participant, and document the attempt, to develop a plan.

COMMUNICATION BETWEEN WORKERS

Communication between financial workers, job counselors or county designated case managers is critical in determining eligibility for FSS and to providing the appropriate services for the family.

FSS eligibility may be determined by a financial worker or a job counselor. If the financial worker determines FSS eligibility based on documentation in the case file, MAXIS must be updated and a referral to Employment Services or the county designated case manager must be initiated. For existing cases already active with an MFIP-ES provider, that provider will receive an electronic Status Update on Workforce One (WF1). The FSS status code on MAXIS will be included on the referral or Status Update on WF1.

If a job counselor determines FSS eligibility (for example, receives documentation of incapacity from a medical professional), a paper Status Update or a secure e-mail must be sent to the financial worker. The financial worker will update MAXIS to ensure the case is coded correctly to be removed from TANF funding and in turn the WPR calculation.

Family Stabilization Services (FSS) may be delivered by the county or an employment services agency. There are minimum requirements for FSS services:

- Complete an assessment of strengths, barriers, and special circumstances that impact, or may impact, progress toward goals in the Employment Plan (EP). Consider organizing the assessment into the 11 areas covered by the Employability Measure.

- Identify services, supports, education, training, and accommodations needed to address barriers and enable the caregiver(s) to meet personal and family obligations.

- Develop an EP that addresses long-term self-sufficiency and an employment goal when applicable; include activities and hours of participation as appropriate. Assist families in accessing the identified services and supports when necessary.

- Monitor progress.

- Set a schedule for periodic review of the EP (at least every 6 months), and modify the plan as appropriate.

Initiate sanctions when appropriate, once the specific FSS sanction provisions have been followed. See §11.18 (FSS Requirements and Sanction Provisions).

FSS participants must participate in Family Stabilization Services (FSS) for the number of hours determined appropriate based their needs and the needs of their families.

There are specific sanction provisions that MUST be followed when an FSS participant is not cooperating even if an EP has not been developed, and when there is information indicating the participant MAY be meet FSS eligibility criteria.

Examples of what could constitute "information" include:

- Documentation of previous mental health diagnosis.
- Past involvement with other systems; adult or children's mental health, development disability services, waivered services.
- Self-reported attempts to get help for a mental health condition that has impacted their ability to obtain or maintain suitable employment.
- Previously diagnosed with a chronic health condition that has impacted their ability to obtain or maintain suitable employment.

Employment services staff are often aware that something is interfering with a participant's ability to follow through with program expectations. The precise nature of the barrier is often not clear. Although signals which raise concerns are not necessarily indicators that a participant may meet FSS eligibility criteria, they may be signs that the participant could benefit from a professional assessment or engagement in other social service systems.

Basic requirements of the FSS sanction process include the follow steps which must be completed by the county or the employment services providers.

- Conduct a review to determine whether the plan was appropriate to needs of the participant and the family.
- Attempt a face-to-face meeting with the participant or a home visit if the participant does come in for a face-to-face meeting. The county agency or employment services provider must inform the participant of the right to bring an advocate to the face-to-face meeting.
- Obtain a current assessment by a behavioral health or medical professional confirming that the participant in all ways had the ability to comply.

- Notice of Intent to Sanction if appropriate.

For a detailed guide to required steps in the sanction process, see Appendix H (FSS Sanction Guidance) and the Family Stabilization Services Pre-Sanction Checklist (DHS-6075). The provisions must also be followed at the time the provider has information that a participant may meet the eligibility criteria. These provisions apply to pre or post 60-month cases.

Once the pre-sanction requirements have been met an ES sanction should be imposed. All FSS cases are sanctioned under pre-60 month sanction policy, regardless if it is a pre or post-60 month case. See Chapter 14 (Non-Compliance & Sanctions).

The provisions also apply to FSS participants who were disqualified from MFIP due to fraud after October 1, 2007. In these cases, if a sanction is imposed, it would be applied against the household's remaining grant amount.

Cases can be returned to MFIP-Employment Services (ES) if the participant loses eligibility or at redetermination if specific conditions are met. Family Stabilization Services (FSS) caregivers who are disqualified due to fraud can be returned to MFIP if the participant loses eligibility for FSS or at redetermination for the remaining household members if specific conditions are met.

REASONS FOR LOSING ELIGIBILITY

- **The participant is no longer:**

  - Ill or incapacitated.

  - Needed in the home due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household.

  - Meets the special medical criteria.

  - Mentally ill.

  - Qualifies for a family violence waiver.

  - Unemployable.

- **The participant is able to work 20 or more hours per week and employment is expected to continue, even though a disability continues.**

  - Ill/incapacitated more than 30 days.

  - Developmentally disabled or mentally ill.

  - Learning disabled.

  - Unemployable.

  - IQ below 80.

- **The participant has been in the country for 12 months or more, unless the case manager and participant have determined the participant should continue with English as a Second Language (ESL) classes or skills training, or both.**

Legal non-citizen cases may remain in Family Stabilization Services (FSS) beyond 12 months in the following situations:

- The participant's language skills are below SPL6 and the participant and case manager determine more ESL education is needed. For the definition of SPL, see §3.39 (Glossary: S...).

- The participant's language skills are at SPL6, but she/he needs additional skills training to obtain employment.

NOTE: These cases should NOT be returned to TANF funding prior to 12 months, even if the participant is meeting the TANF work participation rate.

After the initial 12 months, continuation in FSS must be reassessed every 6 months.

AT REDETERMINATION

NOTE: Due to coding concerns in MAXIS the following policy is not currently being implemented. Until further notice, participants are not being moved back into regular MFIP-ES and TANF funding under these circumstances, even if they are meeting the work participation rate at redetermination.

Return cases to TANF funding and MFIP-ES when it is determined at redetermination that the caregiver is working in paid or unpaid employment enough hours to meet the federal work participation rate (WPR)* and the employment is expected to continue. Consider the following factors when determining if employment is expected to continue:

- Employment status for the last 3 to 6 months.

- Personal and family circumstances that impact the participant's ability to retain employment (for example, health or mental health status, family violence).

Cases should be returned to TANF even though the condition that resulted in FSS eligibility continues.

* For caregivers with a child under age 6, at least 87 hours per month of paid or unpaid employment to meet the WPR. For caregivers with NO children under age 6, at least 130 hours per month of paid or unpaid employment to meet the WPR.

For the following 3 categories, specific areas in MAXIS will continue to be coded to reflect

this information. However, a "YES/NO" field is in MAXIS and will remove these participants from state funding.

- Family Violence Waiver.
- Adult or child in the household meets special medical criteria.
- Applying for Supplemental Security Insurance/Retirement Survivors Disability Insurance (SSI/RSDI), including those appealing a denial.

NOTE: In Workforce One (WF1), the ES status code will continue to reflect these FSS eligibility criteria even though they have returned to state-funding/regular employment services. Communication with the financial worker is important for this reason.

Federal rules limit public assistance eligibility for caregivers to 60 months in their lifetime. Minnesota began counting months toward the 60-month lifetime limit 7-1-97.

The 60-month limit is per caregiver receiving MFIP, and the months do not have to be consecutive. Months are counted as noted below. The counted and exempt months include months in which a caregiver received TANF benefits from another state, even if before 7-1-97 (states may have chosen earlier start dates and shorter limits for their TANF programs).

Months are also counted for MFIP cases with a caregiver who has a fraud disqualification beginning on or after October 1, 2007. Note that the same banking and exception policies that apply to MFIP caregivers also apply to disqualified caregivers. For example, months do not count for either an MFIP caregiver or a disqualified caregiver who is age 60 or older.

The following are EXCEPTIONS to counting a month toward the 60-month time limit. If a caregiver meets 1 of the exceptions, that month does NOT count toward the 60-month limit.

- Months in which the caregiver participated in the MFIP Field Trials.

- Months when the caregiver was living on reservations with a “not employed” rate of at least 50% when the grant is issued.

- Victims of family violence who request the Family Violence Waiver Option and are complying with an Employment Plan (EP). The exemption starts the month the EP is approved and ends the month after the participant no longer qualifies for a Family Violence Waiver. See §7.3 (Employment Plan (EP), §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option), §7.36.3 (Person Trained in Domestic Violence).

- Caregivers age 60 or older who have not already exceeded the 60-month time limit. Stop the clock the 1st of the month following the month the participant turns 60. Participants who are age 60 or older will not receive a 60-month warning notice referenced below, unless there is a 2nd MFIP caregiver in the household who is not exempt from the 60-month limit.

- Minor caregivers complying with an education plan. See §7.38 (Requirements for Teen Parents).

- Custodial parents age 18 or 19 who have chosen an Employment Plan with an education option and are cooperating with education requirements. See §7.38

(Requirements for Teen Parents).

- Any month the unit chooses to opt out of the cash portion of the MFIP grant. See §4.33 (Opting Out of MFIP Cash Portion).

- Any month the unit receives ONLY the food assistance portion of the grant. This includes if the unit is sanctioned and receives only the food assistance portion. However, see below regarding months that include a vendor payment or a recoupment.

- Any month the unit receives a grant for minor children only. This includes any month caregivers are ineligible or disqualified.

- Any month the unit would have received only the food assistance portion of the grant (prior to recoupment).

Receipt of payments to cover emergency needs or assistance under the Diversionary Work Program, do NOT count toward the 60-month limit.

Months listed below COUNT toward the 60-month limit, unless 1 of the above exceptions applies:

- Minnesota state-funded months for participants receiving Family Stabilization Services (FSS).

- Minnesota state-funded months for caregivers who received Family GA.

- Minnesota state-funded months for certain non-citizens who are ineligible for TANF-funded assistance.

- Minnesota state-funded months for 2-parent households.

- Months of assistance the client received from a Tribal TANF program, whether received in Minnesota or another state.

- A month in which there is a vendor payment or recoupment that reduces the CASH portion of the grant to $0.

- Months following the month the 19-year old caregiver turns 20.

- Months following the month the caregiver under 20 obtains a secondary school diploma or GED.

- Months when minor caregivers are sanctioned for non-cooperation with educational requirements.

- Months a person receives MFIP cash assistance and later is determined to be ineligible for assistance. That period of time is considered to have been a month of assistance, even if the benefits are subsequently repaid. Repayment for any reason does not change the number of counted months.

- Months a caregiver is disqualified from MFIP due to an Intentional Program Violation (IPV) after 10/1/2007.

Financial workers use the STAT/TIME panel in MAXIS to record the history of a caregiver's receipt of assistance toward the 60-month limit. This tracking triggers MAXIS to mail person-specific notices regarding the limits. See §13.6 (Transition Period - 48 to 60 Months). The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left.

When clients move to or from Minnesota:

- When a client moves to another state, the other state will call to confirm the number of months of assistance received toward the 60-month limit. Financial workers provide only the number of TANF-funded months a client has used, unless the other state inquires about state-funded assistance.

- When a client moves to Minnesota from another state, only the TANF-funded months on assistance count toward the 60-month limit. Financial workers do NOT count months when the unit received benefits only from a state-funded assistance program in another state.

Certain people who have reached their 60-month lifetime limit may be eligible for an extension of MFIP under a hardship extension category. See §13.15 (Hardship Extensions).

During the last 12 months of MFIP, there are specific requirements for determining whether a participant is eligible for an extension. See §13.6 (Transition Period - 48 to 60 Months), §13.9 (180 to 60 Days Before MFIP Closes).

Financial workers must determine if the family is eligible for other types of assistance, including health care or MinnesotaCare and the Supplemental Nutrition Assistance Program (SNAP) when MFIP is closed at the end of 60 months. Families should also receive information on basic sliding fee child care. Also see §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

The transition period is the time during which to review progress and plans with participants who are approaching the 60-month time limit. This process should be followed for all participants, even those receiving Family Stabilization Services (FSS). See §3.18 (Glossary F…) for the definition of Family Stabilization Services (FSS). The transition period begins in the 48th month of receipt of MFIP and continues through the 60th month of MFIP.

The objectives for the transition period are to:

- Continue to help families find employment.
- Ensure months on assistance were counted correctly.
- Identify and gather all information applicable to cases approaching 60 months.
- Communicate with families so they understand their options.
- Help participants obtain documentation necessary for an extension.
- Help prepare families who may not be extended by explaining non-cash benefits that may be continued and making referrals to other community resources.

From 180 to 60 days (approximately 6 to 2 months) before the 60th month:

- MAXIS identifies cases and sends notices to the family.
- Counties must complete an administrative review of each MFIP case prior to a face-to-face meeting.
- Counties must attempt to meet face-to-face meeting with the participant(s).

The order and specific months these activities are undertaken will vary by county.

For additional information on steps to follow for the period 180 to 60 days prior to the end of the participant's 60th month, see §13.9 (180 to 60 Days before MFIP Closes).

ADMINISTRATIVE REVIEW

Counties are required to complete an administrative review of each case within 180 days, but not less than 60 days, before the participant reaches 60 months on assistance. The purpose of the review is to determine whether the employment plan is still appropriate.

DHS recommends a team approach (financial worker, job counselor, other staff, and professionals involved with the case) for reviews and subsequent meetings with participants.

However, each county has flexibility to determine who will be involved and how this process will be completed.

Issues to be considered include:

- Existing conditions that affect the participant's progress toward self-sufficiency.
- Whether the participant is currently in compliance and his/her sanction history.
- Services the family currently receives and identification of other necessary services.
- Whether the employment plan is still appropriate.
- Whether the participant is aware of options to stop the 60-month clock.
- Whether months on assistance been counted correctly.
- Whether there appears to be eligibility for an extension category or categories.
- What resources are available if MFIP ends.

A participant who is in sanction for any reason during the 60th month is permanently ineligible for a hardship extension. In addition, to be eligible for a hardship extension under the employed hardship extension category, participants must be in compliance 10 out of the last 12 months. It is critical that participants understand the connection between sanctions and eligibility for an extension.

When sanctions that affect eligibility for an extension have been imposed, counties and Employment Services Providers should determine whether they were imposed properly, whether good cause existed, and work with participants to cure the sanction. County and ES staff should offer to assist participants who need help obtaining documentation necessary to cure the sanction.

If a participant, who applies for an extension after the 60th month, is able to document that a sanction was incorrectly applied, or that the participant had good cause for the non-compliance, the county must consider the participant compliant for the purpose of establishing eligibility for any hardship extension.

FACE-TO-FACE MEETINGS

Counties are required to attempt to meet face-to-face with participants between 180 and 60 days before the end of the 60th month. In general, after the administrative review is completed, the county will notify the participant that a face-to-face meeting has been scheduled, or that the participant should contact the county to schedule the meeting. If the participant does not respond, the county should make at least 2 more attempts to make contact and document these attempts in case notes. For information on attempting to meet, see §3.3 (Glossary: A...). The requirement to attempt a face-to-face meeting is a responsibility for counties and their ES Providers. Participants are NOT required to attend.

The purpose of the face-to-face meeting is to review the family's current situation, review the 60-month time clock record, explain accrued months and eligibility requirements for an extension, and provide information about other resources. County and ES staff should offer to assist participants who need help obtaining documentation necessary for an extension.

If a face-to-face meeting cannot be completed, counties must mail information that would have been covered, including when MFIP will close and an extension request form.

EXTENSION DECISIONS

No later than the 10-day cut-off of the 60th month, the county makes a decision about whether to extend the family's eligibility beyond the 60th month, or to close the case. If information needed to determine whether the participant is eligible for a hardship extension is not available before the 10-day cut-off date in the 60th month, a decision is made based on the best information available at the time. Depending on the degree of confidence the county has in the documentation it has received, 1 of the following 2 approaches should be used for cases where some further documentation is pending. The rationale for choosing a specific approach in should be documented in MAXIS CASE NOTES.

- The county may EXTEND MFIP benefits for the participant if they have received reasonable documentation that the participant would qualify for an extension, but either the county or another professional has identified that additional follow-up is needed. Set a review of the extension to coincide with the date the county expects to receive the additional documentation. Inform the participant that if the additional documentation does not confirm that the participant is eligible for an extension, he/she may be responsible for an overpayment.

- The county must CLOSE the case if a participant requests an extension but there is no current documentation on file that would indicate that the family is eligible for an

extension. Notify the participant that the case may be reinstated if the needed documentation is received within 30 days of the date MFIP closes. The county also must offer to help the participant get the needed documentation.

Before a case can be closed (not extended at the end of 60-months), it must be reviewed by a job counselor supervisor or the team designated by the county. The review is used to determine whether an extension criteria was applied correctly and that there was an attempt to meet face-to-face with the participant.

The Issuance Operation Center will mail the 1st notice to the participants in the 48th month of cash assistance. MAXIS will generate person-specific notices, each month after that, to participants who have less than 12 months of the 60-month time limit informing them of the number of cash assistance months that are left.

The notices are sent out by DHS on an on-going basis between the 10th and 15th of each month. The final monthly notice will be sent in the 59th month, when 1 month of the original 60-month limit is remaining.

EXCEPTION: Caregivers age 60 or older who have not already exceeded the 60-month time limit will not receive a 60-month warning notice, unless there is a 2nd MFIP caregiver in the household who is not exempt from the 60-month time limit.

The notices MUST contain:

- Information on the 60-month time limit.
- The number of months the participant has remaining.
- The hardship extension policy.
- Other information the commissioner deems pertinent.

NOTICES

MAXIS identifies cases at the 48th month and notifies the county. MAXIS also sends notices to the family about the 60-month time limit and how many months of MFIP they have used. Notices to the family are sent monthly between the 48th and 59th month.

Financial workers use the STAT/TIME panel in MAXIS to record the history of a caregiver's receipt of assistance toward the 60-month limit. This tracking triggers MAXIS to mail person-specific notices regarding the limits. See §13.6 (Transition Period - 48 to 60 Months). The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left.

Participants who have reached their 60-month lifetime limit as outlined in §13.3 (60-Month Lifetime Limit) may be eligible for an extension of MFIP if they meet criteria under 1 of the hardship categories listed below:

- **Ill/Injured or Incapacitated**. See §13.15.3 (Ill/Injured/Incapacitated Extensions).
  Extensions in this category include ill/injured/incapacitated, needed in the home, and special medical criteria. These participants and are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an employment plan for FSS participants and follow FSS service requirements.

- **Hard to Employ.** See §13.18 (Hard to Employ Extensions).
  Extensions in this category include developmental disabilities, mental illness, IQ below 80, learning disability, and victims of family violence. These participants are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an employment plan for FSS participants and follow FSS service requirements.

- **Employed.** See §13.21 (Employed Extensions).
  Extensions in this category include employed and employed/limited hours.

Extended participants may continue to receive MFIP as long as:

- State law provides for extensions.

AND

- The criteria for an extension are met.

AND

- All other MFIP requirements (including ES) continues to be met.

When the criteria or requirements are no longer met, the participant may be sanctioned, have their case closed, or in the case of a 2-parent household be removed from the grant depending on the extension category. If a participant meets FSS eligibility the FSS pre-sanction provisions must be followed before the participant can be sanctioned. If it is determined a sanction is appropriate the case should be sanctioned under pre-60 month policy, See §14.30 (Post-60 Month Type/Length ES Sanctions - General Provisions). Also see §13.21.6 (Employed Extension Criteria - 2-Parent Units).

REQUIREMENTS COMMON TO ALL EXTENSIONS

Although there are separate eligibility criteria for each extension under the categories listed above, there are 3 requirements that are common to all extensions:

- **Requesting an Extension**

  In most cases, participants must request a hardship extension, either verbally or in writing. Counties MUST document whether the participant requests an extension or indicates that he/she is not interested in applying for an extension. If you receive the request, notify the county immediately. An extension request form should be completed at the face-to-face meeting, if possible. If the participant does not attend the face-to-face meeting, an extension request form must be sent to the participant telling him or her to notify the county, orally or in writing, if he/she wants to be considered for a hardship extension.

  There are 2 instances when participants do not need to request an extension:

  - When an extension had been approved but eligibility under the original extension category ends. These participants may have to provide documentation that they are eligible under another category.

  - When re-applying for MFIP. As part of the application process, these applicants will be required to provide documentation that they are eligible for a hardship extension.

- **Providing Documentation**

  Participants must provide the documentation necessary for the county to approve an extension. Participants who need help obtaining verifications may sign a release of information that will allow the county or ES Provider to assist on their behalf.

- **Compliance in the 60th Month**

  Participants may request a hardship extension in any month before or after month 60. However, they must be (or must have been) in compliance with all program requirements in the 60th month. “In compliance with all program requirements”

means that the participant was not in sanction for any reason. See **"Provisions for 2-Parent Households"** below for information on how this requirement applies in a 2-parent family.

If a participant who applies for an extension after the 60th month is able to document that a sanction was incorrectly applied, or that the participant had good cause for the non-compliance, the county must consider the participant compliant for the purpose of establishing eligibility for any hardship extension.

ASSISTING PARTICIPANTS WITH THE EXTENSION PROCESS

Counties and ES Providers should work with each family to determine eligibility for an extension. Potential eligibility for an extension such as "ill/injued/incapacitated" or "hard to employ" may involve identifying barriers, referring for assessments, and obtaining documentation. Potential eligibility for the "employed" extension may mean helping participants increase work hours or making subsidized work opportunities available. Counties and ES Providers must tell families who do not qualify for an extension that they would continue to receive benefits such as the Supplemental Nutrition Assistance Program (SNAP) and Health Care when they are eligible, and receive information about other community resources.

In all cases, it is important to reach out, follow through, and work with each family as intensively as needed. Families must also follow through on appointments, provide the necessary documentation, complete assessments, and attend scheduled meetings. Expectations need to be clearly communicated.

IDENTIFYING THE APPROPRIATE EXTENSION CATEGORY

Some participants may meet criteria for an extension in more than 1 category, and others may switch categories over time as their situation and family circumstances change. Counties and Employment Services Providers should make initial extension decisions based on the best available information at that time. As more information becomes available, the category of extension may need to be reviewed and changed.

Listed below are examples of the potential extension categories based on a participant with mental health issues. To determine which category to use, consider the following:

- If the doctor's statement says the participant cannot work 20 or more hours per week or participate in work activities at all, extend under Hard-to-Employ Mentally Ill. See §13.18 (Hard to Employ Extensions).

  - If the participant can work more than 20 hours but less than full-time in an unsubsidized job, extend under the employed/limited work category. See §13.21.9 (Limited Work Due to Illness/Disability Extension Criteria)

  - If the participant has been able to obtain and retain unsubsidized employment at the required number of hours, extend under the regular employed category. See §13.21 (Employed Extensions).

PARTICIPANTS WHO SPEAK LIMITED ENGLISH

Counties, and Employment Services Providers under contract with the county, MUST follow the county's limited English proficiency (LEP) plan to communicate information about hardship extensions to participants who speak limited English. Employment Services Providers should review the LEP plan to make sure they understand what language assistance resources are available to help participants understand necessary information about hardship extensions and what they need to do to request an extension. The most common language assistance resources will be in-person or telephone interpreters and translated documents. Prior to face-to-face meetings, counties should review MAXIS information about the participant's primary language and the need for an interpreter. If an interpreter is necessary, the county should arrange for one before the interview. Counties must provide meaningful access to the information for clients who speak limited English.

CASES THAT ARE NOT EXTENDED

If the case is closed because the parent(s) do not meet extension criteria, a review must be conducted by the job counselor's supervisor or the review team designated in the county's approved Service Agreements to determine if the extension criteria were applied appropriately.

PROVISIONS FOR 2-PARENT HOUSEHOLDS

Hardship extension policy for 2- parent units when both parents reach the 60-month lifetime limit at the same time differs from the policy for 2-parent units when 1 parent reaches the 60-month lifetime limit before the other. The differences are outlined below.

WHEN BOTH PARENTS REACH THE 60-MONTH LIFETIME LIMIT AT THE SAME TIME

BOTH parents must:

- Be in compliance in month 60.

AND

- Meet criteria for an extension or have banked months in order for MFIP to be continued.

If 1 parent is not in compliance, does not meet criteria for an extension, or have banked months, the unit may choose to remove the non-compliant or ineligible parent. See §13.21.6 (Employed Extension Criteria - 2-Parent Units).

Parents being evaluated for the employed extension must be in compliance with all program requirements in at least 10 out of the previous 12 months. If the parent being evaluated for the employed extension does not meet the 10 of 12 criteria, the unit may choose to remove that parent from the MFIP unit.

WHEN 1 PARENT REACHES THE 60-MONTH LIFETIME LIMIT BEFORE THE OTHER

The parent who reaches the 60-month limit must:

- Be in compliance in month 60.

AND

- Meet criteria for an extension or have accrued banked months in order for MFIP to be continued.

If the parent who has reached month 60 is not in compliance, does not meet criteria for an extension, or have banked months, the unit may choose to remove that parent. See §13.21.6 (Employed Extension Criteria - 2-Parent Units).

The parent who has less than 60 months does NOT:

- Need to be in compliance in month 60.

OR

- Need to meet an extension criteria.

The family may choose to remove the sanctioned parent, who HAS NOT used 60 months, in month 61 and extend the case if the parent who HAS reached month 60 meets any extension criteria.

PROVISIONS FOR ALL FAMILIES

The following 3 groups of participants may be extended in the ill/injured/incapacitated extension category:

- Participants who are ill, injured, or incapacitated. See §13.15.6 (Ill/Injured/Incapacitated Extension Criteria).

- Participants with an adult or child in the unit who meet special medical criteria. See §13.15.9 (Special Medical Criteria Extension). The extension related to special medical criteria applies only when the caregiver has a child or an adult in the household who meets the criteria. When the caregiver receives similar services or has a serious and persistent mental illness, he or she may be extended in the hard to employ/MI category.

- Participants who are needed in the home. See §13.15.12 (Needed in the Home Extension Criteria).

If the participant's health care provider does not provide the information needed to determine whether the participant is eligible for a hardship extension, obtain a release of information from the participant authorizing you to contact the health care provider. Explain to the health care provider that this information is necessary to determine whether the participant is eligible for a hardship extension. If the health care provider still does not respond, contact the consumer representative at the health plan. If the health plan does not respond, contact DHS Health Care Purchasing Division at 651-296-3386 or 1-800-657-3756. Indicate which health plan you have contacted or contact the Office of the Ombudsmen for State Managed Health Care Programs at 651-431-2660 or 1-800-657-3729.

Participants extended in any of the above categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

NON-COMPLIANCE WITH TREATMENT RECOMMENDATIONS

The extension may end for caregivers who do not follow treatment recommendations without good cause. Good cause may be granted when the nature of a caregiver's disability interferes with follow through on treatment recommendations. If a participant meets FSS eligibility the FSS sanction provisions must be followed before the participant can be sanctioned. See §14.30 (Post-60 Type/Length Month ES Sanctions - General Provisions). The county may also want to consider changing the extension reason to "unemployable" if this is a better alternative.

If the treatment recommendations of the health care provider are not followed, the participant is no longer eligible to continue receiving MFIP. However, counties should allow a 30-day grace period for the participant to come back into compliance with the treatment recommendations before ending the extension. If the participant goes in and out of compliance frequently, it may not be necessary to allow a 30-day grace period each time. However, compliance expectations should be reasonable and applied equitably.

Since participants extended in this category are FSS participants, the FSS case manager is responsible for monitoring follow through with treatment recommendations.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions.

PROVISIONS FOR 2-PARENT FAMILIES

Parents in a 2-parent family may be extended in different categories, and 1 may reach the 60-month time limit before the other.

WHEN BOTH PARENTS REACH THE 60-MONTH LIMIT AT THE SAME TIME

If both parents reach the 60-month limit at the same time, and they are both extended as ill/incapacitated, both are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

WHEN 1-PARENT REACHES THE 60-MONTH LIMIT BEFORE THE OTHER

When the parent who reaches the 60-month limit is extended as ill/incapacitated, that parent is considered an FSS participant and IS REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. The parent who has not reached the 60-month limit MUST continue to meet Employment Services requirements.

PROVISIONS FOR ALL FAMILIES

Ill, injured, or incapacitated extension criteria apply to the health status of the participant, not to other family or household members. Participants who request this extension must:

- Provide professional certification of an illness, injury, or incapacity that is expected to last more than 30 days which severely limits the person's ability to obtain or maintain suitable employment.

  NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

  The certification of an illness, injury, or incapacity should be from a qualified professional who is a licensed physician, a physician's assistant, a nurse practitioner, a certified nurse midwife, or a licensed chiropractor.

AND

- Follow the treatment recommendations of the health care provider certifying the illness, injury, or incapacity. The extension may end for caregivers who do not follow treatment recommendations without good cause. Good cause may be granted when the nature of a caregiver's disability interferes with follow through on treatment recommendations.

Participants under this category are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Participants who are pregnant may be extended under the ill or incapacitated category if there is a medical professional's statement verifying that they are unable to work and the condition is expected to last for more than 30 days. The extension under ill or incapacitated lasts only as long as the illness or incapacity lasts.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

Continuation of care activities for participants with chemical health issues are considered part of the treatment plan for purposes of this extension when the activities are led by a chemical health professional, based on an assessed need, and provided according to a treatment plan as part of a licensed program.

EXTENDING THE CASE WHEN DOCUMENTATION IS PENDING

Counties may extend MFIP benefits beyond the 60 months for participants requesting extension under the ill/injured/incapacitated category if documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation, and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see §13.6 (Transition Period - 48 to 60 Months).

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions. Also see §13.15.3 (Ill/Injured/Incapacitated Extensions), §13.15.9 (Special Medical Criteria Extension), §13.15.12 (Needed in the Home Extension Criteria).

PROVISIONS FOR 2-PARENT FAMILIES

When Both Parents Reach Month 60 at the Same Time

Evaluate both adults for an extension, when both parents reach month 60 at the same time. If both qualify for an extension in the ill, injured, or incapacitated category, both are considered FSS participants and both ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. However, both parents are required to follow treatment recommendations to maintain the extension.

When 1 Parent Reaches Month 60 Before the Other

When 1 parent reaches month 60 before the other, evaluate the parent who has reached 60 months for an extension. A parent extended in the ill, injured, or incapacitated category must follow treatment recommendations of their health care provider and is considered an FSS participant and IS REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

MFIP participants who have household members with serious disabilities qualify for an extension to the 60-month time limit when certain "special medical criteria" are met. These provisions apply to:

- **Participants with a child in the household who meets disability or medical criteria for:**
  - Home care services.
  - Community-based waiver services.
  - Severe emotional disturbance.

OR

- **Participants with an adult in the household who meets disability or medical criteria for:**
  - Home care services.
  - Community-based waiver services.
  - Serious and persistent mental illness

NOTE: Although the adult or child must meet eligibility criteria, he/she does not need to be receiving services.

Participants in this category are presumed to be unable to work, and must be evaluated for an extension on or before the 60th month.

"Special medical criteria" means that 1 of the following applies:

- **HOME CARE SERVICES -** Child or adult in the household who meets the disability or medical criteria for home care services. For the purpose of this determination, home care services means a medically necessary health service that is ordered by a physician and documented in a service plan that is reviewed by the physician at least once every 60 days for the provision of home health services or private duty nursing, or at least once every 365 days for personal care. Home care services are provided to the client at the client's residence that is a place other than a hospital or long term care facility.

- **HOME AND COMMUNITY-BASED WAIVERED SERVICES -** Child or adult in the household who meets the disability or medical criteria for a home and community-based waiver services program. The provisions of these criteria apply to the following home and community-based waiver services programs:

  - **Alternative Care Grant Program (ACG)**: A state-funded program that targets people age 65 or older who are at risk of nursing facility level of care

and whose personal financial resources would allow no more than a 6-month stay in a nursing facility. The service menu is the same as that available for people receiving services under the Elderly Waiver.

- **Community Alternatives for Disabled Individuals (CADI)**: Targets people under the age of 65 at risk of nursing facility level of care.

- **Community Alternative Care (CAC)**: Targets people under the age of 65 at risk of long term or frequently recurring hospitalization (initially designed to serve medically fragile children).

- **Traumatic Brain Injury Waiver (TBIW)**: TBIW targets people at risk of the level of care provided in a neurobehavioral hospital or those at risk of the level of care provided in a specialized nursing facility (designed for people who have cognitive and/or behavioral issues).

- **Waiver for Persons with Developmental Disabilities (DD) Waiver**: Targets people who are determined to have DD and are at risk of the level of care provided in an Intermediate Care Facility for people with developmental disabilities. (ICF/DD).

- **Elderly Waiver (EW)**: Targets people over the age of 65 who are in a nursing facility or at risk of placement in a nursing facility.

Each of the waivers serves both people moving from an institutional setting to the community and people who are determined to be "at risk of" the level of care provided in the respective institutional setting.

CADI, TBIW, and CAC clients may remain on the waiver after age 65 if warranted by their needs and service plan.

➢ **SEVERE EMOTIONAL DISTURBANCE (SED) -** There is a child in the household who meets the following definition of "severe emotional disturbance" as determined by a qualified professional, such that he/she:

- Has been admitted within the last 3 years or is at risk of being admitted to inpatient or residential treatment.

OR

- Is a Minnesota resident receiving inpatient treatment or residential treatment for the emotional disturbance through the Interstate Compact.

OR
- Has been determined by a mental health professional to have psychosis or clinical depression, to be at risk of harming self or others, or to have psychopathological symptoms that resulted from physical or sexual abuse or psychic trauma within the past year.

OR
- Has significantly impaired home, school, or community functioning for at least 1 year or for a period that a mental health professional documents as presenting substantial risk of lasting at least a year.

➢ **SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI) -** There is an adult who meets the definition of "serious and persistent mental illness" as determined by a qualified professional, such that he/she:

- Has undergone 2 or more episodes of inpatient care for a mental illness within the preceding 24 months.

OR
- Has continuously experienced a psychiatric hospitalization or residential treatment exceeding 6 months' duration within the preceding 12 months.

OR
- Has been treated by a crisis team 2 or more times within the preceding 24 months.

OR
- Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder which significantly impairs his or her functioning, and a mental health professional documents that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

OR
- Has been court-committed as a mentally ill person in the past 3 years or has had his or her commitment stayed or continued.

OR
- Meets any of the criteria above, but the specified time period has expired.

OR
- Was diagnosed with severe emotional disturbance as a child and who a mental health professional has documented in the past 3 years is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

Participants in this category are presumed to be unable to work, and must be evaluated for extension on or before the 60th month.

BANKING MONTHS

Participants with an adult or child in the household who meets special medical criteria may have banked months beginning 1-1-98. These months are used to extend eligibility after the 60-month time limit is reached and ONLY when a participant no longer meets the condition for extension under the special medical criteria. Participants who have banked months must use them before they can be assessed for another category of extension.

Participants using banked months are subject to pre-60 month sanction policies.

After banked months are exhausted, the participant should be **re-evaluated** to determine whether another extension category applies.

NOTE: A caregiver can accrue banked months based on the special medical criteria of a child or other adult in the household, but cannot bank months based on his or her own special medical criteria. If the participant meets these criteria, the participant may be extended under the ill or incapacitated category, for example, but would not bank months.

As long as the participant has a household member who meets the special medical criteria, he/she will bank months to be used after reaching the time limit when there is no longer eligibility for a special medical criteria extension. Participants who choose to work do not lose eligibility for the extension. Participants who choose to work do not lose eligibility for the extension.

In a 2-parent household with a child or an adult who meets the special medical criteria, only 1 parent is presumed to be prevented from obtaining or retaining employment. If the family provides documentation from their health care provider that a 2nd parent is also needed in the home to care for the child or adult who meets the special medical criteria or disability, extend 1 parent in the special medical category, and extend the other in the category for participants whose presence is needed in the home. See §13.15.3 (Ill/Injured/Incapacitated Extensions), §13.15.12 (Needed in the Home Extension Criteria).

NEEDED IN THE HOME EXTENSION CRITERIA 13.15.12

Participants may be extended as "needed in the home" when they provide verification that their presence is required to provide care for another member of the assistance unit, a relative in the household, or a foster child in the household who has an illness or incapacity certified by a qualified professional that is expected to continue for more than 30 days.

The verification of an illness/injury/incapacity must state that the participant is needed in the home to provide care, but it does not have to include the extent to which the participant is needed in the home.

These caregivers are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

NOTE: When both parents in a 2-parent family are needed in the home to care for an adult or child in the household who meets special medical criteria, extend 1 parent under the special medical criteria category, and extend the other as needed in the home. See §13.15.9 (Special Medical Criteria Extension).

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions. Also see §13.15.3 (Ill/Incapacitated Extensions), §13.15.6 (Ill/Injured/Incapacitated Extension Criteria).

MFIP participants who have reached their 60-month life time limit may be extended if they meet eligibility criteria for 1 of the following categories:

- Developmental Disability or Mental Illness. See §13.18.3 (Developmental Disability/Mental Illness Extension Criteria).
- Learning Disabled. See §13.18.6 (Learning Disabled Extension Criteria).
- IQ below 80. See §13.18.9 (IQ Below 80 Extension Criteria).
- Unemployable. See §13.18.12 (Unemployable Extension Criteria).
- Family Violence. See §13.18.15 (Family Violence Extension Criteria).

Participants who are extended in any of the Hard to Employ categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. The Employment Plan should be developed in consultation with other professionals who work with the individual, and incorporate activities and hours appropriate to each person's abilities and overall family circumstances. Hourly requirements must be written into the Employment Plan and non-compliance may result in sanction, however, FSS sanction provisions must be followed prior to imposing a sanction. Once it has been determined that a participant can be sanctioned disqualification is part of the post 60-month sanction process. See §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions). For information on Employment Plans, see §7.3 (Employment Plan (EP).

NOTE: Victims of family violence are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. See §7.12 (Plan for Victims of Family Violence), §13.18.15 (Family Violence Extension Criteria).

Counties may extend MFIP benefits for participants in the above categories after 60 months when documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation, and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see §13.6 (Transition Period - 48 to 60 Months).

WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME

When both parents reach month 60 at the same time, evaluate both adults for an extension. If both parents qualify for 1 or more of the hard-to-employ categories, both must participate in and comply

with an Employment Plan. Review to determine whether revisions are necessary if 1 or both parents have an existing plan.

WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER

If 1 parent reaches month 60 before the other, evaluate the parent who has reached 60 months for an extension. Participants who meet the hard to employ extension criteria are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. If this parent has an existing plan, it should be reviewed to determine whether revisions are necessary. The Employment Services status and Employment Plan of the parent who has not reached month 60 should also be reviewed at this time.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/Injured/Incapacitated Extensions), §13.21 (Employed Extensions).

DEVELOPMENTAL DISABILITY/MENTAL ILLNESS EXTENSION CRITERIA

13.18.3

MFIP participants with mental illness or developmental disabilities are eligible for an extension of their benefits when the condition severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week. These participants are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Employment Plans developed for participants who are extended due to mental illness or developmental disabilities should be developed in consultation with other professionals working with the participant. The plan should include only activities and hourly requirements appropriate to that person's abilities and current situation.

DETERMINATION OF MENTAL ILLNESS

The determination of mental illness must be made by a licensed physician or a qualified mental health professional. Qualified mental health professional means:

- **In psychiatric nursing, for children:** A registered nurse who is licensed under Minnesota Statutes, Sections 148.171 and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization, or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **In psychiatric nursing, for adults:** A registered nurse who is licensed under Minnesota Statutes, Sections 148.171 and who is certified as a clinical specialist in adult psychiatric and mental health nursing by a national nurse certification organization or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **In clinical social work:** A person licensed as an Independent Clinical Social Worker (LICSW) under Minnesota Statutes, Section148D.050, subdivision 6, a Licensed Professional Clinical Counselor (LPCC) under Minnesota Statute, Section 148B.5301, subdivision 1,or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **In psychology:** An individual licensed by the board of psychology under Minnesota Statutes, Sections 148.90, who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness.

- **In psychiatry:** A physician licensed under Minnesota Statutes, chapter 147, and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.

- **In marriage and family therapy:** A marriage and family therapist licensed under Minnesota Statutes, Sections 148B.29, with at least 2 years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

DETERMINATION OF DEVELOPMENTAL DISABILITY

The determination of developmental disability must be made by a professional qualified by training and experience to administer the tests necessary to make such a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function). These professionals include licensed psychologists, certified school psychologists, or a certified psychometrist working under supervision of a licensed psychologist.

Person with developmental disabilities means a person who has been diagnosed as having substantial limitations in present functioning, manifested as significantly sub-average intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions before the person’s 22nd birthday.

Deficits in adaptive behavior means a significant limitation in an individual’s effectiveness meeting the standards of maturation, learning, personal independence, and social

responsibility expected for the individual's age level and culture group, as determined by clinical assessment and generally standardized scales.
Significantly sub average intellectual functioning means a full scale IQ score of 70 or less based on assessment that includes 1 or more individually administered standardized intelligence tests developed for the purpose of assessing intellectual functioning. Errors of measurement must be considered.

WHEN THE PARTICIPANT SPEAKS LIMITED ENGLISH

Listed below is guidance to counties and Employment Services Providers to use when the participant speaks limited English:

- Consider other categories of extension 1st before requesting a mental health diagnostic for purposes of determining developmental disability or IQ below 80.

- For purposes of an extension, counties may accept a statement from a qualified professional regarding IQ that identifies a range instead of a specific score. Professionals qualified to administer tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function include licensed psychologists, certified school psychologists, or certified psychometrists working under supervision of a licensed psychologist. Counties and Employment Services Providers should make every effort to ensure that professionals making these determinations have experience conducting cross-cultural evaluations.

- Request that the assessment report include a discussion of the limitations of testing.

- Request that the assessment report include a statement of the clinician's confidence in the results.

- Request that the assessment report related to developmental disability or low IQ include a description of the participant's functional level and functional restrictions.

- Request that the assessment report identify the interpreter, his or her qualifications and relationship to the assessor, the participant, and anyone else involved in the process.

Verification of developmental disabilities or mental illness should include a statement that the person is unable to obtain or retain unsubsidized employment. Participants in this category must participate in ES. The Employment Plan should be developed with input from other professionals working with the participant and should include activities and hours approved to their ability. See §7.3 (Employment Plan (EP), §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions. Also see §13.18.6 (Learning Disabled Extension Criteria), §13.18.9 (IQ Below 80 Extension Criteria), §13.18.12 (Unemployable Extension Criteria), §13.18.15 Family Violence Extension Criteria).

Terminology disclaimer

The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within documents on the Department's website, the Department does not endorse these terms.

MFIP participants with learning disabilities may be eligible for an extension if the condition severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

"Learning disabled" means the person has a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. It does not include learning problems that are primarily the result of visual, hearing, or motor handicaps, developmental disability, emotional disturbance, or due to environmental, cultural, or economic disadvantage.

Participants who are extended in the learning disabled category are considered an FSS participant and ARE REQUIRED to develop an Employment plan for FSS participants and follow FSS service requirements. Whenever possible, the Employment Plan should be developed with input from other professionals working with the participant, or with input from the psychologist who made the determination.

DETERMINATION OF A LEARNING DISABILITY

The determination of a learning disability must be made by a qualified professional. A qualified professional for this purpose is a licensed psychologist or school psychologist with experience determining learning disabilities. Counties and Employment Services Providers should request that the determination also include a statement about the extent to which the learning disability impacts work.

WHEN THE PARTICIPANT SPEAKS LIMITED ENGLISH

Determining if a person has a learning disability may be difficult due to limited English proficiency or lack of cultural assessment tools. Listed below is guidance for counties and Employment Services Providers to use when participants who speak limited English are referred for assessments and evaluated for extensions:

- Consider other categories of extension before requesting a mental health diagnosis for purposes of determining a learning disability.

- For purposes of an extension, counties may accept a report from a qualified professional stating that a participant who speaks limited English **may** have a learning disability, as long as other issues have been ruled out and the participant's ability to work is severely

impaired. This determination should have been made within the previous 12 months. Counties and Employment Services Providers should make every effort to ensure that the qualified professional making the determination has experience conducting cross-cultural evaluations.

- Request that the assessment report include a discussion of the limitations of testing.
- Request that the assessment report include a statement of the clinician's confidence in the results.
- Request that the assessment report identify the interpreter, his/her qualifications and relationship to the assessor, the participant, and anyone else involved in the process.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/Injured/Incapacitated Extensions), §13.18.3 (Developmental Disability/Mental Illness Extension Criteria), §13.18.9 (IQ Below 80 Extension Criteria), §13.18.12 (Unemployable Extension Criteria), §13.18.15 (Family Violence Extension Criteria).

MFIP participants with an IQ below 80 may be eligible for an extension of benefits if they have been assessed by a vocational specialist or qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition prevents him/her from working 20 or more hours per week.

Participants extended in this category are considered a Family Stabilization Services (FSS) participant and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. Employment Plans developed for participants who are extended due to a developmental disability should be developed in consultation with other professionals working with the participant. The plan should include only activities and hourly requirements appropriate to that person's abilities and current situation.

DETERMINATION OF IQ

The determination of IQ must be made by a professional qualified by training and experience to administer the tests necessary to make such a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function). These professionals include a licensed psychologist, certified school psychologists, or certified psychometrics' working under supervision of a licensed psychologist.

WHEN THE PARTICIPANT SPEAKS LIMITED ENGLISH

Determining if a person has an IQ below 80 may be difficult due to limited English proficiency or lack of cultural assessment tools. Listed below is guidance for counties and Employment Services Providers to use when participants who speak limited English are referred for assessments and evaluated for extensions:

- Consider other categories of extension before requesting a mental health diagnostic for purposes of determining a developmental disability or IQ below 80.

- For purposes of extensions, counties may accept statements from qualified professionals regarding IQ that identifies a range instead of a specific score. Professionals qualified to administer tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function include licensed psychologists, certified school psychologists, or certified psychometrics' working under supervision of a licensed psychologist. Counties and Employment Services

Providers should make every effort to ensure that the professional making the determination has experience conducting cross-cultural evaluations.

- Request that the assessment report include a discussion of the limitations of testing.
- Request that the assessment report include a statement of the clinician's confidence in the results.
- Request that the assessment report related to a developmental disability or low IQ, include a description of the participant's functional level and functional restrictions.
- Request that the assessment report identify the interpreter, his or her qualifications and relationship to the assessor, the participant, and anyone else involved in the process.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.18 (Hard to Employ Extensions).

MFIP participants who are considered "unemployable" may be eligible for an extension of MFIP benefits. It is helpful to think about this category as an extension for individuals who are unemployable because they are experiencing multiple and severe issues that significantly impact their ability to work. Participants who demonstrate they are able to work in unsubsidized employment should not be extended in this category.

Participants extended in the unemployable category are considered an FSS participant and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. Hourly requirements and activities should be appropriate to the participant's abilities and included in the Employment Plan.

NOTE: Mental and chemical health treatment may be included in the plan on a voluntary basis.

DETERMINATION OF WHETHER THE PARTICIPANT IS UNEMPLOYABLE

Before determining whether an MFIP participant is unemployable for purposes of this extension, counties and Employment Services Providers should assess whether he or she is eligible for an extension under a different category. If he or she does not meet the criteria for another extension category, but appears to have significant and severe issues that impact their ability to work, a determination of unemployability should be done by a vocational rehabilitation specialist or another qualified professional designated by the county.

There is no single factor or cluster of factors which would indicate unemployability, but take the following into consideration:

- The participant's work history over the past 5 years. If the person has worked, review his or her work history and the reason or reasons the participant left employment to determine whether any barriers exist which prevent the participant from maintaining a job. If the participant has not worked, review the reason he or she has not been employed to identify any barriers to employment.

- Extremely limited ability to speak or understand English, despite efforts to learn it. This means that the person cannot communicate in English or understand questions, and this remains difficult even with an interpreter. There must be documentation of the participant's efforts to learn English.

- Felony record that inhibits employment in existing positions.

- Other severe and chronic mental health or chemical dependency issues that have not been professionally certified because the nature of the illness interfere with the participant's ability to seek assessment or treatment. There must be documentation of the agency or other professionals attempt to engage the participant in necessary services.

  NOTE: Factors such as lack of child care, transportation, or housing, while they may be significant barriers to employment, do not in and of themselves constitute a basis for unemployability.

After reviewing the above, determine whether there are any factors that would result in the participant being unable to work. If there are not significant factors that would result in the participant being unable to work, he or she is considered employable and is NOT eligible for an extension. If the participant cannot work, determine whether he or she could work with a reasonable investment of available supports to address his or her limitations.

- If yes, these supports must be provided. The participant is not eligible for a hardship extension under the category of "unemployable", but may qualify for another extension.

- If no, the county must document the lack of available supports, and the participant may be extended as "unemployable". When appropriate, the county should assist a participant who is assessed as "unemployable" to apply for SSI.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.18 (Hard to Employ Extensions).

FAMILY VIOLENCE EXTENSION CRITERIA 13.18.15

MFIP participants who are victims of family abuse may be eligible for an extension of benefits. Participants who request this extension must verify the abuse. See §7.36 (Family Violence Waiver Option) for a list of acceptable forms of verification. Participants with a family violence extension are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS requirements.

These participants MUST work with a job counselor and/or FSS case manager and a person trained in domestic violence (if they are not already working with a domestic violence advocate) to develop the EP. The primary goal of an Employment Plan for Victims of Family Violence is to ensure the safety of the caregiver and the children. The job counselor or FSS case manager has the final approval of an Employment Plan, see §7.12 (Plan for Victims of Family Violence). The Employment Plan must be approved prior to approval of the extension, and participants must comply with activities in their plan to continue receiving the extension.

If the participant is not complying with their Employment Plan, the first step is to meet with the participant and advocate, to ensure the plan is still appropriate. If the advocate believes the plan is still appropriate, and the participant continues to not comply with their plan, the participant loses eligibility for the FVW. Notify the financial worker immediately that the participant has lost their FVW eligibility with the Diversionary Work Program/Minnesota Family Investment Program Status Update Form (DHS-3165). If the participant does not qualify for another extension criteria, their MFIP case will be closed.

See §3.18 (Glossary: F...) for the definition of family violence. Also §7.36 (Family Violence Waiver Option), §7.36.3 (Person Trained in Domestic Violence), §13.3 (60-Month Lifetime Limit), §13.15 (Hardship Extensions).

MFIP participants may be eligible for an extension of benefits in the employed category if they:

- Were in compliance 10 of the last 12 months immediately preceding month 61, including month 60.

AND

- Meet the hourly requirements. Counties must provide the opportunity for subsidized employment to participants needing that type of employment in order to be extended.

Compliance means the participant was not in sanction for any reason. If a participant, who applies for an extension after the 60th month, is able to document that a sanction was incorrectly applied, or that the participant had good cause for the non-compliance, the county must consider the participant compliant for the purpose of establishing eligibility for any hardship extension.

Participants extended in this category MUST participate in Employment Services.

Hourly requirements vary for 1-parent and 2-parent families, and for participants who are able to work only a limited number of hours. For hourly requirements, see §13.21.3 (Employed Extension Criteria - 1-Parent Units), §13.21.6 (Employed Extension Criteria - 2-Parent Units), §13.21.9 (Limited Work Due to Illness/Disability Extension Criteria).

When the participant has accepted a job that begins during the 60th or 61st month, there must be a reasonable expectation that the participant will work an average of at least the number of hours required for the extension in the coming month. DHS recommends that the decision be based on the participant's current employment situation and/or employment offer.

For purposes of the employed extension category, employment means:

- Subsidized private sector or public sector employment, including Grant Diversion.
- Unsubsidized employment.
- On-The-Job Training.
- Apprenticeship.
- Supported work. See SUPPORTED WORK in §3.39 (Glossary: S...).
- Work study.

OR

- A combination of any of the bulleted items above.

OR

- Providing child care services to another participant who is working in a community service program, if it is in combination with paid employment.

NOTE: Participants who are complying with a child protection plan may count hours required in their plan toward the requirement for the employed extension.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions.

LOSS OF EMPLOYMENT/REDUCTION IN HOURS

Whenever there is a loss of employment or a reduction in hours, you should assist the participant to return to work or increase their hours as soon as possible. Counties/job counselors should consider referring participants to employers they know are hiring, temporary agencies, or placing the participants in a work experience when appropriate.

If the loss of employment or reduction in hours is involuntary (laid off or lose a job through no fault of their own), the participant is not subject to the hourly employment requirement for 1 month but must meet all remaining requirements in the Employment Plan. The 1-month period begins the day after the employment ended or hours were reduced. In cases where involuntary loss of employment or involuntary reduction in hours is claimed but not documented, have participants sign a statement that this occurred through no fault of their own. Counties and ES Providers have flexibility to do as much verification as they deem necessary.

The 1-month exemption from meeting work requirements is available to each client extended as employed twice (non-consecutive) in a 12-month period. The 1-month grace periods are person-based, and apply separately to each parent in a 2-parent household (each employed parent is allowed 2 grace periods).

Participants who fail to meet the hourly requirements for this extension, without good cause, should be sanctioned or permanently disqualified. See §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

GOOD CAUSE FOR NOT MEETING HOURLY REQUIREMENTS - INVOLUNTARY LOSS OF EMPLOYMENT

Good cause for not meeting hourly employment requirements may only be granted for the portion of the month in which good cause applies. Participants must meet all remaining requirements in the Employment Plan. This provision may also be applied if good cause for not meeting hourly requirements continues beyond a 1-month exemption from hourly meeting employment requirements (involuntary loss of employment/reduction in hours). Good cause provisions in statute may be applied to extended cases. Good cause is used in cases when a drop below hourly requirements is temporary and intermittent. An example would be a participant who misses a few hours or days of work due to illness, child care or transportation problems, or some other emergency.

The same grace period also applies to cases where participants are willing to accept suitable employment but none is available. The participant is exempt from the hourly employment requirement for 1 month. Participants must meet all remaining requirements in the approved Employment Plan or be subject to sanction or permanent disqualification. This exemption is available to each participant 2 times in a 12-month period.

EMPLOYED EXTENSION CRITERIA - 1-PARENT UNITS 13.21.3

To be eligible for an employed extension, a single parent must:

- Be in compliance with all program requirements in the 60th month. Being in compliance means the participant is not in sanction for non-cooperation with ANY MFIP program requirement, including non-cooperation with child support. If a participant, who applies for an extension after the 60th month, is able to document that a sanction was incorrectly applied, or that the participant had good cause for the non-compliance, the county must consider the participant compliant for the purpose of establishing eligibility for any hardship extension.

- Be in compliance 10 out of 12 months proceeding month 61.

- Participate in work activities at least 30 hours per week per month, 25 of which on average must be employment.

Hourly requirements for an employed extension in this section are minimums. Require the maximum number of hours appropriate for the participant even if it exceeds the minimum hourly requirement for the extension. Participants who are working hours above the minimum hourly requirement prior to being extended may only decrease those hours with approval from a job counselor, and in conjunction with a revised Employment Plan. This should not be done unless there is a compelling reason to do so.

Parents extended in this category are required to participate in Employment Services and may be sanctioned for non-compliance, including a reduction in hours or loss of employment.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions.

One or both parents in a 2-parent family may be eligible for an "employed" extension when they work at a certain level. Requirements for parents in a 2-parent family differ depending on whether they reach the 60-month time limit at the same or different times, and whether both request an extension in the same category.

Hourly requirements for an employed extension in this section are minimums. Require the maximum number of hours appropriate for the participant(s) even if it exceeds the minimum hourly requirement for the extension. Participants who are working hours above the minimum hourly requirement prior to being extended may only decrease those hours with approval from a job counselor, and in conjunction with a revised Employment Plan. This should not be done unless there is a compelling reason to do so.

In 2-parent families where only 1 parent is extended under this category (for example the 2nd parent is in pre 60-month status, removed from the household being extended, or extended under another category) follow the single parent minimum hourly requirements.

Parents extended in this category are required to participate in Employment Services and may be sanctioned for non-compliance, including a reduction in hours or loss of employment.

WHEN BOTH PARENTS REACH THE 60-MONTH LIFETIME LIMIT AT THE SAME TIME

- Both parents must be in compliance with all program requirements in the 60th month. Being in compliance means the participant(s) is not in sanction for non-cooperation with ANY MFIP program requirement, including non-cooperation with child support. If 1 parent is not in compliance in month 60, that parent may be removed.

- Both must be in compliance 10 out of the last 12 months. If both parents fail to be in compliance 10 of the 12 months preceding month 61, the MFIP case must NOT be extended under this category. When only 1 parent does not meet the 10 of 12 months compliance requirement, the family has the option to remove that parent and extend the case if the remaining parent meets the remaining criteria. If the parent who failed the 10 out of the last 12 months compliance requirement is removed, the 1-parent work requirement under the employed category (30/25 hrs) applies to the remaining parent, and the MFIP grant must be calculated using the Shared Household Standard. If the parent who was removed has income, it is deemed to the MFIP unit. The parent who was removed may apply for and receive the Supplemental Nutrition Assistance Program (SNAP), if otherwise eligible. The financial worker will review health care eligibility for the disqualified member.

NOTE: If you are evaluating 1 parent for the employed extension and the other for a different extension type, the parent who is being evaluated for an extension other than employed is NOT subject to the 10 of 12 months compliance test.

- Both parents must meet criteria for an extension or have banked months in order for MFIP to be continued. If the case is closed because neither parent qualifies nor has banked months, a review must be conducted by your supervisor or a review team designated by the county.

- Both parents must follow an Employment Plan.

- When both parents are extended as employed, they must participate in work activities at least 55 hours per week each month, 45 of which on average must be employment. Hours may be divided between the 2 parents in any way that works for their particular situation and should be documented in their Employment Plans. When 1 parent is completing all the minimum hours required for this extension, the other parent's plan should require the maximum hours of work activities you determine he/she is able to complete.

WHEN 1 PARENT REACHES THE 60-MONTH LIFETIME LIMIT BEFORE THE OTHER

To be eligible for the employed extension, the participant who has reached month 60 must:

- Be in compliance with all program requirements in the 60th month.

- Be in compliance with all program requirements in 10 out of the last 12 months preceding month 61.

- Participate in work activities at least 30 hours per week per month, 25 of which on average must be employment. Participants must meet minimum work requirements, and they are NOT exempt from ES requirements.

  NOTE: If the participant who has not reached 60 months is also employed, the combined minimum hours of participation for the 2-parent family is 55 hours a week, 45 of which must be employment.

- If the parent who reaches month 60 does not meet criteria for an extension or is in sanction in month 60 he/she may be removed. The case then follows pre-60 month policies.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions.

LIMITED WORK DUE TO ILLNESS/DISABILITY EXTENSION CRITERIA 13.21.9

MFIP participants who are able to work but not enough hours to qualify for the employed extension may be extended when they:

- Have verification from their qualified professional that work hours are limited due to illness or disability.
- Work at least the number of hours specified by the qualified professional.

Verification from the qualified professional must include the participant's diagnosis, any functional limitations that limit work hours, and treatment recommendations. Counties and Employment Services Providers may use Request for Medical Opinion (DHS-2114) to obtain this information. **Participants extended in this category must follow treatment recommendation of the health care provider who submitted the documentation.**

In cases where both parents in a 2-parent family are extended as employed but 1 is only able to work a limited number of hours, apply the single parent requirement to the parent who is not ill or disabled (at least 30 hours per week of work activities, of which an average of at least 25 are employment).

All other requirements for an employed extension apply. See §13.21 (Employed Extensions) for additional information, including loss of employment and good cause for not meeting hourly requirements.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/Injured/Incapacitated Extensions).

DHS recommends that counties take the following steps when setting up and conducting the case review and face-to-face meetings required 180 to 60 days prior to the end of the participant's 60th month on MFIP.

1. COUNTY ADMINISTRATIVE REVIEW

Prior to the face-to-face meeting, staff involved with the participant(s) should meet to review the family's situation. DHS recommends using a team for the county administrative review and subsequent face-to-face meeting. The team may include the financial worker, job counselor, supervisory staff, social worker, child care worker, psychologist, vocational specialist, family violence advocate, or anyone else involved with the participant, provided that the participant has signed the necessary consent forms.

Consider the following:

- Is the participant in the Family Stabilization Services (FSS) service track? If so, does the participant still meet the eligibility criteria and the documentation used to make the determination is still up-to-date?
- What conditions exist that affect the participant's progress toward self-sufficiency?
- Is the participant currently in compliance? What is the sanction history for this case?
- What services is the family currently receiving? Are there any other service options that should be considered, such as subsidized employment?
- Is the participant's Employment Plan still appropriate?
- Is the participant aware of options for stopping the clock?
- Is there an extension for which the participant might qualify?
- What resources might be available to the family if MFIP ends?
- Has the number of TANF months been correctly counted?

NOTE: This list is not meant to be all-inclusive.

2. APPOINTMENT LETTER

The county sends a letter to ask the participant to call for an appointment for the face-to-face meeting or to notify the participant that a meeting has been scheduled.

If county agency does not hear from the participant, it must make AT LEAST 2 more attempts to reach the participant, using other approaches, such as phone calls or home visits. The county documents these attempts in case notes and person notes.

3. FACE-TO-FACE MEETING

Meet and discuss the items on your county's checklist. The county is required to attempt to hold a face-to-face meeting for the benefit of the participant. Although "attempting to meet face-to-face" is a requirement for the county, it is not an eligibility requirement for MFIP participants. Counties are also required to develop guidelines for attempting to meet face-to-face.

The face-to-face meetings provide:

- A means to reach participants who may have missed important messages.
- An opportunity for participants to receive information on their sanction status or to provide information needed to cure the sanction.
- An opportunity for participants to request an extension or develop an exit plan.

Stress the importance to the participant of attending the face-to-face meeting, but do not sanction the participant for not attending the meeting.

4. IF NO FACE-TO-FACE MEETING

If a face-to-face meeting does not occur, the county must send a letter advising the participant that MFIP will soon close. Provide a list of the hardship extension categories and a copy of the extension request form. Enclose a list of community resources that are available to the participant if MFIP ends, and any other information that would have been covered at the face-to-face meeting. If the participant responds to this letter, attendance at a face-to-face meeting should be

strongly encouraged even if it is after the 58th month.

5. SUPERVISORY OR TEAM REVIEW

Before MFIP closes due to the time limit, the job counselor's supervisor or the review team must review the case to determine if the criteria for a hardship extension, if requested, were applied appropriately and an attempt was made to meet with the participant face-to-face. If the review indicates that the criteria to close the case were met, a 10-day notice of adverse action to terminate MFIP at the end of 60th month is sent by the county.

If a case was closed after the 60th month without the required case review, the county agency must contact the participant and offer to do a case review to determine if the assistance unit was eligible for a hardship extension. If the participant is determined to be eligible for a hardship extension and meets all other MFIP eligibility criteria, the county agency must issue retroactive benefits for all months of MFIP eligibility up to and including the current month.

UNLESS THERE IS GOOD CAUSE, consider a participant out of compliance with the requirements of MFIP Employment Services under these circumstances:

- The participant fails to attend the overview. See §5.12 (Employment Services Overview).
- The participant fails to conduct the required job search. See §9.12 (Job Search Activities).
- The participant fails to cooperate in the development of an Employment Plan. See §7.3 (Employment Plan (EP)), §7.12 (Plan for Victims of Family Violence). This includes failure to attend the initial appointment with the job counselor, or failure to attend all sessions necessary to develop a signed Employment Plan.
- The participant fails to comply with or make satisfactory progress in the activities specified in the Employment Plan. The Employment Plan must clearly specify the criteria for satisfactory progress.
- The participant fails to accept or terminates suitable employment. See §7.30 (Monitoring Employment), §13.21.3 (Employed Extension Criteria - 1-Parent Units), §13.21.6 (Employed Extension Criteria - 2-Parent Units).
- The participant fails to meet school attendance requirements. See §7.38 (Requirements for Teen Parents).

Do not sanction a Family Stabilization Services (FSS) participant, unless all FSS pre-sanction provisions have been met. See §11.18 (FSS Pre-Sanction Provisions).

Do not sanction a participant if there is information that the participant may meet FSS eligibility, unless all FSS pre-sanction provisions have been met. See §11.18 (FSS Pre-Sanction Provisions).

Do not sanction a participant if the participant is unable to meet participation hours because their place of employment is closed and the participant is not eligible for holiday pay. In addition, do not increase the hours of participation to offset hours that were missed due to the holiday.

Do not sanction a participant if the participant is meeting minimum hourly activity requirements for the participant's family composition even if the employment plan is written for more than the minimum. See §7.6 (Minimum Hourly Activity Requirements). If the plan requires more hours than the participant is achieving, the job counselor should explore the reason for the difference and consider revising the plan.

"First" and "subsequent" occurrences of non-compliance with program requirements are subject to different sanctions, see §14.3.3 (Pre 60-Month Type/Length of ES Sanctions). For information on drug felons that are non-compliant, see §14.3.6 (Drug Felons Sanctions - Job Counselor Responsibilities). For information on good cause, see §14.6 (Good Cause for Non-Compliance). For post 60-month sanctions, see §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

For non-compliance with an Employment Plan for victims of family violence, see §7.12 (Plan for Victims of Family Violence).

The policies in this section apply to participants who:

- Have not reached their 60-month lifetime limit.
  OR
- Are participants in a post-60 month extension who meet Family Stabilization Services criteria.

Employment Services (ES) sanctions and child support sanctions both count towards closure of the MFIP financial case. Closure under this sanction policy is not permanent as participants may reapply for MFIP at any time.

Refer to the DHS Information Exchange/MAXIS summary page located on the DHS-IX tab in Workforce One for sanction count occurrences and contact the financial worker immediately if there is a discrepancy.

The count toward closure does **NOT** start over, even if the participant goes off assistance, comes into compliance, and remains in compliance.

Each month that a participant fails to comply with a requirement is considered a separate occurrence of non-compliance. However, if both parents in a 2-parent assistance unit are out of compliance in the same month, it counts as 1 occurrence. The financial worker will close the MFIP financial case in the participant's 7th occurrence of non-compliance. The Employment Services case should be closed on Workforce One (WF1).

- **FOR THE 1ST OCCURRENCE OF NON-COMPLIANCE**

  The financial worker reduces the family's grant by 10% of the MFIP standard of need for an assistance unit of the same size with the residual grant paid to the participant. This sanction applies when a participant in a single-parent household or 1 participant in a 2-parent household does not comply. The grant reduction must be in effect for a minimum of 1 month and must be removed in the month after the month the participant returns to compliance. For more information, see §14.18 (Time Lines for Curing the Sanction).

  EXAMPLE:

  Household size = 3
  MFIP standard of need = $1005 (10/2011)
  Cash portion = $532
  Food portion = $473

Rent: $400 per month

10% of the MFIP standard of need (10% of $1005) = $101
Total grant after sanction ($1005-$101) = $904
Cash portion = $431 ($904-$473 (food portion) = $431)
Food portion = $473

- **FOR THE 2ND THROUGH THE 6TH OCCURRENCE OF NON-COMPLIANCE**

For the 2nd through 6th occurrence of non-compliance, the financial worker vendor pays rent (up to the amount of the cash portion). Utilities may also be vendor paid (up to the cash portion) at county option. The residual amount of the grant is reduced by 30% of the MFIP standard of need for an assistance unit of the same size with the residual grant paid to the participant. The grant reduction must be in effect for a minimum of 1 month and must be removed in the month after the month the participant returns to compliance.

For the 2nd occurrence of non-compliance with MFIP Employment Services, review the participant's case file to determine if:

- The Employment Plan is still appropriate.
  OR
- The continued non-compliance can be cured by providing a needed pre-employment activity. This includes activities such as volunteer work, literacy programs and related activities, citizenship and English as a second language classes, chemical dependency treatment, mental health services, peer group networks, displaced homemaker programs, strength-based resiliency training, parenting education, or other programs designed to help families reach their employment goals and enhance their ability to care for their children.
  OR
- The participant meets a good cause criterion.

If the lack of an identified activity can explain the non-compliance, the provider must work with the participant to provide the activity. Also, the county must restore the participant's grant amount to the full amount retroactive to the 1st day in which the participant was found to lack pre-employment activities or qualifies for good cause. If the participant's grant is restored, the vendor payment of shelter (and utilities, if applicable) is removed.

For more information, see §14.18 (Time Lines for Curing the Sanction). If both parents in a 2-parent household are out of compliance, the grant reduction is removed in the month following the month both participants return to compliance.

The financial worker continues to vendor pay the shelter costs (and utilities, if applicable) for 6 months after the month in which the participant(s) return to compliance. The shelter costs are vendor paid up to the amount of the cash portion of the grant. At county option, the financial worker may also vendor pay utilities up to the amount of the cash portion of the grant.

Counties must stop vendor payments for rent immediately if they become aware the housing unit is uninhabitable. No further vendor payments may be made until the landlord demonstrates that the housing if fit for use. Landlords cannot take eviction actions against anyone in the assistance unit because vendor payments were stopped.

EXAMPLE:

1. Vendor rent up to the CASH portion of grant (subtract $400 from $532).
2. At county option, vendor utilities out of any remaining CASH portion of the grant. (In this example, $50 is also vendored for utilities.)
3. Reduce remaining grant ($1005 - $400 - $50 = $555) by 30% of the MFIP standard of need ($555 minus $302 (30% of $1005) = $253).
4. Total grant amount for this example is $253. The family will receive $253 in MFIP food assistance benefits due to cash benefits being vendor paid. But participant's rent and utilities will be paid for the upcoming month.

➢ 7th OCCURRENCE OF NON-COMPLIANCE

The financial worker will close the MFIP case (100% sanction). Closure under pre-60 month sanction policy is not permanent. The case must be closed for 1 full month but can be reopened after 1 month if the participant demonstrates compliance.

The Employment Services Provider must attempt a face-to-face meeting prior to case closure, see §14.24 (Case Review Requirements for Occurrences of Sanctions).

A case review is required when the case is sanctioned at 30% and an attempt at a face-to-face meeting is required prior to case closure, see §14.24 (Case Review Requirements for Occurrences of Sanctions).

If a case that has been closed for the 7th occurrence of non-compliance is reopened and has another occurrence of non-compliance, the case will be sanctioned at 30%. A 2nd occurrence of non-compliance for a case reopened after closure for non-compliance will result in case closure.

A 2-parent assistance unit gets a **total** of 6 occurrences before closure. For example: if Mom has 3 occurrences and Dad has 3 occurrences in different months from Mom, the next (7th) occurrence results in case closure. However, if both parents in a 2-parent assistance unit are out of compliance during the same month, it counts as 1 occurrence.

If a case that has been closed for the 7th occurrence of non-compliance is reopened and has another occurrence of non-compliance, sanction the case at 30%. A 2nd occurrence of non-compliance for a case reopened after closure for non-compliance will result in case closure.

Closure for non-compliance does **not** make the participant ineligible for the Supplemental Nutrition Assistance Program (SNAP), if otherwise eligible. Case closure also does not affect health care eligibility. When an MFIP case is closed 100% in MAXIS, a status update will come across the WF1 interface notifying the ES worker that the case is closed and the closure reason.

➢ REGAINING ELIGIBILITY

Once a case has been closed due to 7th occurrence sanction, a new MFIP application must be filed with the county. The county must coordinate with Employment Services to develop an Employment Plan for the applicant that identifies the specific activities and time frames required to be considered compliant. It **may** include activities that last between 1 and 30 days.

EXAMPLE: A case is closed effective February 1, after a 6th occurrence of non-compliance. If the applicant reapplies on February 5, and meets with ES on February 10, schedule any activities the applicant must complete in order to come into compliance between February 10 and March 10. Once the participant comes into compliance, notify the financial worker immediately of the date of compliance. The case may not be reopened in February (unless good cause is determined) as this is the 1-month mandatory closure period. Activities can last between 1 and 30 days.

EXAMPLE: Alternatively, if the application is filed March 1, and the applicant meets with ES on March 5, the activities must be scheduled between March 5 and April 5. The compliance date would be no sooner than March 5, depending on what the Employment Plan required the applicant to do. For example, if the applicant is required to participate in 2 weeks of structured job search beginning March 8 and ending on March 19, the case may be reopened on March 19 if all requirements in the EP were met. Once the participant comes into compliance, notify the financial worker immediately of the date of compliance.

While it is more likely that the 1st step in the process to regain MFIP eligibility is for a client to file an application with the county, it is possible that a client may meet with Employment Services BEFORE filing an application. For example, if a case is set to close for non-compliance on March 1st, but the client makes direct contact and meets with Employment Services on February 26th, and THEN applies a week later on March 3rd, the 30-day compliance period could begin on 2/26 when the client met with ES. Activities may last between 1 and 30 days based on the specific activities the participants needs to complete in order to come into compliance.

The application may pend longer than 30 days if the scheduled activities run longer than the average 30-day MFIP processing period.

NOTE: Subsequent case closings and reopens due to non-compliance with ES should follow the same process and guidance as described above.

➢ DUAL SANCTIONS OF NON-COMPLIANCE

Sanctions are imposed, as follows, for participants who do not comply with child support requirements AND have a concurrent sanction for failure to attend orientation, or to develop or to comply with their Employment Plan:

1. If a child support non-compliance and another program non-compliance occur in the SAME month, the financial worker will reduce the family's grant by 30% of the MFIP standard of need for the 1st month, and then will vendor pay shelter costs (and utilities, if applicable) for the 2nd month.

2. The participant remains subject to vendor payments and 30% sanction until BOTH issues of non-compliance have been resolved.

For post 60-month sanction information, see §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

For information on preventing, starting, stopping, and removing sanctions, see §14.15.3 (Options for Preventing a Sanction), §14.6 (Good Cause for Non-Compliance), §14.21 (Removal of a Sanction).

DRUG FELONS SANCTIONS - JOB COUNSELOR RESPONSIBILITIES 14.3.6

There are certain policies for participants who disclose at financial intake that they have a drug felony. These policies include vendoring of benefits, random drug testing, and sanctions for failing drug tests.

Notify the County immediately if you become aware that a felony drug conviction has been expunged from a participant's record.

Effective October 1, 2012, people convicted of a drug felony that was committed within 10 years of application or recertification are subject to random drug testing as a condition of MFIP eligibility. The drug test may be conducted by the county agency, or the county agency may be informed of a test failure by a probation officer or other official entity.

If a participant fails a random drug test, before imposing a sanction, the job counselor must:

- Attempt to meet face-to-face with the caregiver. See §14.24 (Case Review Requirements for Occurrences of Sanctions).
- Explain the consequences of failing a subsequent drug test. (A participant who fails a subsequent drug test is permanently disqualified from MFIP cash and food.) For the definition of DISQUALIFICATION, see §3.12 (Glossary: D...).
- Explain the right to appeal. See APPEAL in §3.3 (Glossary: A...).

If a face-to-face meeting is not possible, let the county know so the county can provide the above information in writing.

A participant who is sanctioned for failing an initial drug test may cure the 30% sanction by passing a subsequent drug test. The caregiver must pass a subsequent drug test to cure the sanction even after a felony is more than 10 years.

If a participant fails a subsequent random drug test, the participant is PERMANENTLY disqualified from both the cash and food portions of MFIP, and from MFIP Employment Services (MFIP-ES). The disqualification remains in place even after the felony is more than 10 years old.

Before disqualifying the caregiver and sending a notice of adverse action, the job counselor must:

- Explain the right to appeal.
- Identify other resources that may be available to the family.

Note: Drug felon sanctions do not count toward the 100% sanction policy.

Caregivers may claim the following good cause reasons for failure to comply with the expectations of MFIP Employment Services. Good cause exists when:

- Appropriate child care is not available. For the definitions which govern good cause, see §10.3.36 (Good Cause - Inability to Obtain Child Care).
- The job does not meet the definition of suitable employment. See §3.39 (Glossary: S...) for the definition of Suitable Employment.
- The participant is ill or injured.
- A member of the unit, a relative in the household, or a foster child in the household is ill and needs care by the participant that prevents the participant from complying.
- The participant is unable to secure needed transportation.
- The participant is in an emergency situation that prevents compliance with the Employment Plan.
- The schedule of compliance with the Employment Plan conflicts with judicial proceedings.
- A mandatory MFIP meeting is scheduled during a time that conflicts with a judicial proceeding or a meeting related to a juvenile court matter, or a participant's work schedule.
- The participant is already participating in acceptable work activities.
- The Employment Plan requires an educational program for a participant under the age of 20, but the educational program is not available.
- Activities identified in the Employment Plan are not available.
- The participant is willing to accept suitable employment, but employment is not available.
- The participant documents other verifiable impediments to compliance with the Employment Plan beyond the participant’s control.

- The documentation needed to determine if a participant is eligible for family stabilization services is not available, but there is information that the participant may qualify and the participant is cooperating with the county or employment services provider's efforts to obtain the documentation necessary to determine eligibility.

Follow the guidelines below for determining good cause:

- It is the participant's responsibility to offer "good cause" reasons for failure to comply. Information on the opportunity to show good cause is provided at the overview of Employment Services on the Employment Services Rights and Responsibilities (DHS-3172) and on the MFIP Notice of Intent to Sanction (DHS-3175) form. If you are aware that good cause applies, even if the participant has not claimed good cause, verify and document the reason and work with the participant to decide on what the next step should be. Do not impose a sanction.

- Use professional judgment in deciding what circumstances justifies verifying a good cause claim and determining the length of the claim. Bear in mind shorter is better than longer. Request formal verification, for example: medical statements, proof of judicial proceedings, documentation of participation in acceptable activities, if the good cause claim is questionable or if using good cause claims becomes a pattern.

SANCTION PROVISIONS FOR FSS 14.9

There are specific provisions that must be followed prior to determining whether a sanction can be imposed on a participant:

- Who has been determined eligible for Family Stabilization Services (FSS).
  OR
- At the time the provider has information that a participant may meet the eligibility criteria for FSS.

For information on specific provisions for FSS, See § 11.18 (FSS Requirement and Sanction Provisions).

Employment Services Providers and the county including child care, should establish clear and consistent procedures to make sure that all workers coordinate their actions. The DWP/MFIP Status Update Form (DHS-3165) is available to facilitate communication.

Good communication between all staff working with the same participant is critical to ensure that all sanctions are imposed and lifted correctly and consistently. If there is an unclear case situation, workers and counselors should contact their counterparts immediately to make sure they understand the situation fully.

Job counselors are responsible for sending the participant an MFIP Notice of Intent to Sanction (DHS-3175) form (NOITS) when there is a determination of non-compliance.

This form must note the category of non-compliance. Options are:

- You failed to attend the overview.
- You failed to meet with your job counselor/case manager.
- You failed to develop an Employment Plan.
- You failed to meet your school requirements.
- You failed to do the activities in your plan.
- You failed to accept the following suitable employment.
- Continue working at suitable employment.

The DHS-3175 also has space to describe what the participant must do to come into compliance. Be specific so that the participant understands EXACTLY what action must be taken and the deadline for those actions. Allow a minimum of 10 days for the participant to comply.

OPTIONS FOR PREVENTING A SANCTION 14.15.3

As indicated on the MFIP Notice of Intent to Sanction (DHS-3175) (NOITS), the participant has the following options to prevent a sanction. Allow a minimum of 10 days when giving the participant the options for complying. The participant may:

- Comply by following through on instructions on the MFIP Notice of Intent to Sanction (DHS-3175) form, including those written in the "other" section when applicable. See §14.15 (Notifying the Participant).
- Demonstrate that he or she is actually already in compliance and that the job counselor's information indicating non-compliance is incorrect.
- Show good cause for not complying with requirements.
- Request a fair hearing or a conciliation conference.

NOTE: Once the sanction is applied, you or the county agency must review the participant's file no later than the 2nd month to determine if there is reason to remove the sanction. See §14.21 (Removal of a Sanction).

Send a DWP/MFIP Status Update Form (DHS-3165) notifying the financial worker to impose a sanction if the participant does not respond to the MFIP Notice of Intent to Sanction (DHS-3175) within the time allowed.

A list of reasons to impose a sanction is printed on the back of the DWP/MFIP Status Update Form (DHS-3165). The reason given to the participant for imposing a sanction should correspond with 1 of these options. It is important that the financial worker gets this information in order to code MAXIS correctly.

Upon receipt of the DWP/MFIP Status Update Form (DHS-3165), the financial worker must send the caregiver a notice of adverse action.

The financial worker must send a notice of adverse action at least 10 days before a sanction for non-compliance with Employment Services requirements is imposed.

When a sanction has been imposed, it must be in effect for a minimum of 1 month and may be removed in the month after the month the participant comes into compliance.

Participants may cure an Employment Services sanction by complying with the ES requirements during the time frames indicated below:

- **1ST OCCURRENCE OF NON-COMPLIANCE:** The sanction can be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction.

- **2ND OCCURRENCE OF NON-COMPLIANCE:** The sanction can be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction.

- **3RD THROUGH 6TH OCCURRENCES OF NON-COMPLIANCE:** When the 30% sanction has been imposed for 1 month, ALL subsequent consecutive months in which a 10-day notice is not required may be cured up to the day prior to the effective date of the sanction. When subsequent months are not consecutive, a notice of adverse action is sent out and the sanction must be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction.

- **7TH OCCURRENCE OF NON-COMPLIANCE (MONTH OF CLOSURE):** The sanction can be cured ON OR BEFORE 10 days prior to the EFFECTIVE date of the sanction (case closure) unless good cause is granted or pre-employment activities are found to exist.

NOTE: For information on regaining eligibility after a 100% sanction case closure, see §14.3.3 (Pre 60-Month Type/Length of ES Sanctions).

If good cause is granted or pre-employment activities are found to exist, restore the MFIP grant to the 1st of the month in which good cause is granted or pre-employment activities are found to exist.

WORKFORCE ONE (WF1) CODING FOR A CASE IN SANCTION

Do NOT close Employment Services cases for participants in a sanction (unless the participant exits MFIP). Place sanctioned participants in “Holding – Sanctioned” on the Workforce One (WF1) System. See §14.21 (Removal of a Sanction).

There is some professional discretion for determining when a sanction can be cleared. The Job Counselor may determine that the participant does not have to do everything on the NOITS, if the activity is no longer appropriate. However, the Job Counselor may not require the participant to do more than what is on the NOITS before clearing the sanction.

EXAMPLE: A participant's case was closed for 100% sanction. They have been closed for 5 months. They have re-applied. The Job Counselor should use professional discretion as to whether or not the NOITS activities, from 5 months ago, are still appropriate or available.

EXAMPLE: A case is transferred to your agency from another county and is in a 30% ES sanction. The Job Counselor should invite the participant in to develop a new employment plan. The sanction would then be cured when they sign and date the new plan.

Notify the financial worker with the DWP/MFIP Status Update Form (DHS-3165), as soon as the participant comes into compliance. The financial worker must lift the sanction the 1st of the month following the month in which the participant came into compliance, and must lift the vendor payment sanction beginning with the 7th month after the participant has come into compliance.

If there is a dual sanction for non-compliance with both Employment Services and child support or another program requirement, each sanction is lifted separately.

- If the child support sanction is cured but the Employment Services sanction is not, the grant reduction remains at 30% of the grant remaining after vendor payments.

- If the Employment Services sanction is cured but the child support sanction is not, the 30% child support sanction remains until the month following compliance with child support requirements.

In either case, the vendor payment sanction is lifted only after the participant has been in compliance with BOTH Employment Services and child support for 6 months. See §14.18 (Time Lines for Curing the Sanction) for information about curing sanctions.

ONE MONTH MINIMUM SANCTION

MFIP statutes require a minimum 1-month sanction for failure to comply with Employment Services program requirements. The sanction is normally imposed in the month following non-compliance and lifted in the month after compliance.

However, an EXCEPTION may occur when the sanction is not imposed until the 2nd month after non-compliance because of a delay in sending a 10-day notice of adverse action, and the participant complies before the effective date of the sanction.

EXAMPLE: If the non-compliance occurs in January and the financial worker receives the Status Update Form on January 21st, it is too late for the financial worker to give the participant a 10-day notice of adverse action for February 1st. In this example, the sanction cannot be imposed until March 1st. If the participant actually comes into compliance on or before February 18th, he/she will not be sanctioned in March.

Conduct a case file review no later than the 2nd month of sanction (30%). The purpose of the review is to determine whether the Employment Plan is still appropriate.

In addition to the case file review, a good faith effort must be made to meet with the participant face-to-face, prior to case closure for non-compliance. The purpose of the meeting is to ensure that the reason for sanction is accurate and if so, encourage participants to come back into compliance. During the meeting, the county or job counselor must:

- Determine whether the participant has good cause for continued non-compliance. See §14.6 (Good Cause for Non-Compliance).
- Determine whether the participant is in non-compliance due to the need for a pre-employment activity.
- Ensure the participant understands the sanction status and the consequences of continuing non-compliance. See §14.3 (Non-Compliance).
- Inform the participant of other identified resources that may be available to help meet the needs of the family.
- Ensure the participant understands the right to appeal.

The above information must be provided in a written notice to the participant when a face-to-face meeting cannot be conducted.

The grant must be restored to the full amount, retroactive to the 1st day of the month in which good cause or the need for an activity was found to exist, or the participant was found eligible for a family violence waiver. If the need for a pre-employment activity was determined, the county or job counselor must work with the participant to provide that activity.

Reduce or discontinue support services such as transportation and child care assistance for applicable activities, if the participant is not cooperating or making satisfactory progress in required activities. Consult with financial workers, child care workers, and other program staff, as required by county procedures.

Child care assistance for EMPLOYMENT may only be reduced or terminated when the participant:

- Stops working.

OR

- Is not actually working the number of hours reported to the job counselor, child care worker, or financial worker.

Child care assistance for employment may not be reduced or terminated because the participant is out of compliance (and/or is being sanctioned) with ANOTHER Employment Services activity.

Contact county child care staff immediately when there is a change in the participant's hours of employment, or when a participant is out of compliance or not making satisfactory progress in employment.

If a timely request for a conciliation conference or fair hearing was made regarding satisfactory progress, continue support services until a decision is made at the conciliation conference or fair hearing. Withdraw support services ONLY for the activities in which they are out of compliance, if the dispute resolution process confirms that the participant is out of compliance.

Whether support services were withdrawn for failure to participate or failure to make satisfactory progress, you may re-authorize them once the participant begins participating in the activities necessary to come into compliance.

POST 60-MONTH TYPE/LENGTH ES SANCTIONS - GENERAL PROVISIONS 14.30

This section applies ONLY to post-60 month cases where a 1-parent unit has been granted an extension under the employed/employed limited hours criteria or in a 2-parent unit when BOTH participants have been extended under the employed/employed limited hours criteria.

All extended participants, excluding those extended as employed, are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS requirements. Participants extended as employed are also required to participant with Employment Services but are not considered FSS.

Although general sanction policies are the same in FSS, requirements prior to imposing a sanction differ. See §14.9 (Sanction Provisions for FSS), Appendix H (FSS Sanction Guidance).

Once the FSS sanction provisions are met the post 60-month Employment Services sanction policies apply to all extended cases.

Post 60-month sanctions differ from action taken during the 1st 60 months in several important ways:

- Non-compliance may result in permanent closure of MFIP.
- Pre-60 month occurrences do not carry into extended MFIP.
- Two-parent provisions are more complex.

SANCTION SEQUENCE

When an extended participant is out of compliance, send an MFIP Notice of Intent to Sanction (DHS-3175) (NOITS). Notify the financial worker if the participant does not respond within 10 days or does not follow through with steps necessary to comply as listed on the NOITS. See §14.15 (Notifying the Participant). The financial worker will issue a notice of adverse action.

Participants may claim good cause for not complying as outlined in §14.6 (Good Cause for Non-Compliance).

Participants who do not respond or take steps necessary to comply will be sanctioned as follows:

- **1st Occurrence of Non-Compliance:**

  - MFIP Notice of Intent to Sanction (DHS-3175) (NOITS).
  - Notice of Adverse Action (NOAA), MAXIS generated.
  - 10% grant reduction of the MFIP standard of need.

- **2nd Occurrence of Non-Compliance:**

  - Case review.
  - NOAA, MAXIS generated.
  - Vendor pay rent, and utilities (at county option).
  - 30% grant reduction of the MFIP standard of need after vendoring.

- **3rd Occurrence of Non-Compliance:**

  - Vendor pay rent, and utilities (at county option).
  - 30% grant reduction of the MFIP standard of need after vendoring.

- **4th Occurrence of Non-Compliance:**

  - Case closed (1st disqualification from MFIP for the case). If the family reapplies, participant(s) must comply with ES for up to 1 month BEFORE the case is reopened.

For more information on MFIP standard of needs, see §4.21 (Grant Standards) and Appendix A (MFIP Assistance Standards).

DISQUALIFICATIONS

Participants who have been removed from the MFIP assistance unit or whose MFIP case has been closed under the 4th occurrence of post 60-month sanction policy above may reapply for assistance one time. In order to be reopened, the participant(s) must demonstrate compliance with Employment Services for up to 1 month, OR meet criteria for another extension category before the participant may be added back to the unit or the MFIP case may be reopened. If the participant(s) demonstrates compliance with Employment Services, the effective date must not be prior to the date of cooperation.

When the participant is added back into the MFIP assistance unit or the MFIP case is reopened, the participants must remain in compliance. When an extended participant is out of compliance, send an MFIP Notice of Intent to Sanction (DHS-3175). Notify the financial worker if the participant does not respond within 10 days, or does not follow through with steps necessary to comply as listed on the NOITS. See §14.15 (Notifying the Participant). Participants who do not respond or take steps necessary to comply will be sanctioned as follows:

- **5th Occurrence of Non-Compliance:**

  - NOITS.
  - NOAA.
  - 10% grant reduction of the MFIP standard of need.

- **6th Occurrence of Non-Compliance:**

  - Case closed. Permanent disqualification of the case/MFIP unit, or the individual participant.

    NOTE: Before disqualifying a participant under the above policy, the county must review the participant's case to determine if the Employment Plan is still appropriate and must make a good faith effort to meet with the participant face-to-face. If the participant does not comply, the county agency must send a notice of adverse action informing the participant that the MFIP case will be permanently closed or the MFIP participant will be permanently disqualified.

During the face-to-face meeting, the county agency must:

- Determine whether continued non-compliance can be explained and mitigated by providing a pre-employment activity or services.

- Inform the participant that non-cooperation with Child Support does not result in permanent case closure.

- Determine whether the participant qualifies for a good cause exception.

- Inform the participant of the sanction status and explain the consequences of continuing non-compliance.

- Identify other resources that may be available to meet the needs of the family.
- Inform the participant of the right to appeal.
- Inform the participant of the family violence waiver criteria and make appropriate referral if the participant requested for a waiver.

For information on Employment Services sanctions for pre 60-month time limit participants, see §14.3.3 (Pre 60-Month Type/Length of ES Sanctions).

For information on post 60-month removing a caregivers see §14.30.3.3 (Post 60-Month ES Sanctions - Removing Caregivers).

For information on the general sequence of sanctions, see §14.30 (Post 60-Month ES Sanctions - General Provisions).

In addition to those sanction policies, there are provisions which apply when 1 or both parents in an extended 2-parent family are out of compliance. Some of these provisions apply to all 2-parent families, and some will differ depending on whether both parents reach month 60 at the same time or 1 reached month 60 before the other. Information in this section is divided into 3 parts:

- Policies for all 2-parent cases.
- Policies when both parents reach month 60 at the same time.
- Policies when 1 parent reaches month 60 before the other.

POLICIES FOR ALL 2-PARENT CASES

- Pre 60-month occurrences do not carry into extended MFIP for purposes of counting occurrences toward permanent disqualification.
- ES sanction occurrences are counted against the INDIVIDUAL for purposes of determining when that **individual** is permanently disqualified.
- ES sanction occurrences are counted against the CASE for purposes of determining when the **family** is permanently disqualified.
- If both participants are in sanction at the same time, it counts as 1 occurrence of non-compliance for the case.
- Two-parent families have the option to remove a non-compliant parent from the grant. A parent who is removed from the grant may reapply once. A subsequent removal of this parent from the grant for non-compliance will result in permanent disqualification from MFIP for that parent. See §14.30.3.3 (Post 60-Month ES Sanctions - Removing Caregivers) for information about removing a non-compliant parent from MFIP.
- Only 1 parent may be removed at a time. Removals are counted per CAREGIVER for purposes of determining permanent disqualification of the individual caregiver from the MFIP unit. See §14.30.3.3 (Post 60-Month ES Sanctions - Removing Caregivers) for information about removing a non-

compliant parent from MFIP.

POLICIES WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME

- If both caregivers reach month 60 and are extended under a category that requires an Employment Plan, post 60-month sanction provisions apply.

  EXAMPLE: Both parents reach month 60 and are extended under the employed category. Parent 2 is out of compliance with his or her Employment Plan. Apply post 60-month sanction or removal/ disqualification provisions.

- If the household is mixed and 1 is extended under a category that requires an Employment Plan and 1 is extended under a category that does not require a plan, post 60-month sanction provisions apply.

  EXAMPLE: Both parents reach month 60. Parent 1 is determined "unemployable". Parent 2 meets criteria for "ill or incapacitated". Parent 1 must develop and follow an Employment Plan. Parent 2 is not required to follow an Employment Plan. Post 60-month /disqualification policies apply if parent 1 is out of compliance.

  NOTE: If both caregivers are extended under a category that does not require an Employment Plan, post 60-month policies do NOT apply.

  EXAMPLE: Both parents reach month 60. Parent 1 meets criteria for "ill or incapacitated". Parent 2 meets criteria for "needed in the home". Neither parent is required to develop and follow an Employment Plan. Post 60-month sanctions do NOT apply. However, the ill/incapacitated parent must follow treatment recommendations to continue receiving MFIP.

POLICIES WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER

- If the caregiver who has reached month 60 is extended under a category that requires an Employment Plan, post 60-month sanction provisions apply.

  EXAMPLE: Parent 1 has reached month 60 and is extended under the employed category. Parent 2 has not reached month 60, and is not exempt from Employment Services requirements. Parent 2 is out

of compliance with his or her EP. Apply post 60-month sanction or removal/disqualification provisions.

- If Parent 1 has reached month 60 and is being extended under a category that doesn't require an Employment Plan, and Parent 2 has not reached month 60 but is required to participate in Employment Services, pre 60-month sanction provisions apply. See §14.3.3 (Pre 60-Month Type/Length of ES Sanctions).

  EXAMPLE: Parent 1 has reached month 60 and is extended under the ill/incapacitated category. Parent 2 has not reached month 60, and is not exempt from Employment Services requirements. Parent 2 is out of compliance with his or her Employment Plan. Apply pre 60-month sanction provisions.

POST 60-MONTH TYPE/LENGTH OF ES SANCTIONS - REMOVING CAREGIVERS 14.30.3.3

Two-parent families have the option to remove a non-compliant parent from the grant. The option to remove the non-compliant parent must occur as part of a discussion and decision-making process between the county/Employment Services Provider and the participants. The county MUST NOT automatically remove a non-compliant parent.

A parent who is removed from the grant may reapply once. A subsequent removal of this parent from the grant for non-compliance will result in permanent disqualification from MFIP. Only 1 parent may be removed at a time. Removals are counted per CAREGIVER for purposes of determining permanent disqualification of that caregiver from the MFIP unit.

Before removing a participant under this policy, the county agency must review the participant's case to determine if the Employment Plan is still appropriate and must make a good faith effort to meet with the participant face-to-face. If the participant does not comply, the county agency must send the participant a notice of adverse action.

WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME:

When BOTH parents reach month 60 at the same time, there are 2 situations when 1 of the parents may be removed from the grant and the remainder of the family continued on MFIP:

- **Effective month 61:** If 1 of the parents does not meet an extension category, or is in sanction in month 60, that parent may be removed from the grant upon request, effective month 61. Either parent may make the request. If the remaining parent is extended as employed, the single parent hourly requirement applies (30/25 hours). The Shared Household Standard and deeming provisions apply. Only 1 parent may be removed from the MFIP unit under this provision.

- **After month 61:** After an extension has been approved, either parent may request removal of a non-compliant parent from the MFIP grant. Pre 60-month notice requirements apply.

  EXAMPLE: Both parents reach month 60 and both parents are extended under the employed/employed limited hour extension criteria. Parent 2 is out of compliance with Employment Services. You must send an MFIP Notice of Intent to Sanction (DHS-3175) (NOITS) and allow 10 days for a response. If either caregiver responds with a request to remove parent 2, the financial worker removes the non-compliant parent the 1st of the month after 10-day legal notice is sent from MAXIS. If no response to the NOITS is received, a

status update is sent to the financial worker to impose a sanction.

WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER:

There are situations when 1 parent in a 2-parent family can be removed from the grant when 1 parent reaches month 60 before the other:

- **Effective month 61:** The parent who has reached month 60 is requesting an extension and is in compliance with MFIP requirements, but the parent who has not reached month 60 is NOT in compliance. The non-compliant parent, at either caregiver's request, can be removed (disqualified) effective month 61. This parent may reapply and be removed 1 additional time before he/she is permanently disqualified from MFIP. If the non-compliant parent (who has not reached month 60) is not removed, post 60-month ES sanctions apply only if the parent who has reached month 60 is extended under the employed/employed limited hour's extension criteria. If the parent is extended under any of the other extension criteria pre-60 month sanction policy must be applied because the participant meets Family Stabilization Services (FSS) eligibility criteria.

  EXAMPLE: Parent 1 reaches month 60 and is employed the minimum hourly requirement to be extended (30/25). Parent 2 reaches month 40 and is in sanction with Employment Services. Parent 1 requests removal of parent 2 effective month 61 and the case is extended under the employed category. If parent 1 is out of compliance with ES requirements, the post 60-month sanction sequence is applied.

- **Effective month 61:** The parent who has reached month 60 and requesting an extension is NOT in compliance with MFIP requirements, but the parent who has not reach month 60 IS in compliance. The non-compliant parent, at either caregiver's request, can be removed (disqualified) effective month 61 and the shared household standard applied. This family is considered a pre-60 month case, which means the 60 months clock is ticking according to the number of months used by the parent who remains on the grant, pre-60 month sanctions apply. Since the parent who reach 60 months was disqualified because of non-compliance in the 60th month, this parent may not reapply or be added back onto the grant at any point in the future.

- **After month 61:** After an extension is approved, either caregiver may request removal of a non-compliant caregiver, regardless of who reached month 60 first. Pre 60-month notice requirements apply.

POST 60-MONTH TYPE/LENGTH OF ES SANCTIONS - REMOVING CAREGIVERS 14.30.3.3

See §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

POST 60-MONTH TYPE/LENGTH OF ES SANCTIONS - REMOVING CAREGIVERS

14.30.3.3

FRAUD

Notify the financial worker whenever you believe a participant intentionally misled the county or provider to get payments or services. The county may conduct a fraud investigation and/or initiate the process of recovering fraudulently obtained payments.

Recovery actions are the responsibility of the county agency. The financial worker will notify Employment Services staff through a Status Update Form (DHS-3165) if a participant is found guilty of fraud and is disqualified from receiving a grant for a period of time.

Caregivers who are disqualified due to fraud must participate in MFIP Employment Services during the disqualification. Failure to comply could result in a sanction unless good cause is determined or the participant is eligible for, and claims, the child under 12 months exemption. Good cause includes ineligibility or unavailability of child care assistance.

MFIP child care cannot be paid if an MFIP disqualification is in place for all caregivers. When one parent in a two parent family is disqualified, MFIP child care can be used if the disqualified parent's employment plan meets Basic Sliding Fee (BSF) requirements. BSF child care can be used when a disqualification causes the case to become child-only, if it is available and the parent meets eligibility requirements.

If the caregiver needs childcare to participate, and it is not available, they meet good cause and cannot be sanctioned for failure to develop or comply with an employment plan.

EBT MISUSE

The cash portion of benefits on an Electronic Benefit Transfer (EBT) card cannot be used to purchase alcohol or tobacco products. A participant found guilty of using their benefits in this way will be disqualified from the program (other assistance unit member continue to be eligible).

- For MFIP, the disqualification is one year for the first offense, two years for the second, and a permanent disqualification for the third. See § 14.33 (Fraud and EBT Misuse).
- DWP families with a disqualified participant are no longer eligible for DWP. An MTAF must be completed to open MFIP for the rest of the assistance unit.
- WB will close and does not reopen.

Disqualified participants must participate in in MFIP Employment Services during the disqualification period. Failure to comply could result in a sanction unless good cause is

determined or the participant is eligible for, and claims, the child under 12 months exemption. Good cause includes ineligibility or unavailability of child care assistance.

MFIP child care cannot be paid if an MFIP disqualification is in place for all caregivers. When one parent in a two parent family is disqualified, MFIP child care can be used if the disqualified parent's employment plan meets BSF requirements. Basic Sliding Fee (BSF) child care can also be used when a disqualification causes the case to become child-only, if it is available and the parent meets eligibility requirements.

The determination of whether months count toward the time limit of a disqualified participant is made applying the same banked months and exception policies that apply to other participants.

Months when a participant is sanctioned count toward the 60-month limit. Serious efforts should be made to ensure the family understands what must be done to come back into compliance. Schedule a meeting with sanctioned participants as soon as possible to discuss ways to remove the sanction. Coordinate your efforts with the financial worker and other appropriate county or community agency staff in planning a strategy to assist the family. Record in case notes all contact with the participant and the outcome of team meetings dealing with the sanctioned participant.

Although the participant may choose not to respond to your contacts, continue contact at least once per month. Provide the client every opportunity to cure the sanction and offer the necessary support and assistance. Remind the participant of the 60-month lifetime limit.

MFIP offers clients 2 types of dispute resolution:

- A **conciliation conference** is an informal meeting in which you and the participant discuss their disagreement. The purpose of the meeting is to try to reach mutual agreement on how to settle the disagreement. Your supervisor or a designee must review the outcome of the meeting. Participants who disagree with the outcome of conciliation can request a fair hearing.

- A **fair hearing** is the more formal of the processes. It is a legal process in which an appeals referee settles the disagreement. The fair hearing is conducted according to Minnesota Statutes, Section 256J.40.

Participants can request a CONCILIATION CONFERENCE when they:

- Have a disagreement with you over the contents or interpretation of their Employment Plan.

OR

- Receive an MFIP Notice of Intent to Sanction (DHS-3175).

Conciliation is an optional step. The participant is not required to use it prior to a fair hearing.

Participants can request a FAIR HEARING when they:

- Disagree with the content or interpretation of a plan.

- Do not reach agreement with you in a conciliation conference.

- Receive an MFIP Notice of Intent to Sanction (NOITS) and do not request a conciliation conference.

- Receive a notice of adverse action.

Whenever possible, conciliation should be the 1st method of dispute resolution. Conciliation conferences are less formal, less bureaucratic, and less procedurally complex than fair hearings. Conciliation conferences may offer a quicker process to settle disagreements, allowing the participant to move forward with activities in the plan.

Participants who receive a NOITS or a notice of adverse action may request a fair hearing. Issues that may be appealed include:

- The amount of the assistance payment.
- A suspension, reduction, denial, or termination of assistance.
- The basis for an overpayment, the calculated amount of an overpayment, or the level of recoupment.
- Eligibility for an assistance payment.
- The use of protective or vendor payments.
- Disagreements over the contents or interpretation of an Employment Plan.
- Denial of an education plan.

A county agency cannot reduce, suspend, or terminate payment when a participant requests a fair hearing within 10 days of the mailing of the notice of adverse action, unless the participant requests in writing not to receive continued assistance pending a fair hearing decision. Assistance issued pending a fair hearing is subject to recovery, when as a result of the fair hearing decision, the participant is determined ineligible for assistance or for the amount of the assistance received. The county agency may increase or reduce an assistance payment pending an appeal when the circumstances of the participant change in ways unrelated to the issue on appeal.

Requests for fair hearings must be submitted in writing to the county human services office or to DHS. The request must be mailed within 30 days after a participant or former participant receives written notice of the county's action, or within 90 days of when a participant or former participant shows good cause for not submitting the request within 30 days.

If a participant returns the request to you in error, route it to the county agency immediately. The county agency must complete a form requesting a hearing from DHS.

The county agency must reimburse participants for reasonable and necessary expenses of attendance at the hearing, such as child care and transportation costs and for the transportation expenses of the appellant's witnesses and representatives to and from the hearing. Reasonable and necessary expenses do not include legal fees.

Fair hearings must be conducted at a reasonable time and date by an impartial referee. The hearing may be conducted by telephone or at a site that is accessible to participants with

disabilities. In most cases you should be prepared to attend the fair hearing and provide any records requested by the referee.

If the county action is upheld, the sanction is applied beginning with the next payment month. No additional notice is required before beginning the sanction.

If the participant's appeal is upheld, benefits previously reduced must be restored.

There are many systems that support participants in the MFIP program. The following is a brief description of the various state systems.

System	User	Function
MAXIS DHS	Financial Workers	Eligibility and on-going maintenance of cash and food assistance programs Also determines eligibility for Medical Assistance (MA).
Workforce One (WF1) DEED	Job Counselors	Case management and data collection system for employment services.
MMIS DHS	Financial Workers	Payment system for MA and health plans
MEC2 DHS	Childcare Workers	Eligibility and on-going maintenance for the Childcare Assistance Program (CCAP)
PRISM DHS	Child Support Officers (CSO)	System that tracks and distributes child support payments

MAXIS WF1 Interface

There is a 1-way interface between MAXIS and WF1. WF1 can receive information from MAXIS only. Referrals and Status Updates come across on the interface.

Workforce One (WF1) is a web-based case management tool that was developed in partnership between Department of Employment and Economic Development (DEED) and DHS. In addition to MFIP, WB, DWP and FSET, many other DEED programs also use WF1.

Throughout the Employment Services Manual, timing for entering data and using other functions in WF1 is referenced. DEED maintains a User Guide that can be accessed directly from WF1.

MAXIS – WF1 Interface

The MAXIS computer system is an electronic referral interface with the WF1 system. The electronic referral interface provides notification to a specific employment services provider that the county is referring MFIP, WB, DWP, or FSET, participants to employment services.

The MAXIS-WF1 electronic referral interface requires the state to maintain an accurate and up to date list of authorized employment services providers for the MFIP, DWP, and FSET, programs. Only authorized employment services providers listed in the provider table will be able to receive electronic referral from the county.

Employment Services Provider Authorization and Notification Form (DHS-4193)

Counties must submit an Employment Services Provider Authorization and Notification (DHS-4193) to add or remove a provider from the table of authorized providers or to make changes to the programs from which a provider can receive electronic interface referral from MAXIS.

This form will only be accepted from the county who responsible from administering the MFIP, WB, DWP, or FSET,programs and is only used for these programs. The DHS-4193 must be submitted no less than one month prior to the effective date of a change. This will allow time for new provider staff to receive training and the WF1 and MAXIS systems to update the provider tables.

NOTE: FSET, Services must be delivered by a statewide workforce development system unless such services are not available. Counties desiring to change FSET,providers must obtain written approval from the state FSET,coordinator prior to submitting the DHS-4193.

The following data is collected on MAXIS not on Workforce One (WF1) for the purposes of eligibility and federal TANF reporting:

- Eligibility for Family Stabilization Services.
- Eligibility of extensions.
- Hours of paid employment.
- Job counselors are required to notify financial workers when the job is subsidized

The Temporary Assistance for Needy Families Work Participation Rate (WPR) is the federally mandated work performance requirement for states that have a TANF program. States must meet a 50% WPR. This State Standard can be adjusted or reduced by the Case Reduction Credit (CRC).

WHO IS PART OF THE CALCULATION

Work Eligible Individuals (WEI) is the Deficit Reduction Act (DRA) term for who is included in the WPR denominator. A WEI must successfully meet the hourly work requirements to be included in the WPR numerator and count towards meeting the 50% requirement.

- WEI's that are included in the denominator:

  - An adult or minor caregiver receiving assistance (includes children not removed from the grant when they turn 19).

  - An adult or minor caregiver receiving SSDI- If there are enough hours to meet the rate.

  - A non-recipient parent due to a time limit.

  - A non-recipient parent due to other reasons; participants removed for fraud; parents that failed SSI test and have SSI >$0, etc.

  - A non-recipient parent receiving SSI - If there are enough hours to meet the rate.

- Non-WEI adults (not counted):

  - A non-recipient, but not a parent (ineligible relative caregivers, for example, grandma, aunt, etc.).

  - An ineligible alien (parent) due to immigration status.

  - A non-recipient parent receiving SSI - If there are not enough hours to meet the rate.

  - An adult or minor caregiver receiving SSDI - If there are enough hours to meet the rate.

- A parent caring for a disabled family member in the home who does not attend school on a full-time basis.

CALCULATION OF THE TANF PARTICIPATION RATE

The steps used to calculate the TANF WPR are listed below.

1. For each month in the quarter, active TANF cases with a WEI are selected.

2. Numerator = Determine the number of cases in Step #1 for the month that meet the required hours of participation. Sum the numbers from each of the 3 months of the quarter.

3. Denominator = Determine the cases in Step #1 with a WEI for each month of the quarter.

4. TANF WPR = Percentage of cases meeting the required hours of participation for the quarter is calculated by dividing the numerator (#2) by the denominator (#3).

REQUIRED HOURS OF PARTICIPATION

Number of hours of participation needed to meet the TANF WPR requirements:

- **Single parent (1 WEI) and a dependent child under age 6.** 87 core hours are required to successfully participate and be included in the numerator.

- **Single parent (1 WEI) and no dependent child under age 6.** 130 hours (core and non-core) of which at least 87 of the 130 hours must be core to successfully participate and be included in the numerator.

- **Teen parents who are either married or the only eligible adult in the household.** These caregivers are counted as meeting the participation requirements if they attend high school (or are taking GED classes) an average of at least 1 hour per week. **NOTE:** The requirement for unmarried teens with another eligible adult in the household is 130 hours per month, 87 of which must be core hours.

TANF WPR COUNTABLE ACTIVITIES

Core Activities

- Paid work (all types):

  - Unsubsidized employment.

  - Self-employment.

  - Subsidized private and public sector employment.

  - On-The-Job Training.

- Community work experience*

- Unpaid work experience*.

- Job search (6 week limit per federal fiscal year (FFY)).

- Training & Education (maximum of 12 months in a lifetime).

- Providing child care for parents participating in community service.

*Also referred to as volunteer work experiences or unpaid work activities.

Non-Core Activities

- Job skills training directly related to employment (includes bachelor and advanced degree if < 2 years left).

- Vocational Training & Education (13+ months).

- English as a Second Language (ESL).

- Adult Basic Education (ABE).

- Functional Work Literacy (FWL).

- High School (HS)/General Equivalency Diploma (GED) teens. *

- HS/GED for age 20 and above.

* Participants who are <age 20 are **deemed** to meet the numerator criteria when they average of an hour or more per week in HS/GED.

Neither Core nor Non-Core Activities but Allowable Activities

- Screening.
- Assessment.
- Participating in Social Services.
- Family Violence Waiver Activities.
- Integrated Services Project (ISP) Activities.
- Holding.
- Holding-Sanctioned.
- Other (job search in 5th consecutive week or after the countable 6 weeks).
- Job search/Job Readiness Assistance (after 4 consecutive weeks or 6 weeks in FFY).

WHY THE WORK PARTICIPATION RATE IS IMPORTANT

The work participation rate is a key performance measure both for counties and for the state as a whole. Each county in Minnesota is required to meet the 50% WPR or have a 5% improvement from the previous year to earn their 2.5% WPR performance bonus.

If a county does not meet the rate, they must submit a Performance Improvement Plan (PIP), as part of their biennial Service Agreement Plan, to their county regional representative in the DHS Transition to Economic Stability Division. If the PIP is approved, the county may receive the 2.5 % WPR performance bonus.

Your role as the job counselor substantially impacts the work participation rate because the data gathered from participants and entered into the various computer systems is used to

calculate the WPR.

WHERE THE DATA COMES FROM TO CALCULATE THE WPR

The data used to complete the federal TANF report is pulled from the DHS Data Warehouse information that consists of data collected from the following source systems:

- MAXIS, for example: JOBS, BUSI, RBIC, MEMI, IMIG, MEMB, PROG, EMPS, MONY, ELIG, etc.

  Some MAXIS data is frozen at 31 days after the end of the TANF WPR report month, while hour data is frozen 61 days after the end of the TANF WPR report month. For example: the March WPR is calculated based on the hour information as of June 1. This is why it is important for financial workers to make previous month corrections even if they cannot approve that version.

- Workforce One (WF1), for example: individual activity hours such as job search, volunteer work experience, ESL, FWL, etc.

  WF1 data is frozen on the last day of the second month after the report month. For example: the March WPR data would be frozen on May 31. At this time it is loaded on the DHS Data Warehouse.

STEPS JOB COUNSELORS AND LOCAL AGENCIES CAN TAKE TO IMPROVE PERFORMANCE ON THE TANF WPR

There are 3 steps local agencies and job counselors can take to improve performance on the TANF WPR:

1. Know the cutoff dates and ensure all countable hours of paid employment are correctly entered in MAXIS and all non-paid countable hours are reflected in WF1.

2. Write Employment Plans that include core activities to the greatest extent possible, and supplement as necessary with non-core activities. Non-countable activities should only be included when necessary to address issues that interfere with employment. See §7.3 (Employment Plan (EP)), §7.9 (Allowable Activities), §7.9.3 (Order of Preference for Allowable Activities), §7.12 (Plan for Victims of Family Violence).

3. Develop work placements (paid work, subsidized jobs, unpaid work experience or

CWEP) which will count as core activities for participants who are unable to find unsubsidized employment. See Chapter 8 (Paid Employment Activities), §9.3 (Unpaid Employment Activities).

The Self Support Index is a measure that tracks whether adults are either working an average of 30 or more hours per week, or no longer receiving MFIP or DWP cash. The measure follows adults who were eligible for MFIP in a quarter at follow-up points of 1, 2, and 3 years. This is reported quarterly for all counties. Adults in their 1st 60 months of MFIP are counted as successes if they were either working 30 hours or more per week, or if they were no longer receiving an MFIP or DWP cash payment during each month of the measurement quarter. Participants whose MFIP case is closed due to reaching the 60-month limit are not counted as successes in this measure unless they also worked 30 or more hours per week during the measurement quarter.

All MFIP eligible adults are part of the calculation. The measure is person-based, not case based.

NOTE: This indicator includes separate rates for the tribal providers that contract directly with the state to provide MFIP services and for the Mille Lacs Band. This indicator also includes a separate rate for the combination of Faribault and Martin counties, and a separate rate for the combination of Lincoln, Lyon, and Murray counties.

WHY THE SELF SUPPORT INDEX IS IMPORTANT

The Self Support Index is a key performance measure for counties and tribes. Beginning in 2005, counties will have to earn 5% of their consolidated fund allocation by meeting performance targets. One of these measures is the Self Support Index. The other measure is the TANF Participation Rate, see §16.3 (TANF Participation Rate). Meeting the target for the Self Support Index will help ensure counties have full funding for programs to help families move to work and economic stability. Exceeding the target will provide a modest bonus of 2.5%.

IMPROVING PERFORMANCE ON THE SELF SUPPORT INDEX:

Job counselors and local agencies can focus on the following areas:

- Target cases with 24+ months for services such as job placement and paid work experiences.

- Consider talking to participants about opting out if they are only receiving a small grant. If they are not receiving a cash portion of their grant, their cases are not counted in the Index.

CALCULATION OF THE SELF SUPPORT INDEX

Prior to the implementation of the Self Support Index, county performance has been reported without attempting to adjust for differences among counties that might have affected performance. The Self Support Index uses a model that takes into account these differences. Some **county characteristics** are likely to have a positive impact on performance. For example, all other things being equal, counties with a low average unemployment rate should find it easier to achieve employment success with MFIP participants. Alternately, some county characteristics may decrease the likelihood of a county's success. **Characteristics of county's participants** can also increase or decrease the Self Support Index. For instance counties where the average age of the youngest child is lower can make it more difficult, all things being equal, for that county to achieve as high a performance outcome. Because of these different county and participant characteristics, this measure uses a **range of expected performance** for each county.

The measure is reported as a percentage. For example, Hennepin County's range of expected performance for January through March of 2006 was 63.3% to 64.8%. Hennepin's actual performance was 64.5%. Therefore 64.5% of the caseload is either off or working 30 hours a week compared to three years ago. 64.5% was within the expected range of performance.

DWP is for families applying for cash benefits. It provides a maximum of 4 consecutive months in a 12-month period of quick and intense Employment Services and supports. DWP is intended to divert many families from ever having to apply for MFIP. It also provides an opportunity to identify and resolve employment barriers earlier.

Families that are eligible for DWP are categorically eligible for the Supplemental Nutrition Assistance Program (SNAP), but SNAP eligibility is determined separately. Families that are eligible for DWP may also be eligible for a health care program, which is also determined separately.

The primary goal of DWP is to provide short term benefits, intensive work supports and other necessary services to eligible families which will, on a fast track, lead to:

- Unsubsidized employment. For the definition of unsubsidized employment, see §3.42 (Glossary T-Z...), §8.3 (Unsubsidized Employment).

- Increased economic stability

AND

- Reduced risk of those families needing longer term assistance under the Minnesota Family Investment Program (MFIP).

An important secondary goal of DWP is to quickly identify and successfully address barriers that hinder a DWP job seekers ability to successfully search for, obtain and retain unsubsidized employment. This secondary goal is important as it provides the opportunity for counties and ES providers to begin working with the job seeker to address barriers early, which should reduce the family's risk of hitting the MFIP 60-month time limit.

All DWP job seekers, including both parents in a two-parent family, are required to develop and sign initial Employment Plans before they are approved for any DWP cash benefits, including vendor paid shelter and utilities, phone service, and personal needs allowances. Counties have the flexibility to determine the activities and supports to include in each individual's Employment Plan.

A job seeker who does not comply with an Employment Plan is subject to disqualification from DWP. See Chapter 7 (Employment Plan), Chapter 14 (Non-Compliance & Sanctions).

All caregivers eligible for DWP are required to participate in Employment Services EXCEPT in the following two situations:

- A one-parent household that includes a child under age 1, with no other DWP exclusion reason, is ineligible for DWP unless the parent has already used all the 12-month lifetime ES exemptions. The family should be converted to MFIP.

- Participants eligible for FSS. See §17.9 (Unlikely to Benefit)

- A 2-parent household that includes a child under age 1, with no other DWP exclusion reason, must participate in DWP. If the parents have NOT already used all of the 12-month lifetime limit between them while previously on MFIP or DWP, 1 parent is allowed to claim the child under age 1 ES exemption.

REFERRAL TO EMPLOYMENT SERVICES

Counties are required to refer a DWP job seeker to Employment Services within 1 working day of determining the job seeker meets all of the DWP financial eligibility tests.

Counties do have the flexibility to refer a job seeker to Employment Services prior to determining whether the job seeker meets eligibility requirements. Counties that choose to do this can use their MFIP Consolidated Funds to provide Employment Services and supportive services to the job seeker, provided the job seeker's family income is below 200% of the Federal Poverty Guidelines (FPG). See Combined Manual §0016.18.01 (200 Percent of Federal Poverty Guidelines).

The referral to DWP Employment Services must be in writing and must contain the following information:

- Notification that, as part of the application process, a DWP job seeker is required to develop a DWP Employment Plan or the DWP application will be denied.

- The name and phone number of the Employment Services provider.

- The immediate availability of supportive services, including, but not limited to, child care assistance, transportation, and other work-related aid. See ES Manual Chapter 4 (Supporting Participant Progress).

- The rights, responsibilities, and obligations of job seekers in the program, including but not limited to, the job seekers rights under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, the grounds for good cause, the consequences of refusing or failing to participate fully with program requirements, and the appeal process. See §4.3.9 (Civil Rights and the Americans with Disabilities Act), §5.3.3 (Good Cause for Failure to Attend Financial Orientation).

The job seeker has up to 10 days to meet with a Job Counselor to develop the initial Employment Plan. See §17.15 (Initial DWP Employment Plan). Remind the job seeker that DWP benefits will not be issued until the Employment Plan is developed and signed. The county should make every reasonable effort to accommodate any job seeker who expresses interest in meeting with Employment Services as soon as possible.

INITIAL EMPLOYMENT SERVICES MEETING

The Employment Services Provider and the job seeker have up to 10 days to meet for the purpose of developing and signing the initial DWP Employment Plan. For information on an initial DWP employment plan, see §17.15 (Initial DWP Employment Plan). At this 1st meeting, the Employment Counselor should, at a minimum:

- Review the goals and benefits of the program.

- Review the job seekers rights and responsibilities.

- Provide an opportunity for the job seeker to self-disclose any issues or matters which may affect the job seekers ability to obtain or retain employment.

- Develop the job seekers initial Employment Plan. For information on an initial Employment Plan, see §17.15 (Initial DWP Employment Plan).

UNLIKELY TO BENEFIT DETERMINATIONS

Some job seekers with significant health issues may not be able to receive the full benefits DWP has to offer because DWP is a short term, 4-month program. A participant is considered to be unlikely to benefit from DWP if they meet the requirements for inclusion in Family Stabilization Services (FSS). In a 2-parent case, only 1 parent must now be determined to be unlikely to benefit from DWP for the case to be converted to MFIP.

Unlikely to benefit can be determined at any point in the 4-month DWP period. If an applicant has the documentation necessary to determine they meet an unlikely to benefit criteria at the point of application, open the case on MFIP.

CONVERSION OR REFERRAL TO MFIP

If an applicant believes they may meet 1 of the DWP unlikely to benefit criteria but the necessary documentation is not available to make a determination, open the case on DWP. The initial employment plan should focus on obtaining the necessary evaluation, assessment, or documentation to make the determination. The employment counselor or county must assist the participant in securing this information.

Once it is determined that the DWP participant meets 1of the unlikely to benefit criteria, the employment counselor should inform the financial worker using a status update or a secure e-mail. The case should then be converted to MFIP.

The following are the criteria for determining if a participant is unlikely to benefit from DWP:

- A participant is applying or has applied for SSI/RSDI. This includes those who are appealing a denial of an SSI or RSDI application.
- A participant is age 60 or older. (Or will turn 60 during the anticipated 4 month DWP period.).
- A participant is a legal non-citizen who has been in the United States 12 months or less. “12 months” is defined as 12 FULL months after the month of entry.
- The participant has a Family Violence Waiver and is complying with an employment plan.
- The participant has an illness, injury, or incapacity that has been certified by a qualified professional, the condition is expected to continue for more than 30 days and severely limits the person’s ability to obtain or maintain suitable employment.

- The participant's presence in the home is required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the condition, and the need for a person to provide assistance in the home, has been certified by a qualified professional and is expected to continue for more than 30 days.

- The participant has a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or serious and persistent mental illness.

- The participant has been diagnosed by a licensed physician, psychological practitioner, or other qualified professional, as developmentally disabled or mentally ill and the condition severely limits the person's ability to obtain or maintain suitable employment.

- The participant has been assessed by a vocational specialist or the county agency to be unemployable.

- The participant has an IQ below 80, and has been assessed by a vocational specialist or a county agency to be employable but the condition severely limits the person's ability to obtain or maintain suitable employment.

- The participant was determined by a qualified professional to be learning disabled, and the condition severely limits the person's ability to obtain or maintain suitable employment.

NOTE: "Severely limits the person's ability to obtain or maintain suitable employment" means that a qualified professional has determined that the person's condition prevents the person from working 20 or more hours per week.

The job counselor should review the progress the job seeker is making throughout the 4-month DWP period. If, toward the end of the 4-month DWP period, it appears that the job seeker may benefit from receiving assistance under MFIP, the job counselor should discuss the possibility of MFIP eligibility and benefits with the job seeker.

The job counselor should refer the job seeker to the county if the job seeker expresses interest in applying for MFIP. Whenever possible, the referral to the county should be made before the end of the 4-month DWP period.

In addition, the job counselor should inform job seekers that they can apply for MFIP at any time after the 4-month DWP period ends.

INITIAL DWP EMPLOYMENT PLAN 17.15

All DWP job seekers, including both parents in a 2-parent family, are required to develop and sign initial Employment Plans before they are approved for any DWP cash benefits, including vendor paid shelter and utilities, phone service, and personal needs allowances. Counties have the flexibility to determine the activities and supports to include in each individual's Employment Plan.

The initial Employment Plan may:

- Be limited to activities that address the job seekers immediate needs and requirements, such as working with local Child Care Resource and Referral agencies to secure child care, stabilizing the family's housing situation, and other activities required for the job seeker to become fully engaged in DWP Employment Services.

- Include DWP work focused activities, such as job search and basic education activities, provided that including them will not result in delaying the issuance of benefits to the job seeker.

A job seeker who does not comply with a DWP Employment Plan is subject to disqualification from DWP. See Chapter 7 (Employment Plan), Chapter 14 (Non-Compliance & Sanctions).

Job seekers must:

- Sign an initial Employment Plan before any DWP cash benefits can be issued.

- Include the time allotted to the job seeker to address the activities in the plan, plus any due dates to complete the activities.

- Include the supportive services which will be provided to the job seeker to address and support the activities that are included in the initial Employment Plan.

- Include the date, time and location for the DWP job seekers next meeting with the employment counselor.

- Also be signed and dated by a Job Counselor. The DWP Employment Services Provider has 1 working day to notify the county that the initial Employment Plan has been signed. Once notified, the county has 1 working day to issue the DWP benefits.

For information on Requirements and Sequence of ES Services, see 17.6 (Requirements and Sequence of ES Services).

The initial Employment Plan will include a date and time the Employment Counselor and job seeker will meet next to update or revise the job seekers Employment Plan.

The ongoing DWP employment plan is a short term plan and lasts no more than 4 months. The plan should include activities the job seeker will be required to comply with while on DWP. DWP Employment Plans must fit each job seekers individual situation. Most ongoing Employment Plans will be work-focused, although some job seekers Employment Plans may include activities related to addressing barriers and other issues which hinder the job seekers ability to look for, obtain or retain employment. See the 3rd bullet below.

Ongoing DWP Employment Plans should include the following:

- Unsubsidized employment as the primary DWP goal. For the definition of UNSUBSIDIZEDED EMPLOYMENT, see §3.42 (Glossary: T-Z…).

- Specific activities that are work-focused and intensive that will lead to unsubsidized employment within the 4-month DWP period, and, when appropriate, the days of the week and hours of the day the job seeker is required to participate in each activity.

- Specific non-work activities relating to addressing barriers and issues which hinder the job seekers progress, including health or disability related issues, when appropriate.

- The amount of time the job seeker is required to or allowed to spend on each activity, with a total of up to 35 hours of activity per week.

- Specific statements addressing what it means to comply with each activity.

- The supportive services provided to the job seeker by the county or Employment Services Provider.

- The dates, times and locations of future meetings and appointments the job seeker is required to attend, including future meetings with the employment counselor.

- Documentation and verification requirements.

Job counselors and job seekers should revise the DWP Employment Plan to keep it up to date.

Although the ongoing DWP Employment Plan cannot extend beyond the 4-month DWP

period, it may include a Job Seekers Long Term Employment Goal Statement, which may be useful to MFIP employment counselors in the event the job seeker begins to receive MFIP assistance at a later date.

The job seeker and employment counselor should complete the "job goal" section of the standardized Employment Plan found in the Workforce One information system. See §15.6 (Workforce One (WF1). This section includes the "targeted job interests" and "training related job goal".

The county or Employment Services Provider must develop an Employment Plan that takes into consideration the special circumstances of an individual job seeker. An Employment Plan developed for an individual job seeker with special circumstances, such as a physical disability or mental health issue, may include less hours, or activities that are not as directly work focused.

Situations when consideration for special circumstances must be taken into consideration include:

- A job seeker has an illness, injury, incapacity or mental health issue which has been verified by a qualified medical professional, but is not expected to last more than 30 days.

- A job seeker is needed in the home to care for a family member who has an illness, injury, incapacity or mental health issue that is verified by a qualified medical professional that is not expected to last more than 30 days.

- A job seeker is a member of a 2-parent household and meets a DWP exclusion category, but is not eligible for MFIP because the 2nd parent in the household does not meet the unlikely to benefit criteria or an exclusion category, including:

  - A minor who has not graduated from HS/GED.

  - An 18- or 19-year old who has not graduated from HS or received a GED, and has chosen the education option.

- A victim of family violence prior to the approval of the Family Violence Employment Plan. See §7.12 (Plan for Victims of Family Violence).

- A parent with a child under 12 months. See §3.42 (Glossary: T-Z…).

Also see §4.3.9 (Civil Rights and the Americans With Disabilities Act).

VICTIMS OF FAMILY VIOLENCE

If the job seeker documents that he or she is a victim of family violence, the Employment Plan must be developed in consultation with a family violence advocate and must address safety issues. Once the plan is developed and approved, the participant qualifies for Family Stabilization Services and should be converted to MFIP. See §7.12 (Plan for Victims of Family Violence).

ASSESSMENTS AND ACTIVITIES TO ADDRESS ISSUES AND BARRIERS

Some DWP job seekers will have barriers and other issues that hinder their ability to effectively search for, obtain or retain employment. Issues such as child care and transportation, though challenging, should be covered during the initial meetings with a financial worker or job counselor, and included in the job seekers initial Employment Plan. The plan must allow the job seeker time to address these types of barriers and a due date to have them addressed.

Other issues, such as a job seekers physical or mental health, should be addressed in the job seeks on-going/revised Employment Plan. The Employment Plan must include activities and hourly requirements that take the job seeker's individual circumstances into account. Examples include:

- Activities associated with addressing the barrier(s).
- Specific statements of what it means to comply with each activity.
- Time for the job seeker to address the barrier.
- Dates and times for follow-up meetings with the employment counselor for periodic updates on the participant's progress in addressing the barriers.

An Employment Plan for a job seeker with serious health issues may contain reduced hours.

Identifying and Addressing Health Related Barriers

During the initial ES meeting and in on-going ES meetings with the job seeker, job counselors should provide an opportunity for job seekers to self-identify any health related issue that may affect the their ability to obtain or retain employment. In addition, the employment counselor should monitor participation in structured job search and other activities to identify difficulties that may indicate hidden barriers.

Job counselors may consider having the job seeker complete a screening tool to help identify possible barriers based on observations and interactions with a job seeker. The DWP/MFIP Observation Checklist (DHS-3483) should be used to record this information. The MFIP Self-Screen (DHS-3482) and the Brief Screening Tool for Special Learning Needs (DHS-3504) are tools which can be used to identify potential chemical dependency, mental help or learning disability barriers.

Job counselors should work with the job seeker to discuss a strategy for addressing health issues. When possible, the discussion should include the financial worker and other county staff who are familiar with the job seeker's family situation. Revise the Employment Plan when necessary.

REFERRALS TO HEALTH CARE PROVIDERS

The strategy for addressing the health issues may include a referral to a health care provider. The employment counselor should:

- Assist the job seeker in arranging appointments.
- Allow time in the Employment Plan for meeting with a health care provider.

AND

- Time to follow the provider's treatment recommendations.

UNLIKELY TO BENEFIT DETERMINATIONS

If a referral to a health care professional results in the job seeker being determined unlikely to benefit from DWP, the employment counselor must notify the financial worker that the case must be converted to MFIP.

DO NOT use TANF funds to pay for medical services, including mental health diagnostic and chemical dependency assessment. All mental health diagnostic assessments have an integral functional component necessary for diagnostic purposes but which is a billable service. A diagnostic assessment is a specific medical service that can only be conducted by a licensed mental health professional.

A functional assessment conducted for the sole purpose of determining the impact of a barrier on an individual's employment is NOT a medical service nor is it equivalent to a mental health diagnostic assessment and TANF funds may be used.

An Employment Plan may include any activity that is allowable under MFIP, although some activities allowed under MFIP may not be appropriate for most DWP job seekers. For example, self-employment is an allowable activity under MFIP and DWP, but it is highly unlikely that this activity will increase their family's economic stability within the 4-month DWP period. Self-employment should rarely, if ever, be included in a DWP job seeker's Employment Plan.

Grant diversion is another activity that, while allowed, is not consistent with DWP policy. Because DWP does not consider income from a job that a job seeker finds after becoming eligible for DWP in determining the family's DWP benefits, diverting the family's DWP benefits to an employer through grant diversion greatly reduces the benefit of this policy. Engaging a DWP job seeker in the grant diversion activity is not recommended.

There are also activities that are allowable, but with certain restrictions. The restricted activities are all education related, and with 1 exception, the restrictions are identical to restrictions these activities have under the MFIP program. For information on allowable activities and identifiers, see §7.9 (Allowable Activities), §9.51 (Identifiers).

A key feature of the Diversionary Work Program (DWP) is the intensity of Employment Services. For most job seekers, this will mean participation in structured and intensive job search activities.

Because DWP is short term (up to 4 months), early engagement in a structured and intensive job search is important in order to provide the job seeker with a greater opportunity to be successful. For these reasons counties and ES providers are encouraged to implement structured and intensive job search for most, if not all, DWP job seekers.

The intensity of the job search activity relates to the number of hours a job seeker participates in the activity. Under DWP, the expectation is that most Employment Plans are full time plans. Like MFIP, full time under DWP is defined as up to 35 hours per week. For many DWP job seekers who are not working, Employment Plans will include full time participation in a structured job search program. For a list of what structured job search components include, see §9.12.3 (Structured Job Search).

NOTE: Some DWP job seekers will have activities in their Employment Plans that address barriers requiring immediate attention, such as securing stable housing. For these job seekers, Employment Plans should allow the job seeker time to address the barriers that require immediate attention as well as hours in structured job search, with the plans total hours meeting the full time requirement (35 hours/week).

The exception to the full time Employment Plan expectation is for job seekers who have special circumstances that need to be considered.

Job seekers are required to engage actively in specific activities for the full number of hours specified in their plan. Structured job search effectively becomes the job seeker "job" until paid employment is found. Operating an effective structured job search component has the potential to improve the effectiveness of skill and needs assessments, help staff develop more effective Employment Plans and increase accountability.

DWP and MFIP JOB SEARCH

Each county is expected to operate a job search program for MFIP as well as DWP. In many locations DWP and MFIP job search programs will be provided by the same Employment Services Provider at the same location, and quite possibly, by the same staff. Where this is the case, the recommendation is, to the extent possible, to design the job search programs to minimize any differences between the 2 designs and maximize similarities. For both MFIP and DWP, the recommended job search design is both structured and intensive.

FAILURE TO COMPLY WITH PROGRAM REQUIREMENTS

DWP job seekers are required to comply with Employment Services, including complying with the terms of his/her Employment Plan, as well as child support enforcement. Cooperation with child support means working with child support to establish paternity and pursuing established child support court orders so that a family can receive child support benefits.

DISQUALIFICATION (CASE CLOSURE)

When a job seeker is non-compliant and does not have good cause rather than apply a sanction, the county financial worker will close the family's DWP case. For a 2-parent family, if 1 or both parents is out of compliance, the financial worker will close the case.

Prior to closure, apply all MFIP notice of adverse action and appeal provisions, except that when there is an appeal; do not continue benefits beyond the 4-month DWP period. No Notice of Intent to Sanction (NOITS) is required, however the financial worker should indicate the reason the case is disqualified on the 10-Day Notice of Adverse Action. While the case is closed, the DWP consecutive 4-month period continues to run.

Regaining Eligibility after Initial Disqualification: There is no minimum or maximum amount of time the case must be closed due to non-compliance.

To regain DWP eligibility after an initial disqualification, a job seeker must comply with the terms of her/his EP (or cooperate with Child Support). Since DWP is a short-term program, it is important that job seekers do not remain disqualified for an extended period of time. The county and ES provider should work to re-engage the disqualified job seeker in Employment Services as soon as possible, so the job seeker can regain eligibility and continue receiving DWP benefits and services.

REGAINING ELIGIBILITY AFTER SUBSEQUENT DISQUALIFICATION

If the same job seeker fails to comply with his/her EP a 2nd time and becomes disqualified again, the county should attempt a home visit to determine whether the disqualified job seeker may have other barriers to participation that were not evident when the job seeker was participating in DWP Employment Services. If it is determined that such barriers exist, the job counselor should modify the job seeker's Employment Plan to include activities that address the job seeker's particular circumstances. When the job seeker agrees to the revised Employment Plan, the employment counselor should notify the county that the job seeker is cooperating with Employment Services so DWP eligibility can be reinstated.

If no barriers are determined the definition of compliance with Employment Services may differ from the previous determination, which was driven in part by the desire to have the job seeker re-engage in DWP Employment Services as quickly as possible. For example, with the 1st disqualification, a county may simply require the job seeker to start attending job search again to regain eligibility for DWP. When the job seeker is disqualified a 2nd time for failing to attend job search sessions, the county may decide that the job seeker must make up all of the missed days or job search workshops before regaining eligibility.

Compliance expectations should be reasonable, applied equitably, and support the program goal of engaging people in work and improving family stability within the 4-month program. Counties should develop guidance for Employment Services Providers to ensure that all job seekers are treated equitably. The county's may not develop a policy which sets a specific length of time a case must remain disqualified.

If the job seeker complies within the 4-month DWP period, the county will issue DWP benefits to the family unit. The county will prorate the benefits from the date of compliance/cooperation.

The family will need to complete a new CAF only if they have been off assistance for more than 30 days.

Good cause provisions under DWP are the same as under MFIP. For the definition of good cause, see 3.21 (Glossary: G….). Also see 5.3.3 (Good Cause for Failure to Attend Financial Orientation), 14.6 (Good Cause for Non-Compliance). Good cause must be considered before disqualifying a family unit, including giving consideration to the role any known disability may have had on the job seekers ability to comply with his or her Employment Plan and child support requirements.

DO NOT disqualify a job seeker if the non-compliance is associated with a job seekers disability. Instead, the employment counselor and job seeker should review the job seekers Employment Plan and revise it as necessary to accommodate the situation.

A family unit disqualified from DWP is ineligible for MFIP benefits until the end of the 4 consecutive month DWP eligibility period. Non-compliance under DWP does not affect the family's eligibility for MFIP once the 4-month DWP period has ended.

A family unit disqualified from DWP may continue to receive the Supplemental Nutrition Assistance Program (SNAP) or health care benefits, provided the family meets the requirements of those programs. The family unit is not eligible for MFIP/DWP Child Care Assistance while disqualified from DWP.

The maximum monthly benefit amount available under DWP is the difference between the unit's needs, such as family maintenance needs and personal needs allowances, and the unit's countable income, not to exceed the cash portion of the MFIP standard of need. For details about a particular case, contact the financial worker.

# Eligible People	TRANSITIONAL STANDARD Cash Portion
1	$ 250
2	$ 437
3	$ 532
4	$ 621
5	$ 697
6	$ 773
7	$ 850
8	$ 916
9	$ 980
10	$1,035
Each add'l person	$ 53

# Eligible People	SHARED HOUSEHOLD STANDARD Cash Portion
1	$ 225
2	$ 393
3	$ 479
4	$ 559
5	$ 627
6	$ 696
7	$ 765
8	$ 824
9	$ 882
10	$ 932
Each add’l person	$ 48 (approx.)

MFIP Transition Standards and Shared Household Standards effective November 1, 2013:

MFIP Unit	Family Wage Level	Transitional Standard		
Eligible People	Standard	Full Standard	Cash Portion	Food Portion
1	$ 459	$ 417	$ 250	$ 167
2	820	745	437	308
3	1076	978	532	446
4	1309	1190	621	569
5	1504	1367	697	670
6	1725	1568	773	795
7	1880	1709	850	859
8	2077	1888	916	972
9	2272	2065	980	1085
10	2461	2237	1,035	1202
Each Additional Person	187	170	53	117

Use the Family Wage Level (FWL) standard only for units with earned income.

For families with a child subject to the family cap, apply the FWL for the household size including that child. To determine the Transitional Standard to apply, add the cash portion for the household size **not including** the child to the food portion for the household size **including** the child.

Some state and federal programs do not count the food portion as income. Examples of these programs include housing subsidy programs, low income energy assistance program, Relative Custody Assistance program (RCAP), and Supplemental Security Income when determining interim assistance amount.

SHARED HOUSEHOLD STANDARD effective November 1, 2013:

MFIP Unit	Shared Household Standard		
Eligible People	Full Standard	Cash Portion	Food Portion
1	$ 392	$ 225	$ 167
2	701	393	308
3	925	479	446
4	1128	559	569
5	1297	627	670
6	1491	696	795
7	1624	765	859
8	1796	824	972
9	1967	882	1085
10	2134	932	1202
Each Additional Person	165	48	117

NOTE: Assistance standards for a household of more than 10 are calculated by MAXIS.

The Shared Household Standard does NOT apply if:

- The MFIP member is a victim of family violence.
  OR
- The non-MFIP member meets the eligible caregiver requirement.
  OR
- The MFIP family includes a child subject to the family cap.

Use the Shared Household Standard unless unrelated household members meet at least 1 of the following EXCEPTIONS:

- Receiving Public Assistance:
  - Minnesota Family Investment Program (MFIP).
  - General Assistance (GA).
  - Emergency General Assistance (EGA).
  - Minnesota Supplemental Aid (MSA).
  - Minnesota Food Assistance Program (MFAP).
  - Refugee Cash Assistance (RCA).
  - Supplemental Nutrition Assistance Program (SNAP)
  - Medical Assistance (MA).
  - General Assistance Medical Care (GAMC).
  - MinnesotaCare.
  - Supplemental Security Income (SSI).
  - Adoption Assistance.
  - Relative Custody Assistance.
  - Foster Care.

- Roomer, Boarder, or a Person to whom Room or Board Is Paid:
  For this to apply, the unit must meet the definition of ROOMER/BOARDER, not simply share living expenses. If the MFIP unit is receiving roomer/boarder income, consider the income as self-employment.

- Minor Child

- Minor Caregiver:
  This includes minor caregivers living with parents or in an approved supervised living arrangement, if applicable.

- Caregiver of a Child not in the MFIP Assistance Unit:
  This refers to the relationship of an unrelated person in the household to a child that is not considered part of the MFIP assistance unit.

- Providing Child Care to a Child in the MFIP Assistance Unit:
  This refers to the unrelated person providing care for a child who is part of the MFIP assistance unit.

The maximum earnings on this initial eligibility threshold chart are calculated assuming that the unit is employed at application, has only earned income, has not been on MFIP in the previous 4 months, receives the regular Transitional Standard and has no children subject to the Family Cap. The earnings amounts listed assume that the unit has no child care expenses, makes no child or spousal support payments and allocates no income to others in the household. Unless otherwise noted, the table assumes working 40 hours per week and 4.3 weeks per month.

This chart should be used only as a guide and not to determine eligibility.

To be eligible for MFIP, the assistance unit's gross earnings minus an 18% disregard must be below the Transitional Standard for that size unit in the month of application. These earnings thresholds apply to a DWP family who applies for MFIP after having received 4 months of DWP benefits. The current federal minimum wage is $7.25/hour for large employers.

Household Size	11/1/2013 Transitional Standard	Maximum Monthly Gross Earnings of Applicant to be Eligible for MFIP	Maximum Hourly Wage of Applicant to be Eligible for MFIP	Monthly 2014 Federal Poverty Guidelines*	Percent of Federal Poverty Guideline at Threshold
1	$417	$507	16 hrs/wk @ $7.25	$973	52%
2	$745	$907	29 hrs/wk @ $7.25	$1,311	69%
3	$978	$1,191	38 hrs/wk @ $7.25	$1,649	72%
4	$1,190	$1,450	$8.43	$1,988	73%
5	$1,367	$1,665	$9.68	$2,326	72%
6	$1,568	$1,910	$11.10	$2,664	72%
7	$1,709	$2,082	$12.10	$3,003	69%
8	$1,888	$2,301	$13.37	$3,341	69%
9	$2,065	$2,517	$14.63	$3,679	68%
10	$2,237	$2,726	$15.84	$4,017	68%

*The 2014 FPG amounts are effective for Calendar Year 2014.

This table is used to calculate the amount of earnings needed to exit the MFIP cash portion and eligible only for the food portion.

NOTE: MFIP does not count against 60-month clock if only the food portion is received. A participant can choose to "opt out" of cash portion to stop the 60-month clock.

Unless otherwise noted, this table assumes working 40 hours per week and 4.3 weeks per month. It also assumes no allocation, deeming or sanctions. Calculations are based on MFIP standards effective November 1, 2013. The current federal minimum wage is $7.25 per hour for large employers. The earned income disregard is 43% of gross earnings.

Amount of Earnings Needed to Reach the Food Portion

Household Size	Full MFIP Food Portion Effective 11/1/2013	Monthly Income	Annual Income	Weekly Hours Must Work at Minimum Wage	Hourly Wage	Child Care Bi-Weekly Copay when Lose Cash	2014 Federal Poverty Guidelines (FPG)	Percent of FPG when Lose Cash Portion
1	$167	$511	$6,132	16 hrs	16 hrs/wk @ $7.25	None	$11,670	53%
2	$308	$897	$10,752	28 hrs	28 hrs/wk @ $7.25	None	$15,730	68%
3	$446	$1,104	$13,248	35 hrs	35 hrs/wk @ $7.25	None	$19,790	67%
4	$569	$1,297	$15,564	40 hrs	40 hrs/wk @ $7.25	None	$23,850	65%
5	$670	$1,462	$17,544	46 hrs	$8.50	None	$27,910	63%
6	$795	$1,630	$19,560	52 hrs	$9.47	None	$31,970	61%
7	$859	$1,790	$21,480	58 hrs	$10.40	None	$36,030	60%
8	$972	$1,937	$23,244	62 hrs	$11.26	None	$40,090	58%
9	$1,085	$2,081	$24,972	66 hrs	$12.09	None	$44,150	57%
10	$1,202	$2,208	$26,496	70 hrs	$12.84	None	$48,210	55%

*The 2014 FPG amounts are effective for Calendar Year 2014.

AMOUNT OF EARNINGS NEEDED TO EXIT MFIP APPENDIX A-3

This table is used to calculate the amount of earnings needed to exit the MFIP program (both the cash and food portion) effective November 1, 2013.

Household Size	Family Wage Level	Monthly Income	Annual Income	Hourly Wage	Child Care Bi-Weekly Copay when Exit MFIP*	Annual 2014 Federal Poverty Guidelines (FPG)**	Percent of FPG when Exit MFIP
1	$459	$804	$9,648	25 hrs/wk @ $7.25	NA	$11,670	83%
2	$820	$1,437	$17,244	$8.35	$18	$15,730	110%
3	$1,076	$1,886	$22,632	$10.95	$24	$19,790	114%
4	$1,309	$2,295	$27,540	$13.34	$28	$23,850	115%
5	$1,504	$2,637	$31,644	$15.32	$32	$27,910	113%
6	$1,725	$3,025	$36,300	$17.59	$36	$31,970	114%
7	$1,880	$3,297	$39,564	$19.16	$45	$36,030	110%
8	$2,077	$3,643	$43,716	$21.18	$50	$40,090	110%
9	$2,272	$3,985	$47,820	$23.16	$60	$44,150	110%
10	$2,461	$4,316	$51,792	$25.09	$78	$48,210	108%

* The child care co-pay amounts are effective November 1, 2013.
** The 2014 FPG amounts are effective for calendar year 2014.

DHS Required Forms:

Do NOT use any alternative form developed by the county, tribe, or ES provider in place of a DHS required form. This is not a list of what is required to be kept in a case file.

- Assessor/Treatment Provider Report (DHS-4316).
- *Notice of Requirement to Attend MFIP Overview (DHS-2929).
- *Employment Service Responsibilities, Rights and Consent (DHS-3172).
- *MFIP Notice of Intent to Sanction (DHS-3175).
- *MFIP Self-Screen (DHS-3482).
- Brief Screening Tool for Special Learning Needs (DHS-3504).
- Injury Protection Program (IPP) - Participant Information & Authorization to Release Medical Information (DHS-3994).
- Injury Protection Program (IPP) - First Report of Injury (DHS-3995).
- Injury Protection Program (IPP) - Participant Medical Referral and Medical Care Provider Information Letter (DHS-3996).
- Injury Protection Program (IPP) - Participant Injury Status Report (DHS-3997).
- Notice of Privacy Practices (DHS-3979).
- MFIP/DWP Employment Plan – Either the paper version or the electronic employment plan on Workforce One (WF1) is required.
  - MFIP/DWP Employment Plan (DHS-4209)
  - Employment (DHS-4209A)
  - Job Search Requirements (DHS-4209B)
  - Unpaid Work Activities (DHS-4209C)
  - Education (DHS-4209D)
  - Family Safety (DHS-4209E)
  - Child Care or Transportation (DHS-4209H)
  - Health (DHS-4209I)
  - Housing (DHS-4209J)
  - Personal/Family Activity (DHS-4209K)
  - Legal Issues (DHS-4209L)
  - County/State Social Services (DHS-4209M)

DHS Required OR the County/ES Provider Must Develop an Alternative:

- DWP/MFIP Status Update Form (DHS-3165). A paper version is not necessary, if the electronic status update is on WF1.
- Diversionary Work Program/Minnesota Family Investment Program Employment Services Referral (DHS-3166). A paper version is not necessary, if the electronic status update is on WF1.
- *Family Violence Referral (DHS-3323).
- Request for Verification of School Attendance/Progress (DHS-2883).
- DWP/MFIP Observation Checklist (DHS-3483).
- MFIP Self-Screen Scoring Form (DHS-3482A).
- MFIP Special Learning Needs Scoring Form (DHS-3504A).

*Available in many languages.

See DHS forms on the Internet at http://www.dhs.state.mn.us/id_000100

Below is an example of how to track weekly activity hours:

If the participant is in an activity for 4 hours per day, 5 days per work week, the weekly count should look like this:

Week 1 (Sat. 7/1)	0 hours.
Week 2 (Sun. 7/2 thru Sat. 7/8)	20 hours.
Week 3 (Sun. 7/9 thru Sat. 7/15)	20 hours.
Week 4 (Sun. 7/16 thru Sat. 7/22)	20 hours.
Week 5 (Sun. 7/23 thru Sat. 7/29)	20 hours.
Week 6 (Sun. 7/30 thru Mon. 7/31)	4 hours.

Activities occurred only on the shaded days. For this example, the monthly total is 84 hours.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
July 2006						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Include the following items in the MFIP/DWP Employment Services (ES) paper files:

- Notice of Requirement to attend MFIP Overview (DHS-2929-ENG).

  NOTE: If the MFIP ES overview is being scheduled by income maintenance staff, this form does not necessarily need to be in the ES file. When scheduling the overview, income maintenance staff have the option of using this form or the ES referral SPEC/LTR can be used.

- Employment Services Responsibilities, Rights and Consent (DHS-3172-ENG) and Release of Information forms.

- Case notes (may be on-line).

- Signed copies of the MFIP/DWP Employment Plan(s) (DHS-4209A-ENG) and Employment Plan (EP) Modifications.

- Assessment materials, test scores, Chemical Dependency (CD), Mental Health (MH) and Learning Disabilities (LD) screening tools and observation check lists.

- Medical, psychological, and other pertinent data collected.

- Verification of activity hours contained in the EP and entered on Workforce One (WF1) including:*
  - Activity logs/attendance records
  - School attendance records
  - Non-paid employment activities attendance records.

- Copies of Status Updates generated manually by job counselor.

- Forms required for the Injury Protection Program. See §9.6 (Injury Protection Program).

- Copies of On-The-Job Training (OJT) contracts or worksite agreements with employers.

- MFIP Notice of Intent to Sanction (NOITS) (DHS-3175-ENG) and other communications.

- Any documents needed for an external or internal fiscal review or audit.

*Refer to Appendix E (MFIP Activity Table), Appendix E-2 (Activity Tip sheet) for more details on documentation and verification.

MFIP Paid Employment Activities	
Activities ▪ **Unsubsidized Employment**. ▪ **Subsidized Private Sector Employment**. ▪ **Subsidized Public Sector Employment**. ▪ **On-The-Job Training** (both public and private sector). ▪ **Grant Diversion** (reported as Subsidized Private or Subsidized Public Sector Employment). ▪ **Paid Work Experience**[1].	**Core Activity** (applies to all types of paid employment). **Daily Supervision** – Provided by the participant's employer. **Documentation Requirement** – Wage stubs or other employer produced document (submitted with Household Report Form). Documentation must include the participant's name, the dates/pay period for the hours paid, the number of paid hours (including paid holidays, vacation and sick leave and other paid time off), and the employer's name (and signature, if available). **NOTE:** If a wage stub or other employer produced document cannot be obtained, documentation can be obtained by a phone call to the employer. **Documentation Retention** – Financial Worker retains a copy of the wage stub or other employer produced document in the participant's case file. Follow MFIP records retention schedule. When verification is based on information obtained from a phone call, the Financial Worker must enter a case note to document the substance of the call, including the name and contact information of the person verifying the hours, the number or hours and the dates/pay period. **Recording/Tracking Hours** – All types of paid employment are recorded and tracked on the MAXIS system. Apply all hours of paid employment to the month the earned income is received; not the month in which the hours were actually worked. **Verification Requirements** – Financial Worker verifies the participant's name, earned income amount, the number of hours, the pay period dates and employer name (and signature and phone number, if available).

▪ **Self-employment**[2] (reported as Unsubsidized Employment).	**Core Activity**. **Daily Supervision** – Provided by the participant's employment counselor. The employment counselor must have a check-in meeting with the participant who is self-employed no less frequently than monthly to review the participant's self-employment status and progress toward self-sufficiency. FW should inform the employment counselor when self-employment hours do not meet TANF hourly participation requirements. **Documentation Requirements** –Self-Employment Report Form (DHS-3336) or comparable document (submitted with Household Report Form (DHS-2120)) containing the participant's name, the dates covered, the amount of gross income and allowable business expenses for the month, and the participant's signature. **Documentation Retention** – Financial Worker retains DHS-3336 form or comparable document in the participant's case file. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All (paid) self-employment hours are tracked on the MAXIS system.[2] **Verification Requirements** – Financial Worker verifies the participant's name, the amount of gross income and allowable business expenses for the month and the participant's signature.
▪ **Family Stabilization Services (FSS)**	Follow all supervision, documentation, retention, tracking, and verification standards for paid employment activities.

[1] Paid Work Experience is reported as unsubsidized employment when the wages are paid directly to the participant. Paid Work Experience is reported as subsidized employment when payment is made to the participant's employer to reimburse the employer for wages that are paid to the work experience participant.

[2] Self-Employment hours of participation are derived by dividing the participant's net business income (gross income less allowable business expenses) by the federal minimum wage ($7.25/hour). The hours are derived automatically by the MAXIS system.

MFIP Unpaid Work Activities	
Activities ▪ **(Unpaid) Work Experience**. ▪ **Community Service Program**[1].	**Core Activity** (applies to both types of unpaid work activities). **Daily Supervision –** Provided by the work site supervisor or other responsible individual employed by or stationed at the work site. **Documentation Requirement –** Time sheet (or activity log) submitted no less frequently than monthly. Must include the participant's name, the dates covered by the time sheet (or activity log), the actual number of hours of participation each day, the name of the worksite supervisor, the worksite supervisor's signature and phone number. **NOTE:** Another responsible individual who is employed by or stationed at the worksite may also sign the timesheet if the worksite supervisor is unable to do so. **Additional Documentation Requirements for Community Service Program Placements -** Community Service Program placements and the work performed by participants engaged in them must serve a useful public purpose and the work performed by the participant must improve the participant's employability. Employment Service Providers must enter a case note that describes the useful public purpose of the position and how the placement will improve the participant's employability. **Documentation Retention –** Employment Service Provider retains the time sheet (or activity log) in the participant's case file. Follow MFIP records retention schedule. **Recording/Tracking Hours –** All unpaid work hours are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements –** Employment Service Provider verifies the participant's name, the number of actual hours, the dates and worksite supervisor's or other responsible individual's name, signature and phone number.

	Fair Labor Standards Act (FLSA) – Most MFIP participants engaged in unpaid work experience or community service programs are covered under the FLSA and may not be required or permitted to work more than the number of hours equal to their combined MFIP cash and food assistance benefits divided by the federal minimum wage ($7.25/hr). Participants who are engaged in the maximum number of hours as allowed by the FLSA are deemed to be meeting the TANF work participation rate. Exceptions to this are participants working for AmeriCorp and AmeriCorp/VISTA.
▪ **Family Stabilization Services (FSS)**	The only differences for unpaid employment is that a time sheet or activity log must be submitted no less frequently than monthly and it can be completed by the participant, case manager or the job counselor with information provided by the participant or unpaid work supervisor. Ensure that any contact with the participant is case noted. Verification is only necessary if any activities on the time sheet or activity log are questionable.

[1] Community Service Program placements must serve a useful public purpose in fields such as health, social services, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety and child care.

CD/MH Treatment and Rehabilitation Services	
Activities ▪ **Chemical/ Substance Abuse Treatment.** ▪ **Mental Health Treatment.** ▪ **Rehabilitation Services.**	**Core Activity** (when tracked and reported as Job Search/Job Readiness Assistance - counts toward the Job Search/Job Readiness Assistance 120 or 180 hour limit over a 12-month period (current month plus previous 11 months). Hours recorded in more than 4 consecutive weeks are not countable as a core or non-core activity. **Neither Core nor Non-Core[1] when:** ➢ The participant does not have enough countable hours to meet the numerator requirement ➢ The participant has more countable hours than are needed to meet the numerator requirement ➢ The 120 or 180 hour 12-month limit is reached ➢ Hours are reported in the 5th week following 4 consecutive weeks with countable Job Search/Job Readiness Assistance hours AND ➢ The CD/MH treatment or Rehabilitation Services are tracked under Participating in Social Services category. **Daily Supervision** – Provided by a responsible individual overseeing the treatment or services provided to the participant or another responsible individual employed by or stationed at the treatment or service provider facility. **Documentation Requirement** – Time sheet or activity log submitted no less frequently than monthly. Must include the participant's name, the dates covered by the time sheet or activity log, the actual number of hours of participation each day, the name, signature and phone number of the person providing the daily supervision for the treatment or rehabilitation services provider. **NOTE:** Another responsible individual who is employed by or stationed at the treatment or rehabilitation service provider may also sign the timesheet if the person providing the daily supervision is unable to do so. **Documentation Retention** – Employment Service Provider retains the time sheet or activity log in the participant's case file. Follow MFIP records retention schedule.

	Recording/Tracking Hours – All Treatment, Rehabilitation Services and Social Services hours are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and name, signature and phone number of the person providing the daily supervision of the participant receiving treatment or rehabilitation services (or other responsible individual's name, signature and phone number).
▪ **Family Stabilization Services (FSS)**	CD/MH documentation and verification standards do not apply to FSS. See documentation and verification standards for Other MFIP Allowable Activities.

[1] See Other MFIP Allowable Activities for information about daily supervision and the levels of documentation and verification for Chemical Abuse Treatment, Mental Health Treatment and Rehabilitation Services that are not tracked and reported under the TANF Job Search/Job Readiness Assistance category.

Vocational Educational Training	
Activities ▪ **Post Secondary Vocational Educational Training** [1] (1-12 month educational program). ▪ **Post Secondary Vocational Educational Training** [1] (13-24 month educational program). Includes baccalaureate and advanced degree programs.	**Core Activity:** (12 month lifetime limit. The first 12 months of either vocational educational training program [1-12 month and 13-24 months] is reported as a core activity under the Vocational Educational Training activity category). **Non-Core Activity**: (after a participant reaches the 12 month lifetime Vocational Educational Training limit, hours in either vocational educational training program activity [1-12 month and 13-24 month] is reported (behind the scene) as non-core under the Job Skills Training Directly Related to Employment activity category). **Daily Supervision** – Provided by a responsible individual employed by or stationed at the vocational educational training institution, including but not limited to, course instructors, student advisors, or attendance office personnel. **Documentation Requirement** – Time sheet or activity log submitted no less frequently than monthly. Must include the participant's name, the dates covered by the time sheet or activity log, the actual number of hours of participation each day, the name, signature and phone number of the individual responsible for providing the daily supervision for the vocational educational training provider. **NOTE:** Another responsible individual who is employed by or stationed at the vocational educational training provider may also sign the timesheet if the person providing the daily supervision is unable to do so. **Electronic attendance records** must contain all of the above information, but do not need to be signed by a responsible individual.

	Study Time Documentation - In order to count any hours of study time, the employment services provider must receive a statement from the Vocational Educational Training provider or course instructor (including baccalaureate and advanced degree education programs) which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted by the employment provider must be documented on the activity log or in a case note. **On-line and Distance Learning Programs - Allowed when:** ➢ The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program. **OR** ➢ The on-line or distance training program is conducted in a supervised setting. **AND** Daily supervision is provided by the course instructor or other responsible individual who is overseeing the participant's on-line or distance course work and progress. **Documentation Retention** – Employment Service Provider retains the time sheet or activity log in the participant's case file. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All Vocational Educational Training hours are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and name, signature and phone number of the person providing the daily supervision of the participant attending vocational educational training (or other responsible individual's name, signature and phone number).

▪ **Family Stabilization Services (FSS)**	The only difference for vocational education training is that a time sheet or activity log must be submitted no less frequently than monthly. It can be completed by the participant, case manager or the job counselor with information provided by the participant. The individual responsible for providing the supervision and signing the time sheet or activity log can be the job counselor or case manager. Verification is only necessary if any activities on the time sheet or activity log are questionable.

[1] The appropriate activity for a participant enrolled in Post Secondary Vocational Educational Training is based on the length of the educational program. For example, if a participant is attending a 2-year program, enroll the participant into Post Secondary Vocational Educational Training (13-24 months) starting with the initial month in the Post Secondary program. Do not enroll the participant in Post Secondary Vocational Educational Training (1-12) months for the first 12 months of a program lasting more than 12 months.

The reporting process used in the TANF Work Participation Report will automatically determine the number of months a participant has been engaged in the training and report the hours as Vocational Educational Training until the participant has reached the 12 month lifetime limit. Any additional months are reported (behind the scene) under the Job Skills Training Directly Related to Employment category. This is done at DHS and will not require additional coding by employment service providers or counselors.

Jobs Skills Training Directly Related to Employment	
Activities [1] ▪ **Adult Basic Education** (ABE). ▪ **English as a Secondary Language** (ESL). ▪ **Functional Work Literacy** (FWL). ▪ **Job Skills Training Directly Related to Employment Courses**.	**Non Core Activity**. **Daily Supervision** – Provided by a responsible individual employed by or stationed at the job skills training directly related to employment institution, including but not limited to, course instructors, student advisors, or attendance office personnel. **Documentation Requirement** – Group attendance sheets or time sheet or activity log submitted no less frequently than monthly. Must include the participant's name, the dates covered by the group attendance sheets, individual time sheet or activity log, the actual number of hours of participation each day, the name, signature and phone number of the individual responsible for providing the daily supervision for the job skills training directly related to employment provider. **NOTE:** Another responsible individual who is employed by or stationed at the job skills training directly related to employment provider may also sign the timesheet if the person providing the daily supervision is unable to do so. **Electronic attendance records** must contain all of the above information, but do not need to be signed by a responsible individual. **Study Time Documentation -** In order to count any hours of study time, the employment services provider must receive a statement from the Job Skills Training Directly Related to Employment provider or course instructor which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to 1 hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted by the employment provider must be documented on the activity log or in a case note. **On-line and Distance Learning Programs Allowed when:** ➢ The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program. **OR** ➢ The on-line or distance training program is conducted in a supervised setting **AND**

	➢Daily supervision is provided by the course instructor or other responsible individual who is overseeing the participant's on-line or distance course work and progress. **Documentation Retention** – Employment Service Provider retains the time sheet or activity log in the participant's case file. A group attendance sheet may be filed in the participant's case file or a location that is readily accessible to program monitors. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All Job Skills Training Directly Related to Employment hours are recorded and tracked on the Workforce One (WF1) system under the specific categories listed in the left hand column. **Verification Requirements** – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and name, signature and phone number of the person providing the daily supervision of the participant attending job skills training directly related to employment training (or other responsible individual's name, signature and phone number).
▪ **Family Stabilization Services (FSS)**	Documentation requirements for Job Skills Training Directly Related to Employment activities is a time sheet or activity log submitted no less frequently than monthly. The time sheet or activity log should include the number of hours of participation for the month. Verification is only necessary if any activities on the time sheet or activity log are questionable.

[1] All activities listed in the left hand column of this chart are reported (behind the scene) as Job Skills Training Directly Related to Employment.

[2] A participant may be approved for college (including advanced degrees) when the participant is within 24 months of completing his/her educational program and the participant meets the conditions outlined in Minnesota Statutes 256J.53, Subd 2.

Providing Child Care to Child(ren) of a Participant who is Participating in a Community Service Program	
Activities ▪ **Providing Child Care to Children of a Participant who is Participating in a Community Service Program.**	**Core Activity**. **Daily Supervision** – Provided by the participant's employment counselor (and in conjunction with the participant who is participating in the community service program). The employment counselor must meet with the participant who is providing child care to child(ren) of a participant who is participating in a community service program to review the services provided by the participant and the participant's progress toward self-sufficiency. **Documentation Requirement** – A time sheet or activity log submitted no less frequently than monthly. Must include the participant's name, the dates covered by the time sheet or activity log, the actual number of hours of participation each day, the name, signature and phone number of the participant who is participating in the community service program. **Documentation Retention** – Employment Service Provider retains the time sheet or activity log in the participant's case file. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All hours of Providing Child Care to Child(ren) of a Participant who is Participating in a Community Service Program are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and the name, signature and phone number of the participant whose child(ren) is/are being cared for by the participant providing the child care (or other responsible individual's name, signature and phone number).
▪ **Family Stabilization Services (FSS)**	The only difference for Providing Child Care to Child(ren) of a Participant who is Participating in a Community Service Program is that a time sheet or activity log must be submitted no less frequently than monthly and it can be completed by the participant, case manager or the job counselor with information provided by the participant. Verification is only necessary if any activities on the time sheet or activity log are questionable.

Satisfactory Attendance at a Secondary School And Courses Leading to a Certificate of General Equivalence	
Activities	**Non-Core Activity**.[1]
▪ **Satisfactory Attendance at a Secondary School** (for participants who are under 20 years old)[1]. ▪ **General Educational Development** (GED) (for participants who are under 20 years old)[1]. ▪ **Satisfactory Attendance at a Secondary School or General Educational Development** (for participants who are 20 years and older).	**Daily Supervision** – Provided by personnel from the secondary school or GED course instructor. **Documentation Requirement** – High School Attendance - There are several methods of documenting satisfactory attendance of a secondary school including: (1) a time sheet or activity log submitted no less frequently than monthly, (2) Request for Verification of School Attendance/Progress (DHS-2883) or similar form submitted no less than monthly, (3) an on-line attendance record collected no less than monthly, or (4) via the phone. The documentation must include the participant's name, the dates covered, the actual number of hours of participation each day, the name, signature and phone number of the school official verifying the hours of participation. **NOTE:** If an on-line attendance record is used to document school attendance, the record must include the participant's name, the dates covered by the on-line attendance record, and the number of hours of attendance (or the methodology used to determine the actual hours). If the student's attendance information is received by phone, the employment provider must document the hours, the name and contact information of the person providing the attendance information. **Electronic attendance records** do not need to be signed by a responsible individual. **Documentation Requirement** – GED – In addition to the above mentioned documentation requirements, a group attendance sheet may be used to document attendance for a participant who is less than 20 years old and engaged in GED. **Study Time Documentation** - In order to count any hours of study time, the employment services provider must receive a statement from the secondary or GED provider or course instructor which specifies the amount of study time that is required or advised in order to make satisfactory progress or complete the education and training program. Up to one hour of unsupervised study time per class time hour is allowed, provided it does not exceed the specified number of hours. Any additional study time must be supervised. The total unsupervised and supervised study time cannot exceed the amount of study time required or advised by the education program or instructor. The amount of study time that is accepted must be documented on the activity log or in a case note.

	On-line and Distance Learning Programs – Allowed when: ➢ The on-line or distance training program has mechanisms for providing reports that document the actual time the participant is accessing the on-line training program **OR** ➢ The on-line or distance training program is conducted in a supervised setting **AND** ➢ Daily supervision is provided by the course instructor or other responsible individual who is overseeing the participant's on-line or distance course work and progress. **Documentation Retention** – Employment Service Provider retains a copy of the activity log, Request for School Attendance/Form (or similar form), or a copy of the on-line attendance record in the participant's case file. When the attendance information is received by phone, the information must be entered as a case note or retained in the case file. Follow MFIP records retention schedule. For GED, a group attendance sheet may be filed in the participant's case file or a location that is readily assessable to program monitors. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All hours of Secondary School Attendance and GED are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – Employment Service Provider verifies the participant's name, the number of actual hours, the dates and the name, signature and phone number of the school official verifying the hours of participation. If on-line attendance records are used, the Employment Service Provider verifies the participant's name, the number of actual or derived hours of participation, the method used to derive the hours of participation and the dates. If the information is received by phone, the employment provider must verify the name and contact information of the person providing the attendance information.
▪ **Family Stabilization Services (FSS)**	Follow all supervision, documentation, retention, tracking, and verification standards for Satisfactory Attendance at a Secondary School and Courses Leading to a Certificate of General Equivalence.

[1] Participants who are less than 20 years old and are the head of household or married are deemed to be meeting the TANF Work Participation Rate if they are attending a secondary school or GED classes an average of at least one hour per week during a month.

Job Search and Job Readiness Assistance (Not CD/MH Treatment or Rehab Services)[1]	
Activities ▪ **Job Search and Job Readiness Assistance** (not including CD/MH treatment or Rehabilitation Services).	**Core Activity** - counts toward the Job Search/Job Readiness Assistance 120 or 180 hour limit over a 12-month period (current month plus previous 11 months). Hours recorded in more than 4 consecutive weeks are not countable as a core or non-core activity. **Neither Core non Non-Core[1] when:** ➢ The participant does not have enough countable hours to meet the numerator requirement ➢ Then the participant has more countable hours than are needed to meet the numerator requirement ➢ The 120 or 180 hour 12-month limit is reached AND ➢ Hours are reported in the 5th week following 4 consecutive weeks with countable Job Search/Job Readiness Assistance hours. **Daily Supervision** – Provided by the employment counselor and other responsible individuals, such as other employment provider or workforce center staff. **Documentation Requirement** – There are 3 documents that can be used to record participation in job search and job readiness assistance: ➢ An activity log is used by the participant to list the job search and job readiness assistance activities a participant completed. **The participant must submit the activity log no less frequently than weekly.** The activity log must contain the date of and time spent on each contact or job search/job readiness assistance task, the type of contact or task, the position the participant was interested in, the status of the contact or task, the name of the employer/business and contact information, plus the participant's signature stating the activity log and the hours contained on it are accurate. ➢ A sign-in attendance sheet can also be used to document job search and job readiness assistance for group meetings, such as job club and when the participant is engaged in job search and job readiness assistance at a workforce center or other location that uses sign-in attendance sheets. The sign-in attendance sheet must contain each participant's name, the date, actual hours of participation, and a signature of a responsible individual who oversees the job search and job readiness assistance activity.[2]

	➢ A computerized printout stating the amount of time a participant was engaged in on-line job search activities. **Documentation Retention** – Employment service provider retains the activity log in the participant's case file. A group attendance sheet may be filed in the participant's case file or a location that is readily assessable to program monitors. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All hours of job search and job readiness assistance are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – As part of the weekly check-in meetings, the employment service provider will review the activity log and verify all of the required information that is contained on the activity log. The employment counselor should sign the activity log attesting that the required information is contained on the activity log and the hours have been verified. A case note may also be used to document the participant's activity log was reviewed and the hours have been verified. **Verification of a Job Contact -** In addition, the employment service provider must verify at least 1 job contact no less frequently than bi-weekly. Methods for verifying a job contact include (1) asking the employer to verify the job contact, (2) obtaining a copy of a computerized "receipt" for on-line applications, and (3) copies of applications, letters and business cards when questions are asked during a check-in meeting to corroborate the job contact. The employment services provider will sign a statement on the activity log or enter a case note indicating the employment provider has reviewed the activity and note whether the information contained on it was acceptable and the method used to verify the job contact.
▪ **Family Stabilization Services (FSS)**	FSS participants do not need to follow the daily supervision requirements as specified by the Deficit Reduction Act (DRA) however; it is good practice to support FSS participants who are in job search by doing a weekly check in. FSS documentation requirements for job search include a monthly time sheet or activity log completed by the participant or the case manager with information provided by the participant or the structured job search supervisor. Verification is only necessary if any activities on the time sheet or activity log are questionable.

[1] See CD/MH Treatment and Rehabilitation for Chemical Dependency treatment, Mental Health treatment, and Rehabilitation Services when tracked and reported under the Job Search/Job Readiness Assistance TANF category.

[2] DHS Recommendation: For participants who have exhausted their 6 weeks of countable (core) Job Search/Job Readiness Assistance, use the same documentation and verification standards after the 6 weeks are exhausted. It will be less confusing for the participant if the documentation standards do not change back and forth.

Other MFIP Allowable Activities	
Activities ▪ **Assessment.** ▪ **Social Services[1].** ▪ **Screening.** ▪ **Family Violence Waiver.** ▪ **Holding.** ▪ **Holding Sanctioned.** ▪ **Other.**	**Daily Supervision** – Provided by the employment services counselor. Weekly or bi-weekly check-ins are recommended but no less frequently than monthly. Case note or enter on participant's employment plan the frequency of the check-in meetings. **Documentation Requirement** – Participant employment plans must include activities. Case notes should be used to document the activity hours. Additional documentation varies according to the non-countable activity. **Assessment**: Professional MH or CD assessments, ES counselor's assessments and/or case notes that assess participants for, including but not limited to, chemical health, mental health, physical health, child behavior, personal skills, childcare, dependent care, transportation, legal, safe living environment, housing, financial, education and social support, employability measure (if information is in WF1, additional documentation in paper file is not necessary). **Social Services**: Treatment plans, correspondence from health care, CD and MH professionals, counseling, meeting with advocates and child protection (signatures of professionals are recommended to reduce complication). **Screening**: MFIP Self-screen (DHS-3482), learning disabilities screen and other screening tools used by the county or ES provider. **Family Violence Waiver**: Employment plan created with and signed by an advocate. Examples of supporting documentation used to approve the Family Violence Waiver include, but are not limited to, police reports and sworn statements. **Holding**: Case note the reason why the person is in Holding (at the minimum). **Holding-Sanction**: MFIP Notice of Intent to Sanction (DHS-3175). Status Update (DHS-3165) implementing the sanction.

	Other: Medical opinion form. Correspondence and other statements from qualified medical providers. **Documentation Retention** – Employment Service Provider retains the time sheet, or activity log or other forms of documentation in the participant's case file. Follow MFIP records retention schedule. **Recording/Tracking Hours** – All hours of activities that are neither core nor non-core are recorded and tracked on the Workforce One (WF1) system. **Verification Requirements** – Employment provider verifies the information contained on the various forms, documents, related correspondence, and signatures (if required by the provider) to ensure the information is complete and accurate.
▪ **Family Stabilization Services (FSS)**	The only difference for Other MFIP Allowable Activities is that a time sheet or activity log must be submitted no less frequently than monthly and it can be completed by the participant, case manager or the job counselor with information provided by the participant. Ensure that any contact with the participant is case noted. Verification is only necessary if any activities on the timesheet or activity log are questionable. If the case manager is from another discipline, hours may be documented in accordance with the standard practices of the discipline but must be recorded on WF1 on a monthly basis by the case manager.

[1] See CD/MH Treatment and Rehabilitation for Chemical Dependency treatment, Mental Health treatment, and Rehabilitation Services when tracked and reported under the Job Search/Job Readiness Assistance TANF category.

DHS Recommendation: For participants who are receiving CD/MH treatment or Rehabilitation services that previously were reported as Job Search/Job Readiness Assistance, use the same documentation and verification standards after the 6 weeks of job search are exhausted. It will be less confusing for the participant if the documentation standards don't change back and forth.

Exit reasons for MFIP/DWP when closing a WF1 case record:

MFIP

- **Entered Unsubsidized Employment**
  Participant is working and the case is closed due to earnings, or a combination of unearned income (such as child support) and earnings.

- **Moved from the Area**
  Moved to another county within the state in which case the income maintenance case remains opens. This code is also used when participants move out of state.

- **Administrative Separation**
  Case is closed for failure to turn in verifications, HRF's, or complete recertification process.

- **Voluntarily Separation**
  Participant requests closure of their MFIP (cash/food) case.

- **Sanction/Closed**
  Participant closes due to the 100% sanction.

- **60 months/Not Extended**
  Participant closes because they reach the 60 month limit and either do not request or do not qualify for an extension.

- **Other**
  Reasons not specified above, for example closing because the participant is now eligible for SSI and no longer eligible for MFIP/DWP.

DWP

- Administrative Separation
  Case is closed for failure to turn in verifications or required paperwork to the financial worker.

- Entered Unsubsidized Employment
  Participant is working and the case is closed due to earnings, or a combination

of unearned income (such as child support) and earnings.

- Found Unlikely to Benefit
  See 17.0 Unlikely to benefit Determinations.

- Moved from Area
  Moved to another county within the state in which the income maintenance case remains open. This code is also used when participants move out of state.

- Referred to MFIP
  DWP 4-month eligibility period ends or participant loses DWP eligibility. Participant must apply for MFIP.

- Voluntary Separation
  Participant requests closure of their DWP (cash/food) case.

ACTIVITY TIP SHEET

APPENDIX E-2

The Activity Tip sheet provides a quick reference tool on how various Employment Services (ES) activities are verified and counted. See also Appendix E (MFIP Activity Table).

Activity	Documentation	Hourly Tracking	Core/Non Core---Used in Work Participation Rate
Assessment Page 14 – MFIP Activity table	Copies of assessments, notation in case notes.	Record hours for each week of month.	Not used.
Screening Page 15 - MFIP Activity table	Copy of screening tool, notation in case notes.	Hours not tracked but activity opened and closed.	Not used.
Job skills training directly related to employment Page 1 - MFIP Activity table	School or instructor statement with hours.	Record hours for each week of month.	Non core, see page 1 of activity table for details.
Vocational Training/ Education - 12 months or less Page 1 - MFIP Activity table	School statement with hours or instructor statement.	Record hours for each week of month.	Core, for 1st 12 months in a lifetime.
Vocational Training/ Education - 13 to 24 months Page 2 - MFIP Activity table	School statement with hours or instructor statement.	Record hours for each week of month.	Core, for 1st 12 months in a lifetime.
English as a Second Language (ESL)Training Page 3 - MFIP Activity table	Monthly school attendance sheet with hours or instructor statement.	Record hours for each week of month.	Non core, see page 3 of activity table for details.

Adult Basic Education (ABE)/ Remedial Training Page 4 - MFIP Activity table	Monthly school attendance sheet or instructor statement.	Record hours for each week of month.	Non core, see page 4 of activity table for details.
Functional Work Literacy (FWL) Page 5 - MFIP Activity table	Monthly school attendance sheet with hours sheet or instructor statement.	Record hours for each week of month.	Non core, see page 5 of activity table for details.
High School Completion Page 6 - MFIP Activity table	Monthly school attendance sheet with hours or instructor statement.	Record hours for each week of month.	Non core, see page 6 of activity table for details.
General Educational Development (GED) Training Page 7 - MFIP Activity table	Monthly school attendance sheet with hours or instructor statement.	Record hours for each week of month.	Non core, see page 7 of activity table for details.
On-The-Job Training (OJT), Public Sector Page 7 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.
On-The-Job Training (OJT), Private Sector Page 8 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.
Community Service Page 8 - MFIP Activity table	Client statement verified by on-site supervisor.	Record hours for each week of the month.	Core.

Activity	Documentation	Hourly Tracking	Core/Non Core--- Used in Work Participation Rate
Grant Diversion Page 9 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.
Community Work Experience Program (CWEP) Page 9 - MFIP Activity table	Client statement verified by on-site supervisor.	Record hours for each week of month.	Core.
Paid Work Experience Page 10 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.
Unpaid Work Experience Page 10 - MFIP Activity table	Client statement verified by on-site supervisor.	Record hours for each week of month.	Core.
Holding Page 15 - MFIP Activity table	Case notes.	No hours tracked.	Not used.
Holding – Sanction Page 15 - MFIP Activity table	Case notes.	No hours tracked.	Not used.
Job Search Page 11 - MFIP Activity table	Weekly signed client statement with actual hours. Daily supervision required.	Record hours for each week of month.	Core, see page 11 of activity table for details.
Employed Less Than 30 Hours Per Week Page 11 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.

Employed 30 Hours or More Per Week Page 12 - MFIP Activity table	FW will collect check stubs and HRF.	Optional, on MAXIS.	Core.
Participating in Social Services Page 12 - MFIP Activity table	Case notes, phone contacts.	Record hours for each week of month.	Not used.
Providing Child Care for Parent Working in a Community Service Program Page 13 - MFIP Activity table	Client statement with actual hrs.	Record hours for each week of month.	Core, see page 13 of activity table for details.
Family Violence Waiver Page 16 - MFIP Activity table	Signed client statement with actual hours.	Hours tracked weekly under Other activities.	Not used, see page 16 of activity table for details.
Other Page 14 - MFIP Activity table	Case notes.	Record hours for each week of month.	Not used, see page 14 of activity table for details.

The Americans with Disabilities Act (ADA) of 1990
The ADA protects the civil rights of people with disabilities. A wide range of people are covered, some examples are: people with physical conditions, people with mental illness, and people with learning disorders. The ADA addresses the following areas:

- Title I – Employment
- Title II – Public Services
- Title III – Public Accommodations
- Title IV – Telecommunications
- Title V – Miscellaneous

Equal access to the MFIP program is addressed under Title II of the ADA.

FEDERAL RESOURCES
There are a number of federal resources available to county agencies and providers that will assist them in becoming more knowledgeable about what is required under the ADA.

- **Office for Civil Rights (OCR)**
  The Office for Civil Rights within the U.S. Department of Health and Human Services is the federal agency responsible for enforcing Title II with state and local health and human services agencies. OCR posted guidance on its web site clarifying the obligations Title II of the ADA imposes on local government agencies. The guidance also sets out promising practices in modifying policy and programs to ensure access for people with disabilities. The title of the document is "Prohibition Against Discrimination on the Basis of Disability". http://www.hhs.gov/ocr/prohibition.html.

- **Jobs Accommodation Network (JAN)**
  This is a service of the U.S. Department of Labor's Office of Disability Employment Policy. This web site contains a fact sheet on possible accommodations for persons with certain disabilities. http://www.jan.org.

- **Great Lakes ADA and Accessible IT Center**
  This is a Disability and Business Technical Assistance Center located at the University of Illinois at Chicago. It is one of ten regional centers funded by the U.S. Department of Education. The Chicago center operates a toll free information line for answering questions about all aspects of the ADA. Anyone seeking information is encouraged to use this service by calling 1-800-949-4232. Counties and providers can also access their web site for additional information on ADA issues at http://www.adagreatlakes.org.

STATE RESOURCES

The following is a list of resources available at the state level:

- **Disability Linkage Line**
  This is an information and referral service for people with disabilities. Disability Linkage Line can be reached statewide by calling toll-free 1-866-333-2466. A resource specialist is available during regular business hours (8:30 a.m. to 4:30 p.m.) to provide one-to-one assistance to help people learn about their options and connect them with the supports and services they choose. http://www.semcil.org/dll.html.

- **MinnesotaHelp.info**
  This is an online human services database of resources to help people find services to meet their needs. http://www.minnesotahelp.info/en/mn/cgi-bin/location.asp

- **Social Security Income (SSI) Advocates**
  A list of individuals/agencies that have contracted with DHS to provide advocacy services is in Appendix G-3 (DHS - SSI Advocates List). The services provided by these advocates are paid for by DHS and are free of charge to MFIP applicants/participants. Appendix G-3 (DHS - SSI Advocates List) identifies which SSI advocates provide full service and which advocates handle SSI appeals.

- **Minnesota Department of Employment and Economic Development (DEED)**
  DEED provides a listing of accredited Community Rehabilitation Programs throughout the State that deliver employment services to people with disabilities and may be able to provide information about services available in the community. http://www.deed.state.mn.us/rehab/crp/crp.htm.

- **Vocational Rehabilitation (VR)**
  This is a state agency that provides services to people with disabilities so they can prepare for work, or to find and keep a job. Vocational Rehabilitation can be found on the DEED website at http://www.deed.state.mn.us/rehab/vr/main_vr.htm.

- **Focus on Ability:**
  This is an on-line educational tool designed for employers that discusses the ADA. While the main focus of this tool is what is required of employers under the ADA, it can also be helpful in providing information to county agencies and employment service providers about various disabilities, possible

accommodations, and providers offering employment related services for persons with disabilities. This training and information can be found at http://www.focusonability.net.

- **Disability Criteria for SSI Benefits**
  This is a desk guide that is currently being used by a state funded SSI advocacy group to assist workers in identifying possible applicants for SSI benefits, see Appendix G-4 (Disability Criteria for SSI Benefits). The advocacy group is allowing the state to share this document so that it can be used by all county financial workers and job counselors.

- **DWP/MFIP Observation Checklist**
  The DWP/MFIP Observation Checklist (DHS-3483) is a tool job counselors have historically used as one way to determine if a participant needs to be screened for chemical dependency abuse or mental health issues as well as a way to document other issues or behaviors that need to be addressed. This form could also be used by job counselors or financial workers as a "resource" to identify behavior that would warrant a discussion about a possible disability and whether the participant needs an accommodation in order to access the program or services.

  The DWP/MFIP Observation Checklist (DHS-3483) and MFIP Self Screen (DHS-3482) may be used to indicate when a modification to an employment plan needs to be made. If these forms are used as a "checklist" where information is recorded, they would be protected under Minnesota Data Privacy Law.

LOCAL/COUNTY RESOURCES

County agencies are encouraged to seek out resources within the county administration, including the county ADA Coordinator, local disability specialists, Rehabilitation Services, employment service providers who specialize in vocational rehabilitation services and managers or staff that have expertise in the areas of mental health, developmental disabilities, and chemical dependency.

- **PRIVATE NON-PROFIT ORGANIZATIONS**
  There are several organizations that provide advocacy and education on issues relating to specific disabilities. Some organizations that provide services as well as education include:

- **Arc Minnesota**, 770 Transfer Rd. #26, St. Paul, MN 55114-1422, 651-523-0823, 1-800-582-5256, 651-523-0829 fax, mail@arcars.org, Web site: http://www.thearcofminnesota.org/. This organization provides support and advocacy for persons with developmental disabilities and their families.

- **Brain Injury Association of Minnesota**, 43 Main St. SE #135, Minneapolis, MN 55414, 612-378-2742, 612-378-2789 fax, 1-800-669-6442 Toll-free, info@braininjurymn.org, Web site: www.braininjurymn.org.

- **Courage Center**, 3915 Golden Valley Rd., Golden Valley, MN 55422-4298, 763-588-0811, 1-888-846-8253, 763-520-0577 fax, llenmaef@courage.org, Web site: www.courage.org. This organization provides support and advocacy for persons with physical disabilities and traumatic brain injury.

- **Learning Disabilities Association (LDA Learning Center)**, 4301 Highway 7 #160, Minneapolis, MN 55416, 952-922-8374, 952-922-8102 fax, Web site: www.ldalearningcenter.com.

- **Mental Health Association of Minnesota**, 2021 E Hennepin Ave. #412, Minneapolis, MN 55413-2726, 612-331-6840 voice/TTY, 1-800-862-1799, 612-331-1630 fax, info@mentalhealthmn.org, Web site: www.mentalhealthmn.org.

- **Minnesota Association for Children's Mental Health**, 165 Western Ave. #2, St. Paul, MN 55102, 651-644-7333, 1-800-528-4511, 651-644-7391 fax, dsaxhaug@macmh.org, Web site: www.macmh.org.

- **Minnesota Disability Law Center**, 430 First Ave. N #300, Minneapolis, MN 55401, 612-332-1441, 1-800-292-4150, 612-334-5755 fax, 612-332-4668 TTY, phoopes@midmnlegal.org, Web site: http://www.mndlc.org/. This organization provides legal services for persons with disabilities.

- **National Alliance for the Mentally Ill-MN (NAMI-MN)**, 970 Raymond Ave. #105, St. Paul, MN 55114-1146, 651-645-2948, 1-888-473-0237, 651-645-7379 fax, nami-mn@nami.org, Web site: http://www.namihelps.org/. This organization provides education (including a “speaker’s bureau”), advocacy and support on mental illness.

- **PACER Center, Inc.** (Parent Advocacy Coalition for Educational Rights), 8161 Normandale Blvd., Minneapolis, MN 55437-1098, 952-838-9000, 1-800-537-2237, 952-838-0199 fax, 952-838-0190 TTY, pacer@pacer.org, Web site: www.pacer.org. This organization is the federal government's designated parent training and information center in Minnesota for families of children with disabilities.

Special Needs

This information is available in other forms to persons with disabilities by calling Aaron Coonce at 651-431-4049, or contact DHS through the Minnesota Relay Service at 1-800-627-3529 (TTY) or 1-877-627-3848 (speech-to-speech relay service).

Americans with Disabilities Act (ADA) Action / Decision Points for Employment Counselors

Situations	**Action Steps / Decision Points**
A new or existing participant discloses that they have a disability.	➢ **Action –** Give and review "Do you have a Disability?" (DHS-4133) brochure. ➢ **Decision Point** – Do you need to ask for existing or gather new information on the disability such as medical documentation from the medical or mental health professional? Are modifications necessary? Are there modifications that can be made based on this information? ➢ **Action** – Communicate any findings with financial worker. ➢ **Decision Point –** Should they be referred to a SSI advocate?
Exhibiting unusual behavior, no disability has been disclosed. Examples of the behavior: angry, crying, difficulty filling out forms, (see observational checklist for more examples).	➢ **Decision point** – Have you used the MFIP Self Screen (DHS-3482) yet? The Brief Screening Tool for Special Learning Needs (DHS-3504)? ➢ **Action** - Start logging information on the DWP/MFIP Observation Checklist (DHS-3483). ➢ **Action** – Review "Do you have a Disability?" (DHS-4133) brochure with participant.
Making very little progress on the employment plan, not progressing.	➢ **Decision point** – Has the client completed the MFIP Self Screen (DHS-3482)? Have you completed a more thorough assessment? Have you started the DWP/MFIP Observation Checklist (DHS-3483)? Have you considered encouraging or requiring a chemical or mental health assessment?
Gets jobs but can't keep them. (A disability has	➢ **Decision point** – Has the MFIP Self Screen (DHS-3482) been completed? Complete a more thorough assessment? Start DWP/MFIP Observation checklist (DHS-3483)?

not been established **)**	➢ **Decision point** - Reasonable modification needed for employment plan?
Gets jobs but can't keep them. (A disability has been established)	➢ **Action -** Educate participant on ADA: when and if to disclose a disability, what are reasonable accommodations, essential functions of the job. ➢ **Decision point** – Have you considered a referral to Rehab Services or a referral to someone who can do one-on-one placement and/or job coaching? Have you considered talking to employers on the participant's behalf (must have participant's consent)? ➢ **Decision point** – Do you need to modify the employment plan to better fit the participant's situation? ➢ **Decision point** - Possible candidate for SSI? Should they be referred to a SSI advocate?

Americans with Disabilities Act (ADA) Action / Decision Points for Financial Workers

Situations	**Action Steps / Decision Points**
A new applicant or existing participant discloses that they have a disability.	➢ **Action –** Give and review "Do you have a disability" (DHS-4133) brochure. ➢ **Decision Point** – Do you need to ask for existing or gather new information on the disability such as medical documentation from the medical or mental health professional for the application process? Are there modifications necessary? Are there modifications that can be made based on this information? ➢ **Action** - Communicate any findings with job counselor. **Decision Point** – Should they be referred to a SSI advocate?
Participant is exhibiting unusual behavior, no disability has been disclosed. Examples of the behavior: angry, crying, difficulty filling out forms, (see observational checklist for more examples)	➢ **Action –** Review "Do you have a Disability?" (DHS-4133) brochure with the participant. ➢ **Action** – If you observe unusual behavior (see DWP/MFIP Observation Checklist (DHS-3483) for examples), consider if a modification is needed. Discuss with supervisor and/or job counselor. ➢ **Decision Point –** Should you consult with job counselor to see if they have done any screening or assessments?
Participant fails to report timely on an ongoing basis, often reschedules, doesn't respond to requests for information, in and out of sanction.	➢ **Action -** Send the "Do you have a Disability?" (DHS-4133) brochure. Make follow-up call. Consider using the DWP/MFIP Observation Checklist (DHS-3483) to start logging observations. ➢ **Action** - Consult with job counselor to see if he/she has any additional information.
Participant states or implies that they can't comply with the rules because of a disability.	➢ **Action –** Request documentation of disability; assist client with obtaining information. ➢ **Decision Point** – Are program modifications needed? ➢ **Action** – Discuss possible modifications with participant, supervisor, & job counselor. ➢ **Action** – Implement modifications.

	Decision Point – Should they be referred to an SSI advocate?

DHS – SSI ADVOCATES LIST
Effective through December 31, 2011

Agency	Service Area	Specialty
Anishinabe Legal Services 411 First Street PO Box 157 Cass Lake, MN 56633 218-335-2223 www.alslegal.org	Leech Lake, Red Lake, White Earth Reservations	Outreach Applications Appeals
Association for the Advancement of Hmong Women in Minnesota (AAHWM) 1101 Snelling Ave N St. Paul, MN 55108 (651) 255-0799 http://www.aahwm.org/	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington counties	Outreach Applications Hmong women refugees and immigrants
Chamberlin Edmonds Hennepin County Mental Health Center 1800 Chicago Avenue Minneapolis, MN 55404 (612) 872-2080 fax: (612) 870-0239 www.chamberlinedmonds.com	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington counties	Outreach Applications Appeals
Churches United in Ministry (CHUM) 102 W 2nd St Duluth, MN 55802 (218) 720-6521 www.chumduluth.org	Duluth	Applications Appeals Homeless

Community Resource Connections 616 America Ave, #170 Bemidji, MN 56601 (218) 333-8260 www.communityresourceconnections.org	Bemidji and surrounding area	Outreach Applications Appeals
Disability Specialist, Inc. 1907 Wood Road Cook, MN 55723 1-800-642-6393 www.disabilityspecialist.net	Statewide	Applications Appeals
FM Blake, a Division of Public Consulting Group (PCG.FM Blake) 826 Main Street Lewiston, ID 83501 1-800-805-8329 http://www.wellness.com/dir/4036804/counselor/id/lewiston/fm-blake--associates-social-security---disability-consultants	Statewide	Outreach Applications Appeals
Goodwill/Easter Seals 553 Fairview Ave N St. Paul, MN 55104 (651) 379-5800 www.goodwilleasterseals.org	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington counties and Greater St. Cloud area	Outreach Applications
Heartland Community Action Agency PO Box 1359 409 19th Ave SW Willmar, MN 56201 (320) 235-0850 www.heartlandcaa.org	Kandiyohi, McLeod, Meeker, and Renville counties	Outreach. Applications Appeals

Housing Coalition of the St. Cloud Area 777 Lincoln Ave NE St. Cloud, MN 56304 (320) 299-7684	Benton, Sherburne, and Stearns counties	Applications Appeals Homeless
Judicare of Anoka County, Inc. 1201 89th Avenue NE, Suite 310 Blaine, MN 55434 763-783-4970 http://www.anokajudicare.org/	Anoka County	Appeals
Korstad Law Office LLC 136 E Maine St PO Box 400 Amboy, MN 56010-0400 507-674-3434 Clients only: 1-800-983-3440	Southern Minnesota	Applications Appeals
Richard Kreutzfeldt Attorney at Law 14084 Baxter Drive, Suite 14 Baxter, MN 56425 218-829-3477 www.attorneyrick.com	Aitkin, Cass, Crow Wing, Morrison, Wadena, north Mille Lacs, North Todd counties, Park Rapids	Applications Appeals
Legal Services of Northwest MN 1015 7th Avenue N. PO Box 838 Moorhead, MN 56561-0838 218-233-8585 or 1-800-450-8585 www.lsnmlaw.org	Northwest counties, Wadena County	Outreach Applications Appeals

Lifetrack Resources, Inc. 709 University Avenue West St. Paul, MN 55104-4804 651-227-8471 www.lifetrackresources.org	Hennepin County and Ramsey County	Outreach Applications Refugees and immigrants
Mahube Community Council PO Box 747 1125 W River Rd Detroit Lakes, MN 56502 (218) 847-1385 www.mahube.org	Becker, Hubbard and Mahnomen counties	Outreach Applications Appeals Long-term homeless
MedEligible Services 6160 Summit Dr #400 Brooklyn Center, MN 55430 (763) 585-8408	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington counties	Outreach Applications Appeals Patients at Allina hospitals and clinics
Mid-Minnesota Legal Assistance 430 First Avenue North, Suite 300 Minneapolis, MN 55401-1780 612-332-1441 http://www.mylegalaid.org/	20 county area in Central Minnesota	Outreach Applications Appeals
New American Community Services 1821 University Avenue, Ste. S-286 St. Paul, MN 55104 651-287-5223 www.newamericans.us	Dakota, Hennepin Olmsted, Ramsey, Scott, Stearns Counties	Outreach Applications African immigrants and refugees

Olmsted Community Action Program 2116 Campus Dr SE Rochester, MN 5590 4 (507) 328-6345 http://www.mncaa.org/OlmstedCAP.html	Olmsted County	Outreach Applications Appeals
Outreach Services of Minnesota, Inc. 4294 Dahlberg Drive Golden Valley, MN 55422 612-332-6773 www.outreachservices.com	3 offices throughout state	Outreach Applications Appeals
Pine Technical College 900 4th St SE Pine City, MN 55063 (320) 629-6741 www.etc.pinetech.edu	Chisago, Isanti, Kanabec, Mille Lacs, and Pine counties	Outreach Applications Appeals
Ramsey County Workforce Solutions 2098 11th Avenue East North St. Paul, MN 55109 (651) 770-5666 http://www.co.ramsey.mn.us/workforce/	Ramsey County	Outreach Applications
Red Lake Housing Authority PO Box 219 Red Lake, MN 56671 (218) 679-3368	Red Lake Reservation	Outreach Applications
Reitan Law Office, Chaska 1454 White Oak Dr. Chaska, MN 55318 (952) 448-2800 www.reitanlawoffice.com	Chaska and Southwest metro	Applications Appeals

Reitan Law Office, Mankato 142 S. Riverfront Dr. Mankato, MN 56001 (507) 388-1800 www.reitanlawoffice.com	Mankato and Southern Minnesota	Applications Appeals
Southern Minnesota Regional Legal Services, Inc. (SMRLS) 166 East 4th St., Suite 200 St. Paul, MN 55101 651-222-5863 www.smrls.org	33 counties in metro and Southern Minnesota	Outreach Appeals
Southwest Minnesota Private Industry Council 607 West Main Marshall, MN 56258 (507) 537-6987 www.swmnpic.org	14 counties in Southwest Minnesota	Outreach Applications
The Salvation Army 2445 Prior Ave Roseville, MN 55113 (651) 746-3400 www.thesalarmy.org	Anoka, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Washington, Wright counties	Outreach Applications Appeals Long-term homeless
United Cambodian Association of Minnesota (UCAM) 1101 Snelling Ave N St. Paul, MN 55108 (651) 255-0724 www.ucaminc.org	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington counties	Outreach Applications Southeast Asian immigrants and refugees

Volunteers of America, Minnesota 7625 Metro Blvd Minneapolis, MN 55439 (763) 546-3242 www.voamn.org	Minneapolis	Outreach Applications, Minneapolis Public High-rise residents

County SSI Advocacy
Administrative contact persons at counties with DHS SSI advocacy contracts
Effective 02/01/07

County	Contact Person
Aitkin	Aitkin County Health & Human Services 204 First Street NW Aitkin, MN 56431 kryan@co.aitkin.mn.us
Anoka	Anoka County Human Services 2100 Third Avenue Anoka, MN 55303 (763) 422-6941
Becker	Becker County Human Services 712 Minnesota Avenue PO Box 1637 Detroit Lakes, MN 56502-1637
Carlton	Carlton County Public Health & Human Services 30 North 10th Street Cloquet, MN 55720
Dakota	Dakota County Community Services 1 Mendota Rd, Ste 500 West St. Paul, MN 55118 (651) 554-5742 http://www.co.dakota.mn.us/Departments/CSAdmin/default.htm

Dakota	Dakota County Veterans' Service Center 1 Mendota Road West, Suite 420 PO Box 18145 West St. Paul, MN 55118 http://www.co.dakota.mn.us/Departments/Veterans/default.htm
Dodge	Dodge County Dept. of Human Services 22 6th Street East, Dept. 401 Mantorville, MN 55955 (507) 635-6170 http://www.co.dodge.wi.us/humanservices/index.html
Faribault & Martin	Human Services of Faribault & Martin Counties 115 West First Street Fairmont, MN 56031 http://fmchs.com/
Hennepin	Hennepin County Human Services Department 300 South Sixth Street Minneapolis, MN 55487-0106
Le Sueur	Le Sueur County Department of Human Services 88 South Park Avenue Le Center, MN 56057 http://www.co.le-sueur.mn.us/humanservices.html
Meeker	Meeker County Social Services 114 N. Holcombe Ave., Ste. 180 Litchfield, MN 55355 http://www.co.meeker.mn.us/index.asp?Type=B_BASIC&SEC=%7BFA1024EA-A4EB-4ABF-B2E6-AD52214A0C62%7D
Ramsey	Ramsey County Community Human Services Department 160 E. Kellogg Blvd. St. Paul, MN 55101 (651) 266-3660 http://www.co.ramsey.mn.us/hs/index.htm

Steele	Steele County 630 Florence Ave Owatonna, MN 55060 (507) 444-7500 http://www.co.steele.mn.us/
Wadena	Wadena County Social Services 124 First Street SE Wadena, MN 56482 (218) 631-7605 http://www.co.wadena.mn.us/county_directory/social_service/social_service.htm

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The final determination of disability qualification for SSI is made by the Social Security Administration. For further information see the Social Security Administration web site: http://www.ssa.gov/.

The following information is courtesy of Chamberlin Edmonds:

To qualify for SSI benefits, you must be **aged, blind** or **disabled.**

Aged = 65 years or older.

Blind = corrected vision of 20/200 or less in better eye.

Disabled adult = your medical condition is expected to keep you out of work for at least 12 months or result in death.

Disabled child = child's medical condition causes marked and severe functional limitations that can be expected to cause death or last for at least 12 months.

Some Basic Disability Criteria

- **Muscles/Joints**
  Rheumatoid arthritis, osteoarthritis, severe back disorders, amputations, severe burns, any joint disorder.
  Watch for - the need to use a cane, walker or wheel chair.
  Issue - must affect more than one appendage otherwise SSA will deem it only a partial disability (for example, both legs, or one arm and one leg).

- **Breathing/Respiratory**
  Severe breathing disorders that limit walking or exercise or cause client to use oxygen (for example, chronic obstructive pulmonary disease (COPD), cystic fibrosis, cor pulmonale, severe asthma).
  Watch for - difficulty even talking without break, unable to walk stairs without rests, use of multiple pillows at night to breath.
  Issue- asthma attacks need to require Emergency Room/Clinic visit 6 times in 12 months or 3 inpatient stays within 12 months.

- **Heart**
  Congestive heart failure, heart disease, severe circulation problems (swelling in hands and/or feet), multiple or recent heart attacks.
  Watch for - chest pain with only mild exertion, use of nitro pills

Issue - one heart blockage with stint placement rarely gets approved. Need multiple ongoing heart problems.

- **Stomach/Digestive**
  Liver disease, cirrhosis, kidney failure, on dialysis
  Watch for - ascites (fluid build up causing severely swollen/protruding stomach, jaundice (yellowing skin and eyes)
  Issue - bleeding from stomach ulcers is not disabling but bleeding from esophagus is a disability listing.

- **Hemic/Lymphatic**
  Severe sickle cell anemia, acute leukemia, lymphoma
  Watch for - sickle cell pain crisis requiring Emergency Room/Clinic visits 6 times in 12 months or 3 inpatient hospital stays in 12 months.
  Issue - acute lymphoblastic leukemia (ALL) is very treatable and rarely lasts 12 months if successful. Disability will probably delay to see if treatment is succeeding. Acute myeloid leukemia (AML) is very aggressive and is always a disability listing.

- **Endocrine**
  Diabetes with organ damage to kidneys, eyes, heart or diabetes that is causing severe swelling or tingling/numbness in legs and feet.
  Watch for - the longer someone is on insulin (shots) the more complications that develop. Eye sight gets blurry, fingers and toes tingle, feet swell.
  Issue - insulin taken in pill form usually means mild case and few complications.

- **Neurological**
  Stroke, cerebral palsy, multiple sclerosis, brain tumors, severe head trauma
  Watch for - case by case depending on severity
  Issue - Disability will place on hold any neuro trauma (strokes, head trauma) for 3 months to see what the residual functioning level will be.

- **Mental Disorders**
  Severe and long term psychiatric problems requiring medication and/or counseling. The condition must be so severe that it affects the client's ability to perform daily living or work activities (for example, developmental disability, organic mental disorders, schizophrenic personality disorders, severe depression, paranoia or anxiety).

Watch for - need multiple treatment sources that can demonstrate long term illness. Must be compliant with treatments that are available to client (for example, medications).
Issue - just going to see doctor once a month to get medications rarely gets approved for disability.

- **Learning Disorders**
  History of special needs education. Demonstrated disruption in activities of daily living. Full scale Intelligence Quotient (IQ) score of less than 70.

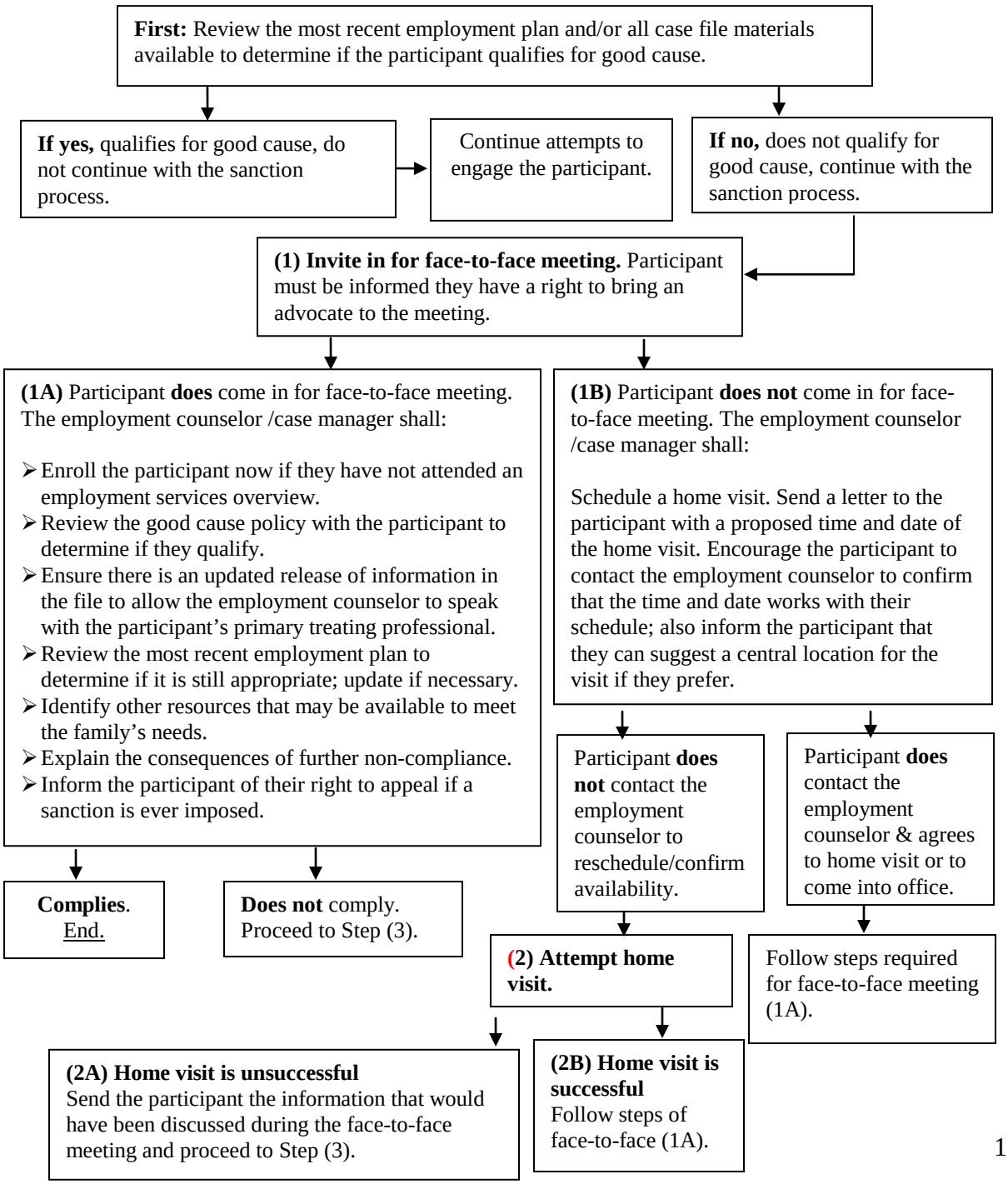
- **Cancers**
  Cancers that have spread (metastatic) or are inoperable (for example, brain, liver, esophageal, pancreatic, lung, colon or uterine cancer)
  Watch for - aggressive treatment.
  Issues - breast cancer is more and more treatable so it is harder to get approved for disability.

- **Immune System**
  Human immunodeficiency virus (HIV), severe lupus
  Watch for - with HIV a blood count (CD4) < 200, and opportunistic infections (thrush, pneumocystic carinii pneumonia (PCP)) or wasting syndrome (unintentional loss of 10% of body weight), with Lupus must have frequent flair ups requiring Emergency Room/inpatient hospital visits.
  Issue - Must be compliant with medications to control the illness.

- **Learning Disabilities/Low Intelligence Quotient (IQ)**
  Watch for - IQ below 70.
  Issue - Need tests from doctor to assess IQ.

NOTE: Alcoholism and Drug Abuse are no longer listings. These disorders were delisted in 1997. However, if it can be proven that a person's medical problems are primary and chemical use is secondary to that illness, the person could still be approved for SSI.

When an FSS participant is not cooperating, the county or Employment Services provider must follow these steps below. Additional guidance can be found on the Family Stabilization Services Pre-Sanction Checklist (DHS-6075).



(3) Obtain a current assessment by a behavioral health or medical professional. The intent is, prior to any sanction being imposed, a participant's situation be evaluated by a behavioral or medical professional. The professional must determine the participant had the ability to comply with the specific requirements of the program, such as following their FSS employment plan or developing an FSS employment plan. Reasonable steps should be taken to obtain the primary treating professional's opinion.

There is a primary treating professional and a release of information.

(3A) Request a review of the plan; or a review of the program requirements if there is no plan in place. For example, attending an employment services overview.

There is a primary treating professional but there is no release of information. Send the participant a letter explaining the purpose of contacting the primary treating professional and enclose a release of information for the participant to sign and return.

There is no primary treating professional; attempt to refer the participant to a behavioral health or medical provider, depending on the participant's specific circumstances. Assist the participant in making an appointment. This could be a consulting physician working with the ES provider.

The reason the participant has been determined FSS does not necessitate the involvement of a medical or behavioral health professional. Consult with other professionals involved with the participants. Send the participant a letter explaining the purpose of contacting the professional and enclose a release of information for the participant to sign and return.

If yes, a participant signs a release, and there is a professional to contact. Proceed to step (3A).

If no, a participant fails to sign a release of information or they will not cooperate with the referral, send a MFIP Notice of Intent to Sanction (NOITS).

(4) A current assessment (review) **is** obtained and the professional indicates the participant **did** have the capacity to either, follow the plan or comply with program requirements; send a MFIP Notice of Intent to Sanction (NOITS).

OR

A current assessment (review) **is** obtained and the professional indicates the participant **did not** have the capacity to either, follow the plan or comply with program requirements; do not send a MFIP Notice of Intent to Sanction (NOITS). Inform the participant that the professional indicated that the plan or the program requirements were not appropriate based on their individual circumstances and continue attempts to work with them to develop an appropriate plan.

OR

A current assessment (review) **is not** obtained; continue steps to engage the participant and the primary treating professional.