

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



BULLETIN NO.: 21-02

FROM: Tricia Tyo, Deputy Commissioner
Economic Services Division

DATE: 1/27/21

SUBJECT: Reach Up Services Procedures

CHANGES ADOPTED EFFECTIVE 1/1/21

INSTRUCTIONS

- Maintain Manual - See instructions below.**
- Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: _____**
- Information or Instructions - Retain Until _____**

MANUAL REFERENCE(S):

P-2305	P-2320	P-2330	P-2331
P-2335	P-2340	P-2341	P-2344
P-2345	P-2347	P-2355	P-2370

Reach Up Services procedures are being updated to match the formatting and language of the Reach Up procedures (P-2200s), as well as removing outdated information. In addition, new procedures have been created on topics not covered in procedures before. This first batch of updates includes procedures around assessment, modifications and deferments of the work requirement, education activities, and support services. The first batch of new topics includes paid employment activities, the verification and documentation of activity hours, and referrals to the Social Security Specialist. Several desk aids and guidance documents have been incorporated into the procedures. The procedure on temporary absence has been renumbered, but the text has not yet updated.

Manual Maintenance

Text highlighted in gray has been updated.

Reach Up Services Procedures

Remove

Insert

P-2341	(19-18)	P-2305	(21-02)
Nothing		P-2320	(21-02)

Remove (con't)

Insert (con't)

P-2344B	(16-28)	P-2320A	(21-02)
P-2344C pg. 1	(16-28)	P-2320B	(21-02)
P-2344C pg. 2	(16-28)	P-2320C	(21-02)
P-2344A	(16-28)	P-2320D	(21-02)
P-2344C pgs.3-4	(16-28)	P-2320E	(21-02)
Nothing		P-2330	(21-02)
P-2345A	(19-08)	P-2331	(21-02)
P-2345B	(19-08)	P-2331A	(21-02)
Nothing		P 2335	(21-02)
Nothing		P-2335A	(21-02)
P-2347A	(18-04)	P-2340	(21-02)
P-2347B	(18-02)	P-2340A	(21-02)
P-2347C	(18-02)	P-2340B	(21-02)
Nothing		P-2355	(21-02)
P-2370	(18-12)	P-2370	(21-02)

P-2305 ASSESSMENT (Reach Up Services rule 2302.3)(B21-02)

The assessment process begins at the first meeting with a participant; it does not need to be a formal process and should be considered ongoing throughout the time the participant is receiving Reach Up. The assessment can come from a conversation had with a participant. Document information related to the ongoing assessment in case notes and update any relevant fields in the FSM in ACCESS.

The following are all considered pieces of the assessment process for Reach Up.

Overview of PHQ2/UNCOPE

The PHQ2 and UNCOPE (found in form [604-Supp](#)) are assessment tools used by the Reach Up program.

PHQ2 (Patient Health Questionnaire) screens for common mental health issues.

The UNCOPE (Used, Neglected, Cut Down, Objected, Preoccupied, Emotional) identifies possible risk of abuse and dependence for alcohol and other drugs.

Completing the PHQ2/UNCOPE

The PHQ2/UNCOPE should be completed within 30 to 60 days of your first meeting with a participant. Sometimes it is best to wait a few meetings to build a relationship before asking a participant to complete the PHQ2/UNCOPE.

The PHQ2/UNCOPE can be given to a participant to complete themselves, or it can be verbally reviewed by the case manager with the participant.

If the participant has already disclosed to you that they have a substance use disorder, depression, or they are in treatment, do not rescreen. Make a note on the screening form and/or in case notes.

If a participant has a break in benefits, only do a rescreen if you have reason to believe things have changed, or if you think you might get different screening results and the participant is amenable to completing it again.

Do not rescreen ongoing participants unless there is a change in circumstances. If there is a change you can reassess at any time if the participant is willing. Examples of reasons to rescreen would include, but are not limited to:

- Participant gets a DUI,
- Participant is charged with possession,
- Participant discloses that they have a substance use or mental health barrier.

Scoring UNCOPE/PHQ2

PHQ2 score of 3 or more indicates a need for further assessment.

UNCOPE score of 2 or more indicates a need for further assessment.

Next steps for the PHQ2/UNCOPE

Discuss the results with the participant and find out if they are interested in addressing the mental health or substance use issue as one of their goals.

If yes, offer the participant:

- A referral to the designated agency/substance use/mental health case manager for your district;
- A referral to another provider the participant is open to seeing; or
- Resources on the local provider network for the participant to follow up on their own.

If no, revisit the topic as appropriate during future meetings. Particularly if the participant is not successful in their stated goal, use motivational interviewing techniques to explore if their goal should be revised to include addressing this issue.

Family Support Matrix (FSM)

Information entered into the FSM section of the WORK C panel in ACCESS is gathered through conversations with participants. You may use Stepping Stones to help guide your conversations. Entry should be based on your assessment of the participant's situation and may differ from what the participant is presenting.

There are 13 Participant Life "Domains" we need to report on in ACCESS.

- Shelter
- Transportation
- Food and clothing
- Finance
- Health and safety
- Child development and education
- Social and emotional
- Legal
- Community relations
- Adult education
- Adult employment
- Work skills and habits

From your conversation enter each item as S (strength), N (neutral) or I (interfere). Only update the domains you have received information about. If you are unsure of the status of some domains enter N for neutral (ACCESS will not allow you to leave the field blank).

The FSM should be updated each time there is a change in the participant's circumstance and reviewed at least every 6 months. Every time you meet with the participant, you should look at the FSM to nudge your memory about any potential changes. Enter the date in the Assessment Updated field and enter a case note each time the FSM is updated.

To make sure the FSM is updated, enter a future TODO or a reminder in Outlook calendar to check what is entered every 3-4 months, but no later than 6 months.

In House Literacy Assessment

Based on your interaction with the participant, did they demonstrate basic skills or understanding of reading, math and comprehension? Should be completed within 30 to 60 days of your first meeting with a participant. Do not rescreen returning or ongoing participants unless there is a change in circumstances, additional information has become apparent, or referral was not accepted last time.

If the assessment indicates a referral is needed, provide referral information if the participant is interested. Document your rationale in your case notes and update the Literacy Assessment Date in ACCESS.

Case Manager Support

Entering FSM in ACCESS

Pull up case in ACCESS CASE D panel by entering SSN of participant (SSN can be of HOH or 2nd parent depending whose FSM you are updating).

1. FNX->WORK MODE->C SSN for participant you are updating the FSM.

```

09/14/17 09:29          IV-A SELECT FUNCTION          SYSTEM  ASTCAL
-----
Function Codes (FNX)
ABWD - ABAWD Food Stamp History
AFPL - Application
CASE - Case Status Display
CATN - Case Action Log
CATS - Cost Allocation/Time Study
EDS - Medicaid Management System
ELIG - Eligibility Results/Approval
FIAT - Fiat Eligibility
FUEL - Supplemental Fuel
GAEL - General Assistance
IDEA - System Change Request
INFC - Interfaces
INQB - Benefit History
INQD - Benefit Disbursement History
IV-D - IV-D Select Function
JFIP - Jobs For Independence
LOGO - Logoff
MAIL - Send or Read Mail
MANA - Managed Care Maintenance
MONY - Financial Subsystem
NAME - User Name/Number Lookup
PCOL - Premium Collections
PERS - Person Search
PMGT - Premium MGT Report
PREM - Premium Management
QUAL - Quality Review
RECO - Recoupment Schedule
REPT - Report Selection
SPEC - Special Functions
STAT - Statement of Need
SUBS - Substitute Reporter/Payee
TODO - Daily To-Do Report
UNLK - Releases Locked Cases
VEND - Vendor Search
-----
USER: T05 FNX: WORK MODE: C RPTGRP: 666 00 7422 PERIOD: 09 17 COMMAND:
                                           PS = MORE
    
```

Enter "WORK for function (FNX)

Enter "C" for mode.

Enter the SS# for the participant whose Family Development plan you are creating

Enter current month and year. Hit enter when done.

2. Move cursor on to FSM box and double click.

```

10/16/17 13:45          *** FAMILY DEVELOPMENT PLAN ***          ASQWOHF1
Participant: SARAH L JOHNSON          SSN: 666-00-7422 Financial Status: Pending
Phone#: 802 555 0000 CELL          Phase: WR 08/01/2017
Date FDP Signed: 02 02 2017          Participation Code: 02 NE
Employment Goal: 99-9999.00 Unsubsidized Employment          Review Date:
Case Manager: PCC R64 VACANT RU CASE MAN
Location: EARLY ED SERVICES
Strengths/Supports: *Transportation/Health & Safety/Legal/Adult Educat Click &
Interferes:          History History Comment
-----
Job Search/          Education/          Work          Other          Life Skills
Readiness          Training          Placements          Activities
-----
1,2 of 4          Activity          Hrs/Wk          Start          Target          Act End date          Outcome
Job Search          CSP Community Service Pro          09/03/2017          09/16/2017          P
CSP Community Service Pro          09/01/2017
-----
USER: T05 FNX: WORK MODE: D RPTGRP: 666 00 7422 PERIOD: 10 17 COMMAND:
DO: Z IMS: D00 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C
    
```

FSM

3. The "Assessment Updated" should be updated every time the FSM is updated.

```

04/23/20 11:59          *** ASSESSMENT PANEL ***          ASQWOHA1
Participant:          SSN:          Phone#:
Financial Status: Active SP Sex: Age: Last Grade: 12 Phase: EP 02/01/2020
EXEMPT: 11
Assessment Updated:          Case Manager: PTH 044 SUSAN SLATTERY
***** Family Assessment Summary*****FDP***** Last Updated: 01 02 20
Shelter          N          -
Transportation          N          -          In-House          Completed
Food & Clothing          N          -          Lit/Assess: Y 12 01 2016
Finances          N
Health & Safety          I Physical health          -          Referrals and Other Agencies
Child Devl & Educ          N          -          Providing Services
Social & Emotional          I Mental health is          -
Family Interactions          S
Legal          N
Community Relations          N
Adult Education          S
Adult Employment          N
Work Skills & Habits          N
-----
USER:          FNX: WORK MODE: D RPTGRP:          PERIOD: 04 20 COMMAND:
DO: R IMS: GR1 REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit          PgBk PgFd CMH Rfls
    
```

Assessment Updated:

Referral History FDP Matrix History

4. If "I" is entered, ACCESS will automatically give a popup box with list of possible interferences—enter an X next to the interfere that is most appropriate (if no X is entered, the domain will revert back to "N").

```

10/16/17 15:16          *** ASSESSMENT PANEL ***          ASQWOH1
Participant: SARAH L JOHNSON      SSN: 666-00-1111 Phone#: 802 555 1111 CELL
Financial Status: Denied SP Sex: F Age: 27 Last Grade: 12 Phase: AP 07/12/2017

Assessment Began:          Case Manager: PCC
***** Family Assessment Summary*****FDP***** Last Updated: 07 12 17
Shelter                    N                    -
Transportation             S                    -           In-House      Completed
Food & Clothing            N                    -           Lit/Assess:  _  _  _  _
Finances                   N                    -
Health & Safety             N                    -           Referrals and Other Agencies
Child Devl & Educ           I                    -           Providing Services
Social & Emotional         N                    -
Family Interactions        N                    -
Legal                      N                    -
Community Relations        N                    -
Adult Education            N                    -
Adult Employment           N                    -
Work Skills & Habits        N                    -
USER: T05 FNX: WORK MODE: C RPTGRP: 666 00 1111 PERIOD: 10 17 COMMAND:
DO: Z IMS: 084 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit  Retrtn Exit          PgBk  PgFd  CMH   Rfrls
  
```

```

10/16/17 15:16          *** ASSESSMENT PANEL ***          ASQWOH1
Participant: SARAH L JOHNSON      SSN: 666-00-1111 Phone#: 802 555 1111 CELL
Financial Status: Denied SP Sex: F Age: 27 Last Grade: 12 Phase: AP 07/12/2017

Assessment Began:          Case Manager: PCC
***** Family Assessment Summary*****FDP***** Last Updated: 07 12 17
Shelter                    N                    -
Transportation             S                    -           In-House      Completed
Food & Clothing            N                    -           Lit/Assess:  _  _  _  _
Finances                   N                    -
Health & Safety             N                    -           Referrals and Other Agencies
Child Devl & Educ           I                    -           Providing Services
Social & Emotional         N                    -
Family Interactions        N                    -
Legal                      N                    -
Community Relations        N                    -
Adult Education            N                    -
Adult Employment           N                    -
Work Skills & Habits        N                    -
USER: T05 FNX: WORK MOD |
DO: Z IMS: 084 REPORTIN |
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit  Retrtn Exit          PgBk  PgFd  CMH   Rfrls
  
```

```

+----Interferes for Child Devl & Educ----
| - Child has IEP
| - Disabled child
| X No child care available
| - Serious behavioral problems
| - Serious developmental delays
| - Other enter comments below
  
```


7. It is best practice to hit Enter one more time to return to WORK C screen and check the FSM to make sure your changes were saved.

```

12/04/19 10:45                IV-A SELECT FUNCTION                ASTCA1

~~~~ Function Codes (FNX) ~~~~                ~~~~ Function Codes (FNX) ~~~~
ABWD - ABAWD Food Stamp History                MAIL - Send or Read Mail
APPL - Application                            MANA - Managed Care Maintenance
CASE - Case Status Display                    MONY - Financial Subsystem
CATN - Case Action Log                        NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study            PCOL - Premium Collections
EDS - Medicaid Management System            PERS - Person Search
ELIG - Eligibility Results/Approval          PMGT - Premium MGT Report
FIAT - Fiat Eligibility                      PREL - Presumptive Eligibility
FUEL - Supplemental Fuel                    PREM - Premium Management
GAEL - General Assistance                    QUAL - Quality Review
IDEA - System Change Request                RCAP - Refugee Cash Assistance
INFC - Interfaces                          RECO - Recoupment Schedule
INQB - Benefit History                      REPT - Report Selection
INQD - Benefit Disbursement History          SPEC - Special Functions
IV-D - IV-D Select Function                 STAT - Statement of Need
JFIP - Jobs For Independence                SUBS - Substitute Reporter/Payee
LOGO - Logoff                               TODO - Daily To-Do Report
  
```

Entering In-House Literacy Assessment in ACCESS

1. FNX->WORK MODE->C SSN for participant you are updating the In-House Literacy Assessment

09/14/17 09:29 IV-A SELECT FUNCTION SYSTEM ASTCA1

```

~~~~ Function Codes (FNX) ~~~~                ~~~~ Function Codes (FNX) ~~~~
ABWD - ABAWD Food Stamp History                MAIL - Send or Read Mail
APPL - Application                            MANA - Managed Care Maintenance
CASE - Case Status Display                    MONY - Financial Subsystem
CATN - Case Action Log                        NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study            PCOL - Premium Collections
EDS - Medicaid Management System            PERS - Person Search
ELIG - Eligibility Results/Approval          PMGT - Premium MGT Report
FIAT - Fiat Eligibility                      PREL - Presumptive Eligibility
FUEL - Supplemental Fuel                    PREM - Premium Management
GAEL - General Assistance                    QUAL - Quality Review
IDEA - System Change Request                RCAP - Refugee Cash Assistance
INFC - Interfaces                          RECO - Recoupment Schedule
INQB - Benefit History                      REPT - Report Selection
INQD - Benefit Disbursement History          SPEC - Special Functions
IV-D - IV-D Select Function                 STAT - Statement of Need
JFIP - Jobs For Independence                SUBS - Substitute Reporter/Payee
LOGO - Logoff                               UNLK - Releases Locked Cases
                                           VEMD - Vendor Search
-----
USER: T05 FNX WORK MODE: C PPTGRP 666 00 7422 PERIOD: 09 17 COMMAND:
                                           FB = MORE
  
```

Enter "WORK for function (FNX)

Enter "C" for mode.

Enter the SS# for the participant whose Family Development plan you are creating

Enter current month and year.
Hit enter when done.

2. Move cursor on to FSM box and double click.

```

10/16/17 13:45          *** FAMILY DEVELOPMENT PLAN ***          ASQWOHF1
Participant: SARAH L JOHNSON          SSN: 666-00-7422 Financial Status: Pending
Phone#: 802 555 0000 CELL          Phase: WR 08/01/2017
          Participation Code: 02 NE
Date FDP Signed: 02 02 2017          Review Date: _ _ _ _
Employment Goal: 99-9999.00 Unsubsidized Employment
Case Manager: PCC R64 VACANT RU CASE MAN
Location: EARLY ED SERVICES
*****
Strengths/Supports: *Transportation/Health & Safety/Legal/Adult Educat Click &
Interferes:          Comment
          Job Search/  Education/  Work  Other  Life Skills
          Readiness  Training  Placements  Activities
1,2 of 4          Activity  Hrs/Wk  Start  Target  Act End date  Outcome
Job Search          _          _          09/03/2017  09/16/2017  _ _ _ _          P
CSP Community Service Pro _          _          09/01/2017          _ _ _ _          -
USER: T05 FNX: WORK MODE: D RPTGRP: 666 00 7422 PERIOD: 10 17 COMMAND:
DO: Z IMS: D00 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C
    
```

3. Please a Y next to "In-house Lit/Assess" and the date completed.

```

10/16/17 13:48          *** ASSESSMENT PANEL ***          ASQWOHAL
Participant: SARAH L JOHNSON          SSN: 666-00-7422 Phone#: 802 555 0000 CELL
Financial Status: Pendin SP Sex: F Age: 45 Last Grade: 16 Phase: WR 08/01/2017
Assessment Began: 10 03 2017          Case Manager: PCC R64 VACANT RU CASE MAN
***** Family Assessment Summary*****FDP***** Last Updated:10 3 2017
Shelter          I Homeless/living          -
Transportation          S          -
Food & Clothing          N          -
Finances          N          -
Health & Safety          S          -
Child Devl & Educ          I No child care av          -
Social & Emotional          I Mental health is          -
Family Interactions          I no family in U.S          -
Legal          S          -
Community Relations          N          -
Adult Education          S          -
Adult Employment          I needs child care          -
Work Skills & Habits          S          -
          Referral  FDP  Matrix
          History  History  History
USER: T05 FNX: WORK MODE: C RPTGRP: 666 00 7422 PERIOD: 10 17 COMMAND:
DO: Z IMS: D00 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit          PgBk PgFd CMH Rfrls
    
```

P-2320 MODIFICATIONS AND DEFERMENTS **(Reach Up Services rule 2363) (B21-02)**

Determining if a modification/deferment is appropriate

Participants may qualify for a modification or deferment of the work requirement if they are facing obstacles. Obstacles may be openly identified by the participant or may become apparent as the participant identifies a goal(s) and attempts to work towards the goal(s).

Use open ended questions to help the participant express how they view the obstacle and explore what activities they feel they can take part in. See the following procedures (P-2320A, B, C, D and E) for further information about specific types of modifications and deferments.

Modification and deferment codes in ACCESS help collect information about what the most common obstacles Reach Up households are facing.

Modification versus deferment

Modify if the participant can complete 10 or more countable hours per week, but less than their work requirement.

Defer if the participant can complete 9 or less countable hours per week.

Review Dates

Most modifications and deferment codes will require a review date to be entered. This date indicates when the modification or deferment needs to be reviewed and potentially updated or ended.

Review dates should end on the last day of the calendar month whenever possible. See section specific to review dates and codes related to young child deferments in procedure 2320C.

If a modification or deferment review date passes and is not updated, the code will revert back to the able to work "02" code.

Reviewing the need for modification or deferment

At least three weeks before the review date for the modification or deferment, set up an appointment and send appointment letter to discuss next steps.

Discuss with the participant if the modification or deferment should be continued, if a deferment should be changed to a modification, or if the participant is no longer interested in pursuing a modification or deferment.

See the following procedures (P-2320A, B, C, D, and E) for what additional information (updated forms, etc.) is needed if the modification or deferment is to continue.

Modifications/Deferments and Time Limits

Some modifications and deferments prevent the month from counting against the participant's time limit. These modifications and deferments "stop the clock" when counting the number of countable months of Reach Up the participant has received.

Deferment codes that "stop the clock":

- Code 11 Needed in the Home
- Code 33 Unable to work—medical
- Code 34 Unable to work--medical
- Code 35 Unable to work and applying for disability
- (Code 38 Accepted for VR Services—typically no longer used)
- Code 54 Unable to work due to domestic violence
- Codes 30, 45 and 46—young child deferment—ONLY the first 12 months of deferment

The code showing at the end of the month determines if a month counts or not towards the participant's time limit. See procedure 2320C about young child deferment review dates.

If the review date is not updated and the code reverts back to an able to work "02" code, the month will be countable towards the participant's time limit.

Case Manager Support

WORK C

Shift F12 will allow you to see all deferment codes.

Participant: *** FAMILY DEVELOPMENT PLAN ***
Phone#: SSN: Financial Status: Active
Date FDP Signed: 02 19 2016 Phase: EP 02/01/2016
Employment Goal: 53-7062.03 Warehouse Worker Participation Code: 34 XW
Case Manager: Review Date: 04 30 2016
Location: FSM Activity Matrix
***** History History *****
Strengths/Supports: Shelter Click & Comment
Interferes:

Job Search/ Education/ Work Other Life
Readiness Training Placements Activities Skills

1,2 of 3	Activity	Hrs/Wk	Start	Target	Act	End date	Outcome
CSP2	Community Service Pr	—	01/19/2016	04/30/2016	11	30 2015	—
Doctors Appt. or Physical	—	—	01/29/2016	04/30/2016	—	—	F

USER: FNX: WORK MODE: C RPTGRP: PERIOD: 03 16 COMMAND: _____
DO: A IMS: REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C

Enter the review date for the deferment

Some modification and deferment codes will also require a "DISA" panel be added to the STATs. See procedure 2320A for more information.

P-2320 MODIFICATIONS AND DEFERMENTS

(con't)(B21-02)

P-2320A Medical

Participants who feel they cannot take part in work activities related to their goals based on medical reasons, may request a modification or deferment from the work requirement. Documentation from the participant's medical provider(s) is required to help determine if the modification/deferment is needed.

Documentation should attempt to be collected from as many of the participant's medical providers as possible to provide an accurate picture of how the issue(s) impacts their ability to take part in work activities.

Medical review team (MRT)

A medical modification or deferment that is expected to last more than 60 days must be reviewed by the Reach Up Medical Review Team (MRT).

MRT related forms

The Temporary Medical Deferment form ([210TMD](#)) is completed by the participant's provider and includes information about the participant's medical condition (s) and how the condition(s) impacts the participant's ability to take part in activities. The form also indicates how long the health condition(s) will last.

The Medical Records Release form ([660MRR](#)) is to be signed and dated by the provider and indicates that copies of the participant's medical records will be sent within 30 days to the Reach Up MRT via mail, fax or email.

The Summary of Identified Diagnosis form ([210SUM](#)) is completed by a mental health or substance use treatment provider instead of sending medical records.

The MRT Case Consultation form ([600MRT](#)) is completed by the case manager after all medical documentation has been gathered. It is shared with the MRT team and provides the case manager's perspective on what type of modification/deferment is needed.

Exceptions to the MRT process

High risk pregnancy

High risk pregnancy does need to be verified. Verification can be completed through a collateral call to the medical provider. The medical provider can also

provide verification in a written statement, or by using form [210TMD](#) or the specific high risk pregnancy medical report form ([210HRP](#)).

Participants who are considered to have a high-risk pregnancy do not need to go through the MRT process. Enter the appropriate participation code in ACCESS through the end of the anticipated month of delivery. If the participant continues to need a medical deferment after the birth, obtain new paperwork and follow the MRT process.

LUND participants

Reach Up participants living at LUND do not need to follow the MRT process. They can be deferred based on their residency status and the services LUND provides.

Active Reach Up participant requests a medical modification or deferment

Give participant the following form(s) to be completed by the participant's medical provider(s):

- Temporary Medical Deferment form ([210TMD](#))

If you anticipate the provider will indicate the modification or deferment needs to be more than 60 days, give the participant the following forms as well:

- Medical Records Request form ([660MRR](#))
- Summary of Diagnosis form ([210SUM](#)) (if appropriate)

Explain what the forms are used for and the typical process in getting the forms.

Gathering the medical information

Create a plan with the participant to provide the medical form(s). If it is helpful to the participant, fax or email paperwork to their provider. Include this plan on the participant's FDP.

Explain that if medical records (or [210SUM](#)) are to be provided they will typically be sent to the Reach Up MRT, not the case manager. Medical information is protected by the Health Insurance Portability and Accountability Act (HIPAA).

Provide the participant with a pending temporary medical deferment (code 01) in ACCESS while waiting for the paperwork to be returned. Set the review date for when the medical forms are due.

Participant goals during modification/deferment request

Use Stepping Stones and the goal achievement model to see what goal(s) the participant would like to focus on while the modification/deferment request is being determined, and if it is approved. Create a plan with the participant to achieve their goal(s).

For some participants, their goals will focus around the medical reasons they are requesting the modification/deferment. For other participants, different goals may be discovered through motivational interviewing techniques. Encourage participants to engage in whatever activities they are motivated to take part in.

Medical deferment paperwork is not returned

Meet with the participant to find out if they would like to change their plan, or if there is a good cause reason why they did not return the paperwork.

Update the FDP with the new plan or a new deadline for returning the paperwork. Reach out to the provider to assist the participant with the process of obtaining the paperwork. Update the review date for when the paperwork is due.

Medical deferment paperwork is returned incomplete

Contact the participant's provider to gather the missing information.

Sometimes providers complete the [210TMD](#), sign the [660MRR](#), and give it back to the participant without ever sending a copy of the signed 660MRR to their own records department, so records are never sent. In these cases it can be helpful to fax the 660MRR and a release (page 2 of both the 210TMD and the 660MRR are an ESD release, only 1 needs to be sent) directly to the records department of the provider asking that they send the past 12 months of records to the Reach Up MRT via the address, fax number, or email address on the form.

Some providers also require their own releases be completed instead of or in addition to the ESD release.

If paperwork is received by Reach Up MRT before the case manager submits the information via the MRT email group, Reach Up MRT will inform the Reach Up supervisor and case manager of what has been received.

Returned paperwork indicates less than 60 days

Modifications and deferments of less than 60 days can be determined in the district and do not have to be reviewed by the Reach Up MRT. Enter the appropriate participation code in ACCESS for two full months.

- Code 33 for 9 hours or less per week
- Code 55 for 10 hours or more per week but less than work requirement (modified)

Example: Paperwork received 1/7/20 indicates less than 60 days deferment required—enter code 33 in 1/2020 WORK screen with review date of 3/31/20.

Multiple paperwork received adds up to more than 60 days

If more than one TMD is received and there is no break in the modification/deferment, even if the additional documentation is for a new condition—the deferment is considered over 60 days and it should be reviewed by the MRT.

If the prior modification or deferment has expired and a new TMD is received indicating less than 60 days, the district could once again make the determination.

Returned paperwork indicates 60 or more days

Complete the MRT Case Consultation Form ([600MRT](#)). Provide input about what activities the participant has or has not been able to do, as well as reasons why or why not the participant should receive a medical modification or deferment.

Scan and save each document in the following format: Last name, first initial, district initials, form name, and date.

Example: Doe J ADO TMD 6.23.19

Email the 600MRT, 210TMD and any other supporting documents to the Reach Up MRT email group and copy your supervisor.

Enter the appropriate participation code in ACCESS for two full months.

- Code 34 for 9 hours or less per week
- Code 55 for 10 hours or more per week but less than work requirement (modified)

Example: Paperwork received 1/7/20 indicates participant can take part in 10 hours per week for health conditions that are expected to last more than 60 days—enter code 55 with review date of 3/31/20.

The participation code should be extended in two-month intervals until the MRT decision is received, or the participant indicates they no longer want to pursue a modification or deferment.

MRT grants modification or deferment

Update the correct participation code in ACCESS with a review date. The modification/deferment period should be based on the email date the case manager receives the decision from MRT. The modification/ deferment is effective as of the date the email is received, but start counting full months on the first of the following month. The end date should always be the last day of the month, never mid-month.

Example: An MRT decision is received on 10/16/19 for a three-month deferment; the review date should be 1/31/20.

Example 2 of a multistep decision: An MRT decision is received on 2/13/20. The participant is deferred for three-months, then working towards 10 hours for three-months; modified to 10 hours for three-months, and then working towards 20 hours for three-months. The dates and codes would be as follows:

Deferred code 34 from 2/13/20-5/31/20

Working towards 10 hours (still deferred code 34) from 6/1/20-8/31/20

Modified to 10 hours code 55 from 9/1/20-11/30/20

Working towards 20 hours (still modified code 55) from 12/1/20-2/28/21

DISA panel

Certain medical deferment codes require that a "disability" (DISA) panel be added. ACCESS will create a pop-up box with the participant's name and review date. Indicate the disability is based on a Reach Up temporary deferment.

Sending deferment decision and recommendations

Send the participant a Deferment Decision form ([614DD](#)) with basic information about the decision including dates of when the modification/deferment starts, changes or ends. A brief overview of MRT suggested recommendations may also be shared. The form includes an appointment date and time to discuss the decision with the participant.

Treatment recommendations provided on the MRT decision should be shared with the participant if they are interested in pursuing the recommendations as one of their goals. Explain that future modification and deferment decisions may be impacted by the participant's follow-through on the recommendations.

Participant disagrees with the MRT decision

Ask that the MRT decision be redetermined if the participant or case manager does not agree with the decision. Provide any additional documentation

explaining why the decision is not accurate and send to the Reach Up MRT email group. If the original paperwork is over 12 months old, then new paperwork would be required for the reconsideration. If the redetermined decision is still not agreed with, a Fair Hearing can be requested by the participant.

Review of MRT decisions

Set a reminder (TODO) at least one month before the modification's/deferment's review date to check in with the participant on if they would like to continue to pursue a modification/deferment. The modification/deferment should be a regular discussion with the participant. Provide new medical deferment paperwork to the participant and follow the process above to have the decision reviewed for an additional time period.

Case Manager Support

Medical Review Check List

The following forms are needed when requesting a medical modification or deferment from the Reach Up MRT

- [600MRT](#) (MRT Case Consultation Form)
- [210TMD](#) with completed Release (Temporary Medical Deferment)
- [660MRR](#) (Medical Records Request Form)
- [210SUM](#) (Summary of Diagnosis Form) (if mental health or substance use treatment provider)

Reach Up Participation Codes related to medical modification and deferment

01 - Pending decision for deferment

33 - Medically exempt for 1 to 3 months (typically used for modifications and deferments less than 60 days)

34 - Medically deferred >3 months (typically used for modifications and deferments 60 days or more)

55 - Able to work part time (Medical)

Pending medical modification or deferment

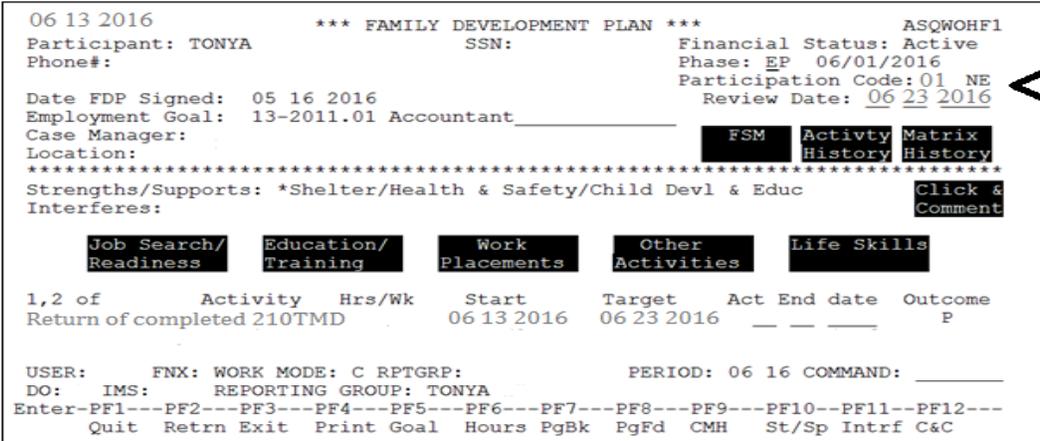
```

06 13 2016          *** FAMILY DEVELOPMENT PLAN ***          ASQWOHF1
Participant: TONYA          SSN:          Financial Status: Active
Phone#:          Phase: EP 06/01/2016
Date FDP Signed: 05 16 2016          Participation Code: 01 NE
Employment Goal: 13-2011.01 Accountant          Review Date: 06 23 2016
Case Manager:          FSM          Activity          Matrix
Location:          History          History
*****
Strengths/Supports: *Shelter/Health & Safety/Child Devl & Educ          Click &
Interferes:          Comment

Job Search/          Education/          Work          Other          Life Skills
Readiness          Training          Placements          Activities         

1,2 of          Activity          Hrs/Wk          Start          Target          Act End date          Outcome
Return of completed 210TMD          06 13 2016          06 23 2016          _ _ _ _          P

USER:          FNX: WORK MODE: C RPTGRP:          PERIOD: 06 16 COMMAND:
DO:          IMS:          REPORTING GROUP: TONYA
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C
    
```



Enter 01 with a review date of 10 days from the date the participant was given the 210TMD

Enter code "01" on WORK/C Panel.

Medical deferments and DISA panels

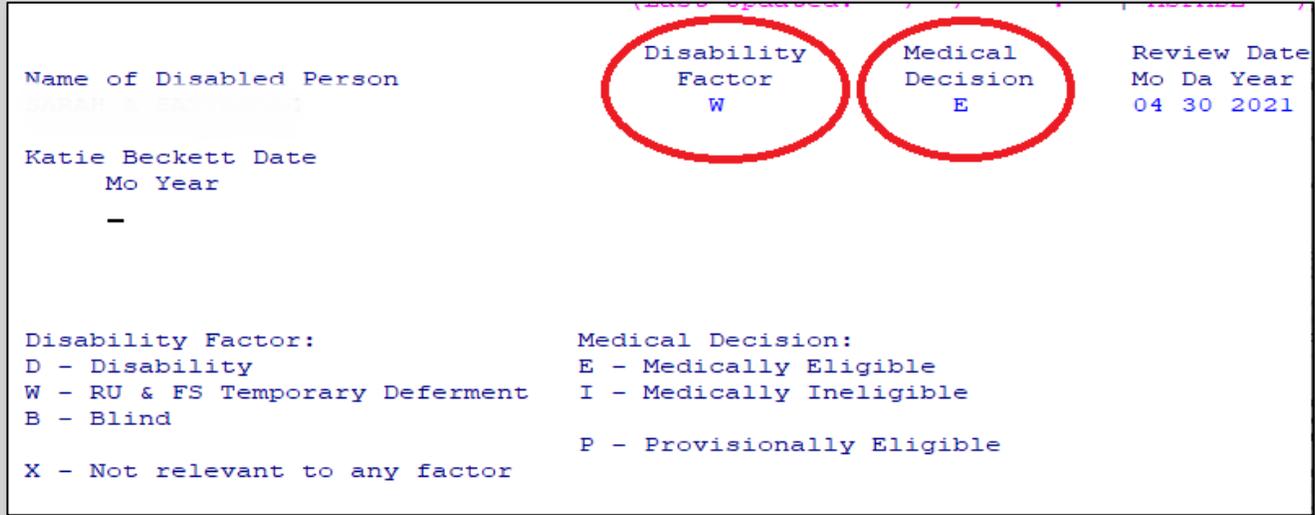
Codes 33, 34, 35, and 38 (usually not used) cause a DISA pop up box to appear. This will create a DISA panel in the STAT screens.

```

Name of Disabled Person          Disability          Medical          Review Date
                                Factor          Decision          Mo Da Year
                                W          E          04 30 2021

Katie Beckett Date
Mo Year
-

Disability Factor:          Medical Decision:
D - Disability          E - Medically Eligible
W - RU & FS Temporary Deferment          I - Medically Ineligible
B - Blind          P - Provisionally Eligible
X - Not relevant to any factor
    
```



Enter Disability Factor of "W" RU & FS Temporary Deferment.

"D" is only used if the person is determined disabled by the Social Security Administration and should not be used for entering a Reach Up deferment code.

Enter Medical Decision as "E" Medically Eligible.

The review date that is entered on the WORK screen should auto-populate.

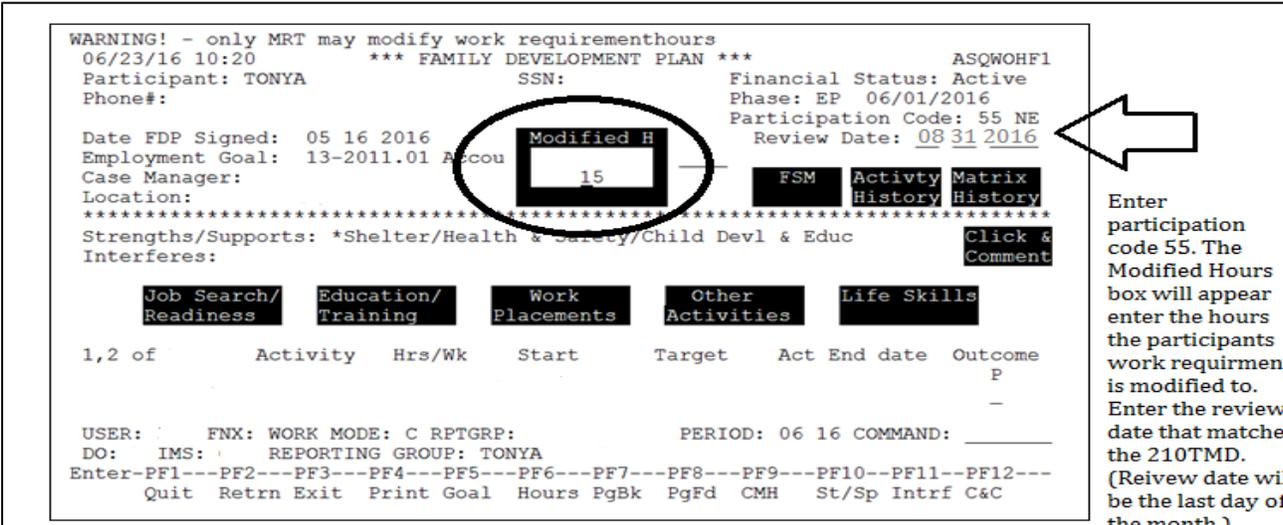
Medical Modifications

```
WARNING! - only MRT may modify work requirement hours
06/23/16 10:20      *** FAMILY DEVELOPMENT PLAN ***      ASQWOHF1
Participant: TONYA      SSN:      Financial Status: Active
Phone#:      Phase: EP 06/01/2016
Date FDP Signed: 05 16 2016      Modified H      Participation Code: 55 NE
Employment Goal: 13-2011.01 Accou      15      Review Date: 08 31 2016
Case Manager:      FSM      Activity Matrix
Location:      History History
*****
Strengths/Supports: *Shelter/Health & Safety/Child Devl & Educ      Click &
Interferes:      Comment

Job Search/      Education/      Work      Other      Life Skills
Readiness      Training      Placements      Activities

1,2 of      Activity      Hrs/Wk      Start      Target      Act End date      Outcome
P
-

USER:      FNX: WORK MODE: C RPTGRP:      PERIOD: 06 16 COMMAND:
DO:      IMS:      REPORTING GROUP: TONYA
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrf C&C
```



Enter participation code 55. The Modified Hours box will appear enter the hours the participants work requirement is modified to. Enter the review date that matches the 210TMD. (Reivew date will be the last day of the month.)

Enter the number of hours per week the participant can take part in activities.

P-2320 MODIFICATIONS AND DEFERMENTS **(con't)(B21-02)**

P-2320B Needed in the Home

Participants who feel they cannot take part in work activities related to their goals based on caring for a seriously ill or incapacitated family member in the home, may request a modification or deferment from the work requirement.

The family member must be a parent, spouse, civil union partner, or child of the participant requesting the modification or deferment. Documentation from the family member's medical provider(s) and/or school is required to help determine if the modification/deferment is needed.

Documentation should attempt to be collected from as many of the family member's medical providers as possible to provide an accurate picture of how their needs impact the participant's ability to take part in work activities.

Medical review team (MRT)

A needed in the home (NIH) modification or deferment must be reviewed by the Reach Up Medical Review Team (MRT).

MRT related forms

The Needed in the Home Medical Report form ([210NMR](#)) must be signed by the family member (or their authorized rep or parent) needing the care. Their medical provider then completes the rest of the form providing information about the family member's medical condition and their need for care.

The Applicant Supplement form ([210CS](#)) is filled out by the participant asking for the modification or deferment and provides information about why they feel the modification or deferment is needed. There is a space at the end of the form for case managers to fill in additional information that may be helpful in deciding the need for a modification/deferment.

The Daily Activities Assessment form ([210NH](#)) only needs to be filled out if the family member is an adult. It provides information about what tasks the participant needs to do to care for the family member.

The ESD Authorization to Release Information form ([201WC](#)) only needs to be completed if the family member is a child and the child is connected with an educational program that would not be included on the [210NMR](#). This will allow contact to be made with the educational program to help determine if the participant is needed in the home due to educational needs as well.

The MRT Case Consultation form ([600MRT](#)) is completed by the case manager after all medical documentation has been gathered. It is shared with the MRT team and provides the case manager's perspective on what type of modification/deferment is needed.

Active Reach Up participant requests a needed in the home modification or deferment

Give participant the following form(s) to be completed:

- Medical Report (Needed in the Home) ([210NMR](#))
- Applicant Supplement ([210CS](#))
- Daily Activities Assessment ([210NH](#)) (if appropriate)
- ESD Authorization to Release Information ([201WC](#)) (if appropriate, see explanation of form above)

Gathering the medical information

Create a plan with the participant to provide the medical form(s). If it is helpful to the participant, fax or email paperwork to their provider. Include this plan on the participant's FDP.

Provide the participant with a pending temporary medical deferment (code 01) in ACCESS while waiting for the paperwork to be returned. Set the review date for when the medical forms are due.

Participant goals during modification/deferment request

Use Stepping Stones and the goal achievement model to see what goal(s) the participant would like to focus on while the modification/deferment request is being determined, and if it is approved. Create a plan with the participant to achieve their goal(s).

For some participants, their goals will focus around the family member for whom they are caring. For other participants, different goals may be discovered through motivational interviewing techniques. Encourage participants to engage in whatever activities they are motivated to take part in.

Medical deferment paperwork is not returned

Meet with the participant to find out if they would like to change their plan, or if there is a good cause reason why they did not return the paperwork. Update the FDP with the new plan or a new deadline for returning the paperwork. Reach out to the provider to assist the participant with the process of obtaining the paperwork. Update the review date for when the paperwork is due.

NIH paperwork is completed and returned

Complete the MRT Case Consultation Form ([600MRT](#)). Provide input about what activities the participant has or has not been able to do, as well as reasons why or why not the participant should receive a needed in the home modification or deferment.

Scan and save each document in the following format: Last name, first initial, district initials, form name, and date.

Example: Smith J RDO NMR 6.23.19

Email the 600MRT, 210NMR, 210CS and any other appropriate forms or supporting documents to the Reach Up MRT email group and copy your supervisor.

Enter participation code 11 in ACCESS for two full months.

Example: Paperwork received 4/7/20--enter code 11 with review date of 6/30/20.

The participation code should be extended in two-month intervals until the MRT decision is received, or the participant indicates they no longer want to pursue a modification or deferment.

MRT grants modification or deferment

Update the participation code in ACCESS with the correct review date. The modification/deferment should be based on the email date the case manager receives the decision from MRT. The modification/ deferment is effective as of the date the email is received, but start counting full months on the first of the following month. The end date should always be the last day of the month, never mid-month.

Example: An MRT decision is received on 5/23/20 for a three-month deferment; the review date should be 8/31/20.

Example 2 of a multistep decision: An MRT decision is received on 2/13/20. The participant is deferred for three-months, then working towards 10 hours for three-months; modified to 10 hours for three-months, and then working towards 20 hours for three-months. The dates and codes would be as follows:

Deferred code 11 from 2/13/20-5/31/20

Working towards 10 hours (still deferred code 11) from 6/1/20-8/31/20

Modified to 10 hours code 55 from 9/1/20-11/30/20

Working towards 20 hours (still modified code 55) from 12/1/20-2/28/21

Sending deferment decision and recommendations

Send the participant a Deferment Decision form ([614DD](#)) with basic information about the decision including dates of when the modification/deferment starts, changes or ends. A brief overview of MRT suggested recommendations may also be shared. The form includes an appointment date and time to discuss the decision with the participant.

Treatment recommendations provided on the MRT decision should be shared with the participant if they are interested in pursuing the recommendations as one of their goals. Explain that future modification and deferment decisions may be impacted on the participant's follow-through on the recommendations.

Participant disagrees with the MRT decision

Ask that the MRT decision be redetermined if the participant or case manager does not agree with the decision. Provide any additional documentation explaining why the decision is not accurate and send to the Reach Up MRT email group. If the original paperwork is over 12 months old, then new paperwork would be required for the reconsideration. If the redetermined decision is still not agreed with, a Fair Hearing can be requested by the participant.

Review of MRT decisions

Set a reminder (TODO) at least one month before the modification's/deferment's review date to check in with the participant on if they would like to continue to pursue a modification/deferment. The modification/deferment should be a regular discussion with the participant. Provide new needed in the home paperwork to the participant and follow the process above to have the decision reviewed for an additional time period.

Case Manager Support

Needed in the Home Checklist

The following forms are needed when requesting a needed in the home modification or deferment from the Reach Up MRT

- [210NMR](#) (Medical Report Needed in the Home)
- [210CS](#) (Applicant Supplement)
- [210NH](#) (Daily Activities Assessment)
- [600MRT](#) (MRT Case Consultation Form)
- [201WC](#) (ESD Authorization to Release Information)--only needed if family member is a child in school or involved in early childhood education.

Reach Up Participation Codes related to medical modification and deferment

01 - Pending decision for deferment

11 - Needed in the home

55 - Able to work part time (Medical—including needed in the home)

P-2320 MODIFICATIONS AND DEFERMENTS **(con't)(B21-02)**

P-2320C Young Child Deferment

Participants who feel they cannot take part in work activities because they prefer to focus their attention on caring for their young child, may request a deferment from the work requirement.

The participant must have a child under the age of 24 months. If not, the participant is not eligible for this deferment.

Young child deferments (YCD) are also limited to a total of 24 months in a person's lifetime. The 24 months can be granted in a row or can be split into multiple time periods.

Any day in the month the participant is coded with a YCD code, counts as a whole month toward the lifetime limit of 24 months. This is unique to codes related to a young child deferment.

Two parent households

In a two-parent household, one parent may qualify for a young child modification or deferment if the other parent is unable to work or only able to work part time due to medical issues. This may include a parent that is on SSI, or a participant that has a medical modification or deferment (codes 55, 33, 34, or 35).

Two parent household's which have one parent modified or deferred due to non-medical reasons (lack of transportation, education deferment, etc.) are not eligible to receive a young child modification or deferment.

Reach Up program requirements versus work requirements

Participants who have a child under 6 months of age may be deferred from program requirements as well as their work requirement. This includes meeting with their case manager and accepting referrals to other resources (including support services). Participants must request and/or agree to the deferment—it is not given automatically.

Efforts should always be made to engage participants, but if a participant is eligible for a young child deferment and their child is under 6 months of age, they can choose to not engage in the Reach Up program.

Participants with a child between the ages of 6 months and 24 months, can only be deferred from the work requirement, and are not deferred from the other program requirements.

Participant goals during deferment

Continue to meet with participants even during their deferment (with the exception of participants who have a child under 6 months of age and who choose to not engage in the Reach Up program). Use the goal achievement model to see if the participant would like to define some goals. Create a plan with the participant to achieve their goals.

For some participants, their goals will focus around their child for whom they are providing care. For other participants, different goals may be discovered through motivational interviewing techniques. Encourage participants to engage in whatever activities they are motivated to take part in.

Case Manager support

WIN History in ACCESS

If the participant has a child less than 24 months and requests a deferment, go to PERS D HIST.

PERSON HISTORY STATUS				DOB:	ASPAC
SSN:				SEX:	
UID:				RA MONTHS LEFT:	20
				RA MONTHS:	4
CAT-CODE	START	END	REM-RSN	REPORTING-GROUP	STATUS
*** REACH UP HISTORY ***					
	02 01 2016	04 30 2016	57		CLOSED
	12 01 2015	02 29 2016	57		CLOSED
	08 01 2015	12 31 2015	57		CLOSED
		07 30 2015	66		DENIED
	06 01 2015	07 31 2015	57		CLOSED
	06 01 2014	06 30 2015	66		CLOSED
RA	01 01 2014	04 30 2014	59		CLOSED
		10 29 2013	66		DENIED
		10 29 2013	59		DENIED
	08 01 2013	10 31 2013	59		CLOSED
	10 01 2012	08 31 2013	57		CLOSED
	07 01 2012	09 30 2012	59		CLOSED
USER:	FNX: PERS	MODE: D	RPTGRP:	PERIOD:	COMMAND:
VALID COMMANDS: PERS HIST INSU MEDI MED FS PREM HIPS EXIT					

Press enter multiple times until WIN History appears.

PERSON HISTORY STATUS					ASPAC
SSN:				DOB:	SEX:
UID:				RA MONTHS LEFT:	20
				RA MONTHS:	4
CAT-CODE	START	END	REM-RSN	REPORTING-GROUP	STATUS
		11 03 2011			DENIED
		09 12 2002			DENIED
	07 19 2001	06 30 2002			CLOSED
	07 18 2000	06 30 2001			CLOSED
		12 13 1999			DENIED
*** WIN HISTORY ***					
02	06 22 2015				
06	06 22 2015	06 22 2015			
02	11 01 2014	06 21 2015			
04	10 01 2014	10 31 2014			
02	06 18 2014	09 30 2014			
CL	04 30 2014				CLOSED
USER:	FNX: PERS	MODE: D	RPTGRP:	PERIOD:	COMMAND:
VALID COMMANDS: PERS HIST INSU MEDI MED FS PREM HIPS EXIT					

Count all months (including partial months) in codes 30, 31, 45, 46.

- Code 30 Primary caretaker of child < 6 months
- Code 31 New baby < 13 weeks (exhausted 24 months)
- Code 45 Primary caregiver for child >6 months but < 12 months
- Code 46 Primary caregiver for child >12 months but < 24 months

*Code 31 can only be used if the 24-month lifetime limit for this deferment has already been used.

PERSON HISTORY			
SSN:			
UID:			
CAT-CODE	START	END	RE
02	01 14 2014	04 29 2014	
DN	10 29 2013		
02	05 09 2013	10 28 2013	
04	04 01 2013	05 08 2013	
02	02 01 2013	03 31 2013	
45	04 12 2012	01 31 2013	
02	10 06 2011	04 11 2012	
30	06 16 2011	10 05 2011	
46	03 21 2011	06 15 2011	
02	02 28 2011	03 20 2011	
01	11 30 2010	02 27 2011	
02	11 22 2010	11 29 2010	
04	09 01 2010	11 21 2010	
USER:	FNX: PERS	MODE: D	RPTGRP:
VALID COMMANDS: PERS HIST INSU MEDI MED			

Code 46 3/21/11-6/15/11 (count Mar, April, May, June) = 4 months
 Code 30 6/16/11-10/5/11 (do not count June—already counted above, count July, Aug, Sept, Oct) = 4 months
 Code 45 4/12/12-1/31/13 (count April, May, June, July, Aug, Sept, Oct, Nov, Dec, Jan) = 10 months

Total of (4+4+10) 18 months used. Participant still has 6 months to use in their lifetime.

There may be multiple pages of WIN history. Continue to press enter to make sure to locate all young child deferment codes. Count the oldest months through the newest months—start at the bottom of the page and work upward.

Indicate in case notes how many months have been used as of current date (Example: "Mary has used 14 months as of 1/17/20").

If total of all months in any combination of above codes is at least 24 months, the participant is not eligible for a deferment

If the total from above is under 24 months, the participant is eligible for this deferment until whichever of the following two happens first:

- The youngest child turns 24 months; or
- The participant has reached the 24-month limit for this deferment.

Review dates and young child deferments

Young child deferment review dates may need special attention as ACCESS will create an edit if the child is not eligible due to their age.

30 used for a child under 6 months

45 used for a child 6-12 months

46 used for a child 12-24 months

Example: If the participant has their full 24 months of young child deferment available, and the child's date of birth is 11/7/19, use code 30 until 5/7/20 (when the child turns 6 months). Then use code 45 until 11/7/20 (when the child turns 12 months). For the remaining time use code 46.

Young child deferment form

Discuss the young child deferment with any household that has a child under 24 months. Complete the Deferment Request Child Under Two form ([622](#)) and have the participant sign or give their agreement verbally or electronically. If participant does not sign form, case manager should indicate date of agreement and place their initials on the form.

If the participant is not interested in using the young child deferment, check off the appropriate box on form [622](#) and have the participant sign or give their agreement verbally or electronically. The case manager can also complete the form.

Offer a copy to the participant and keep the original in case file. Make sure the discussion and decision are indicated in case notes.

P-2320 MODIFICATIONS AND DEFERMENTS **(con't)(B21-02)**

P-2320D Domestic Violence

The Department is committed to helping families experiencing the effects of domestic violence to address those effects and begin to overcome economic barriers to independence.

Guidelines for interacting with victims of domestic violence

Many people who have experienced domestic violence find it very difficult to talk about it.

For some, it is not safe to talk about domestic violence unless the discussion is very private.

These are guidelines to follow whenever talking about domestic violence with anyone who might have experienced it.

DO –

- Allow them to ask questions without making assumptions about their experience with domestic violence.
- Make information available about services that may help them deal with domestic violence.
- Take steps to protect their privacy and safety by offering to meet in a private office and keeping the information confidential.
- Ask them if this is an appropriate time to speak if you are not meeting with them in person. Typical cues that may be easier to identify when meeting in person may be harder to identify when meeting over the phone or virtually.

The following are things to avoid –

- Don't ask them how they can put up with it, don't ask why they don't just leave, and don't imply that they have brought the abuse on themselves or their family in any way.
- Don't press them to talk about domestic violence more than they are willing to, even if you are sure they have been abused.
- Don't pressure them to take steps that may lead to more violence. For example, don't pressure them to talk to a domestic violence program specialist, file a police report, or petition for a restraining order.

- Don't question their judgment or their value as a participant,
- Don't slip a referral card or other information about domestic violence into their bag or tell them to take the handout Domestic Violence – You Don't Have to Face It Alone ([201DV](#)) with them. If their abuser sees that they have information about abuse, it might trigger more violence.
- Don't send them mail or leave messages for them that relate to domestic violence.
- Don't try to talk to their abuser about domestic violence.

REMEMBER—

- Their abuser may become more violent when they try to improve their situation by going to work or training. The abuser may make it difficult for them to work or attend training.
- For a variety of legitimate reasons, they may not know that they are experiencing domestic violence.
- Even if they are not experiencing domestic violence now, they may still be experiencing the effects of it. Children who have witnessed domestic violence, for example, may have trouble learning or relating to other people.

Confidentiality

If the participant is accompanied by friends, relatives or companions, do not initiate or persist in discussion about domestic violence unless the participant clearly begins and continues the discussion, since the companion may be the abuser or may report back to the abuser.

Inform the participant that any discussion of domestic violence may take place in a private space in the district office where the conversation cannot be overheard. If the participant wishes to continue in a private space, stop the discussion immediately and follow the district office procedures to move the interview to a private space.

Request for a deferment or modification from work requirements because of the effects of domestic violence

Participants who feel they cannot take part in work activities because of the effects of domestic violence may request a modification or deferment from the work requirement.

DV related forms and documentation

Give the participant the form Request for a Deferment from Work Requirements Because of the Effects of Domestic Violence ([310WA](#)) to complete. Ask the

participant if they need help completing the form. If so, help the participant complete the form, but make sure the request is in the participant's own words.

Tell the participant that if they want the statement to include information that is already in other documentation, such as a police report, they may attach that documentation and refer to it instead of rewriting the same information in the statement. Help the participant provide any necessary documentation. Use the ESD Authorization to Release Information ([201WC](#)) for the participant's permission to obtain the documentation.

Child Support Waiver

If a participant has a current approved child support waiver from the requirement to cooperate in the pursuit of child support, ask the participant if they would like to attach the information provided for the waiver to the [301WA](#), in place of, or in addition to, the 301WA itself. The point is to not make the participant provide duplicate information if they have already provided it to the department for other reasons.

Not all situations that require a child support waiver will also require a modification or deferment from the work requirement.

If the participant has a pending child support waiver, help the participant provide any necessary documentation. Use the [201WC](#) for the participating's permission to waive confidentiality so you can obtain the documentation.

If the participant does not currently have a child support waiver, ask them if they would like to pursue it and fill out the Waiver of Cooperation for Child Support form ([137W](#)). Refer to the [Child Support Waiver procedure 2215B](#). Check OnBase to see if the Child Support Authorization form ([137](#)) they handed in with their application has the waiver box checked. If the waiver box was not checked, add a sticky note to the original 137 in OnBase indicating that the participant has now requested a waiver. Email the District Management Team letting them know the status of the paperwork and asking that the code on the ABSP panel be updated.

All child support waiver related paperwork is kept in a separate classification file in the district office. If the request for a child support waiver has been approved, review the information provided and make a note in case notes. Do not make a copy of the paperwork for the case management file. If the waiver is denied, continue to determine the modification/deferment request without that information.

Participant goals during modification/deferment request

Use the goal achievement process to see what the participant would like to focus on while the modification/deferment request is being reviewed, and if it is approved. Create a plan with the participant to achieve their goals. Place the participant in the corresponding code in ACCESS while the request is being reviewed.

- Code 54 - Unable to work due to domestic violence for a deferment (will not count towards the participant's time limit)
- Code 57 - Able to work part time (10 hours or more but less than work requirement) due to domestic violence for a modification

Preparing the participant for the decision

Tell the participant the decision on the request for a modification or deferment will be made as soon as possible but that it can take up to two weeks from the time the [310WA](#) is completed.

Discuss with the participant whether it would be safe to mail the Notice of Decision Deferment or Modification of Work Requirement (DV) ([620DV](#)) to them if the modification or deferment is approved. Make a note in the file if the decision can be mailed or not.

Tell the participant that if the modification or deferment is denied, an appointment will be scheduled for them to come in to discuss it and to see if there might be other ways to address their current situation or revise the request so it would be approved.

Submitting request for modification or deferment

Complete the Domestic Violence Exemption Supplement ([310DV](#)).

Fill out the top of the [620DV](#).

As soon as possible, but within two days, give the entire package to the Reach Up Supervisor. The package must include:

- the [310WA](#)
- any additional documentation or a reference to any documentation available in the district's classified file
- the [310DV](#)
- the [620DV](#) with the top portion completed

Reach Up Supervisor determines deferment or modification

Review the [310WA](#), the case manager's comments on the [310DV](#), and any additional documentation provided. Approve or deny the modification/deferment request on the [310DV](#) and return it and the [620DV](#) to the case manager.

The modification/deferment can be approved for up to six months, and then can be extended for six-month periods.

Informing the participant of decision

When a decision is made on the modification or deferment, either mail the participant the [620DV](#), if the participant had agreed to that earlier, or contact the participant and schedule an appointment to come in, if the participant did not want you to mail the 620DV.

Do not mail the 620DV to the participant unless they gave you specific instructions to do so.

At the appointment, give the participant the 620DV and discuss the decision. If the request was denied, explore possible revisions of the request or alternative ways of addressing the situation and explain the participant's appeal rights.

Reach Up file

Place original documents ([310WA](#), [310DV](#), and [620DV](#)) and all supporting documentation in the participant's case file in the 4th brad. Copies of the child support waiver paperwork and related documentation do not need to be added to the file. Instead just refer to them in case notes.

P-2320 MODIFICATIONS AND DEFERMENTS **(con't)(B21-02)**

P-2320E Other Modifications or Deferrals

The following obstacles may also qualify a participant for a modification or deferral of the work requirement.

Childcare not available

If participant states that no childcare is available to them and would like a deferral, create a plan with the participant on how they are going to locate childcare. Include this plan on the participant's FDP.

Provide a modification rather than a deferral, if childcare is available for a limited number of hours (10 or more per/ week but less than the participant's work requirement). Create a plan on how they will increase their access to childcare.

- Code 36 Childcare not available at all (deferred)
- Code 56 for 10 hours or more per week but less than work requirement (modified)

Set review date for the modification or deferral based on the time the participant feels they need to locate childcare, but no longer than two full months. The review date can be extended if participant continue to work on plan to locate childcare.

Offer participant copies of the form Child Care Search Log ([603CCSL](#)) to help them keep track of their childcare search. Also offer contact information for the local [Child Care Resource and Referral Specialist](#).

Meet with participant while they are looking for childcare to discuss progress and next steps. Continue to support the participant's goals while they locate childcare.

A modification or deferral for childcare not available should be based on a lack of childcare, not simply because the participant does not like the childcare available (and it meets all the criteria in Reach Up Services [rule 2373.3](#)) or prefers to stay home with their child.

Transportation not available

If participant expresses that no transportation is available to them and would like a deferment, create a plan with the participant on how they are going to increase their transportation options. Include this plan on the participant's FDP.

Provide a modification rather than a deferment, if transportation is available for a limited number of hours (10 or more per/week but less than the participant's work requirement). Create a plan on how they will increase their access to transportation.

- Code 37 Transportation not available at all (deferred)
- Code 56 for 10 hours or more per week but less than work requirement (modified)

Set review date for the modification or deferment based on the time the participant feels they need to increase their transportation options, but no longer than two full months. The review date can be extended if participant continues to work on plan to increase their transportation options.

Offer participant copies of the form Arranging Transportation Log ([602ATL](#)) to help them keep track of their efforts to arrange transportation.

Meet with participant while they are working on their plan to increase their transportation options to discuss progress and next steps. Continue to support the participant's goals until transportation is available.

No employment or work activity available

In rare circumstances a participant may qualify for a modification or deferment based on no employment or work activity being available. To qualify the participant must have identified a specific employment goal and the following must be true:

- There is no meaningful WKEX or CSP available for hours needed, or all sites in area are full;
- There is no other countable activity available currently; and
- There are no job search/readiness opportunities available in area (for example, participant is not ready for job search and all employment staff are out).

If the above statements are true, it may be appropriate to provide this type of deferment for a participant with over 60 countable months to be granted during their two-pending weeks. If questionable, review the situation with a supervisor.

- Code 39 No employment or work activity available at all (deferred)
- Code 56 for 10 hours or more per week but less than work requirement (modified)

Create a plan with the participant on goals they are going to work on during this time. Include this plan on the FDP. Set the review date as two full months from date of determination. The review date can be extended if the circumstances have not changed, and efforts have been made to engage the participant in other activities, but they are not appropriate at the time.

Other Supports Not Available

A participant who is committed to working on reducing obstacles that are vital to their family's wellbeing may ask for a modification or deferment based on other supports not available.

Examples of obstacles may include:

- Homeless and completing housing search
- Working with Family Services Division to reunify with child

The participant would not be eligible for other types of modification or deferment.

- Code 40 Other support not available

Create a plan with the participant on goals they are going to work on during this time. Include this plan on the FDP. Set the review date for two full months from date of determination. The review date can be extended if participant continues to work on their plan to reduce the obstacle.

Participant at least 20 years old participating in HS education 15 hours/week

See Reach Up Services Education Procedure 2331A.

Additional Vocational Education deferment

See Reach Up Services Education Procedure 2331A.

P-2330 PAID EMPLOYMENT ACTIVITIES(Reach Up Services rule 2350.1)(B21-02)

Unsubsidized Employment

Participants must report and verify unsubsidized employment. See Reach Up procedure [P-2213A Earned Income](#).

After the employment is entered into ACCESS, Unsubsidized Employment will automatically appear as an activity on the participant's Family Development Plan (FDP). Do not manually enter Unsubsidized Employment as an activity.

```
*** FAMILY DEVELOPMENT PLAN ***                               ASQWOHF1
Participant:                               SSN:                               Financial Status: Active
Phone#:                                     Phase: EP 05/01/2016
                                           Participation Code: 04 FP
                                           Review Date:  _ _ _ _
Date FDP Signed: 02 09 2016
Employment Goal: 33-9032.00 Security Guard
Case Manager:
Location:
Strengths/Supports: *Transportation/Child Devl & Educ/Social & Emotion
Interferes:
Job Search/Readiness  Education/Training  Work Placements  Other Activities  Life Skills
3 of 3  Activity  Hrs/Wk  Start  Target  Act End date  Outcome
Unsubsidized Employment  35  03/22/2016  - - - - -
USER: FNX: WORK MODE: C RPTGRP: PERIOD: 05 16 COMMAND:
DO: IMS: REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrlf C&C
```

The hours that appear on the participant's FDP will correspond with the hours being counted towards the participant's work requirement. (CASE/D/TIME F10)

If the hours appearing on the FDP do not accurately reflect the hours the participant is working, they will need to provide 30 days' worth of pay stubs or an updated Employment information form.

Unsubsidized employment and goals

Even if a participant is meeting their work requirement through unsubsidized employment, explore what other goals the participant would like to work on.

Self-Employment (including child care income)

Self-employment is a type of unsubsidized employment. Self-employment must be reported even if there is no net income after business expenses.

Participants may count self-employment toward their work requirement hours when:

- The self-employment is verified and entered into ACCESS;
- The self-employment is included in the participants FDP as an approved activity; and
- Efforts are being made to increase the reported self-employment income.

Self-employment weekly hour calculation

To determine the number of hours being counted towards a participant's work requirement, divide the monthly Net Self Employment Income by [VT minimum wage](#). Then divide by 4.3 (the average number of weeks in a month).

The calculations do not need to be done manually. ACCESS will calculate the weekly hours for a participant. CASE/D/TIME F10 will show the number of hours ACCESS is counting towards the participant's weekly work requirement as Unsubsidized Employment.

Participants will not receive credit towards their work requirement for self-employment until their self-employment has been officially entered into ACCESS. Only hours that show on the CASE/D/TIME F10 screen will count.

```
+-----Federal Requirements-----+
* | Average Weekly Hours being reported to Feds | )
  | 5/21/2016 ALLISON
The Work Requireme | **Core Activities** | Verifi Schd
CSP/WKEX cannot ex | Unsubs Employment.....= 2
There are 2 RUFA | Sub Public Employment
ALLISON has 27 mon | Sub Public Employment.....=
  | Work Experience.....=
  | OJT - On Job Training.....=
  | Job Search & Job Readiness =
  | Community Service Programs =
  | Voc Ed Training.....=
  | **Non Core Activities**
  | Job Skills Trning rlted emp.=
  | Educ related to Emp/no HS..=
  | School Attendance/no HS....=
  | Deemed Hours.....=
  | ***** Total core hours.....= 2
  | Total non core hours.=
  | Total countable hours= 2
  | Meeting Fed Work Requirements: N
USER: FNX: CAS
DO: IMS: GAL RPT +-----+ 3
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      EXIT          EHRS  EMPL          WORK  CLCK  JSER
```

Self-employment and goals

Households that are engaged in self-employment and remain on Reach Up should be encouraged to identify goals and make progress towards them. Time can be allowed for self-employed participants to build their self-employment business, but they should be held accountable.

Self-employment and two parent households

If a two-parent household is self-employed, and both parents are actively engaged in the business, CASE/D/TIME F10 "Unsub Employment" will indicate the number of hours each one is considered self-employed for Reach Up. This means a BUSI panel must be added for each parent and the total income is split between the two.

```

+-----Federal Requirements-----+
- Average Weekly Hours Being Reported to Feds )
- for 05/2016 JENNIFER GEORGE
- **Core Activities** Verifd Schd Verifd Schd
- Unsubs Employment.....= 15 15
- Subs Priv Employment.....=
- Subs Public Employment.....=
- Work Experience.....=
- OJT - On Job Training.....=
- Job Search & Job Readiness =
- Community Service Programs =
- Voc Ed Training.....=
- **Non Core Activities**
- Job Skills Trning rlted emp.=
- Educ related to Emp/no HS..=
- School Attendance/no HS....=
- Deemed Hours.....=
- ***** Total core hours.....= 15 15
- Total non core hours.=
- Total countable hours= 15 15
- RA Meeting Fed Work Requirmts-Overall: Y Two Par:
-
- USER: FN RA Meeting Fed Work Requirmts-Overall: Y Two Par:
- DO: IMS: G +-----+ 3
- Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
- EXIT EHR5 EMPL WORK CLCK JSER

```

If one participant owns the business and the other participant works for the other, they would need to be paid for their hours to count. This income would be counted against their Reach Up benefits.

Example: George owns a business and his self-employment hours total 27 hours. Jennifer would like to work with George to meet the remaining 8 hours of their household's work requirement. George would need to pay Jennifer at least minimum wage for Jennifer to be able to count the 8 hours. The pay Jennifer receives will be counted as income. The pay is also an allowable business expense.

Case Manager Support

Participant reports change in employment

If a participant reports a change in employment (or any factor impacting eligibility) to their case manager, either:

- Enter a CATN about the new information AND complete a Change Report Form (200) on the behalf of the participant, that will be sent to OnBase in Workflow. The Change Report does not have to be signed by the participant if it is completed by the case manager; or
- Enter a CATN and create a TODO to the district G_1 caseload with the new information.

Entering Paid Employment Activities on FDP

See the guidance [Entering Earned Income Other than Typical Unsubsidized Employment in ACCESS](#) (for case management).

Entering self-employment on FDP

Self-Employment will need to be manually entered as an activity on the participant's FDP. The number of hours ACCESS is counting towards the participant's weekly work requirement on CASE/D/TIME F10 are the number of hours that should be entered on the FDP under the "Self-Employment" activity.

Self-Employment hours are automatically pulled into CASE/D/Time F10, the same way unsubsidized employment is counted.

```
*** FAMILY DEVELOPMENT PLAN *** ASQWOHF1
Participant: SSN: Financial Status: Active
Phone#: Phase: EP 12/01/2015
Date FDP Signed: Participation Code: 04 FP
Employment Goal: 51-2099.99 Assembler (Misc) Review Date: _ _ _
Case Manager: FSM Activity Matrix
Location: History History
*****
Strengths/Supports: Shelter/Health & Safety/Work Skills & Habits Click &
Interferes: Comment
Job Search/ Education/ Work Other Life Skills
Readiness Training Placements Activities
1,2 of 6 Activity Hrs/Wk Start Target Act End date Outcome
Employment Team/CWS 07/02/2015 06/30/2016 _ _ _ P
CSP Community Service Pro 18 01/19/2016 _ _ _ _
USER: FNX: WORK MODE: C RPTGRP: PERIOD: 04 16 COMMAND:
DO: IMS: GAL REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C
```

From WORK C, select work placements.

```

+-----Work Placement Activities-----More:  ++          ASQWOHF1
|  _ Corrections Work Crew                    |  cial Status: Active
|  X CSP Community Service Program            |  : EP 12/01/2015
|  _ CSP2 Community Service Program 2        |  cipation Code: 04 FP
|  _ CSP3 Community Service Placement 3      |  iew Date:  _ _ _ _
|  _ Internship                               |
|  _ Learning Together as Work Experience     |
|  _ OJT - On the Job Training               |
|  _ Residing Childcare                      |
|  X Self Employment                          |
|  _ Subsidized Private Employment           |
|  _ Subsidized Public Employment            |
|  _ Unsubsidized Employment                |
|  _ VISTA/AmeriCorps                       |
|  _ Work Study                             |
|  _ WIA Workforce Investment Act (Adult/Minor Parent) |
|  _ WIA Workforce Investment Act (Youth)    |
|  _ WKEX Work Experience                    |
|  _ WKX2 Work Experience 2                 |
+-----+ 4 16 COMMAND:  _ _ _ _
DO:  IMS:  REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit  Retr  Exit          Hours PB  PF          St/Sp Intra

```

Place an "X" next to Self-Employment.

```

JOB INCOME          QUESTION 22 ( JINC . 01 )
LAST UPDATED: 04/28/16 09:51 BY 203 : ASPAFA

Social Security #:
NAME OF PERSON
WITH JOB INCOME

Work Requirement:  hours  Group: 3
PROJECTED          COUNTABLE
MTG/NOT MTG       CODE
N

Self Employment
Related Interfere (use PF11 to enter
if applicable)

***** EMPLOY
TOTAL HRS          MEETS WORK
PER WEEK           REQUIREMENT
2                 N
PROJECTED          END DATE
START DATE        01 19 2016
* EITC AMOUNT *   FOLLOWUP
$$$$$ cc         DATE  STATUS
00000 00

EMPLOYER NAME/PHONE
SALVATION ARMY
( 000 ) 524 8555
PERIOD: 04 16 COMMAND: 3

```

Enter a Start Date and a Target Completion (if the participant's self-employment will be ongoing enter the Target Completion one year from the Start Date). Enter the Scheduled Hours/WK (this will be the hours you determined by using CASE/D/TIME F10).

```

04/28/16 11:37          *** FAMILY DEVELOPMENT PLAN ***          ASQWOHF1
Participant:              SSN:              Financial Status: Active
Phone#:                  Phase: EP 12/01/2015
                          Participation Code: 04 FP
Date FDP Signed: 04 26 2016          Review Date:  _ _ _
Employment Goal: 51-2099.99 Assembler (Misc)
Case Manager:
Location:
FSM Activity Matrix
History History
-----Hours for 04/2016-----
| ***** Verified *****          ***** Scheduled ***** |
| Week Ending: 04/02 04/09 04/16 04/23 04/30  04/02 04/09 04/16 04/23 04/30 |
| Employment Te          _ _ _ _ 01          _ _ _ _ _ _ _ _ _ _ |
| Excused                _ _ _ _ _          _ _ _ _ _ _ _ _ _ _ |
| Holiday                _ _ _ _ _          _ _ _ _ _ _ _ _ _ _ |
| Self Employme          _ _ _ _ _          02          _ _ _ _ _ |
| Mental Health          _ _ _ _ _          _ _ _ _ _ _ _ _ _ _ |
| Substance Abu          _ _ _ _ _          _ _ _ _ _ _ _ _ _ _ |
| Other Activit         _ _ _ _ _          _ _ _ _ _ _ _ _ _ _ |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+
USER: 310 FNX: WORK MODE: C RPTGRP:          PERIOD: 04 16 COMMAND:
DO: A IMS: GAL REPORTING GROUP:
Enter--PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit  Retrnr Exit  Print Goal  Hours PgBk  PgFd CMH  St/Sp Intrlf C&C

```

Do NOT verify weekly self-employment "attendance" and do NOT enter hours into ACCESS under F6.

Manually calculating self-employment

Manually calculating expected self-employment income may be helpful when planning with a participant. ** Reminder once self-employment information is officially entered by Eligibility, ACCESS will do the calculation to correctly calculate the weekly "verified" hours. Case managers only need to enter the "scheduled" hours so it will appear correctly on the FDP.

ELIG D RUFA.03

```

04/28/16 09:38          RUFA Results - Budget          ASPIVA0
PERIOD: 04 16 VER: 4 OF 4          PERIOD: 4 16 VER: 3
PROC: 04 04 16 11:51          PROC: 04 04 16 11:51
NET SELF EMPLOY INCOME: $ 70.00          $ 70.00
GROSS EARNED INCOME: +$          +$
WORK EXPENSES:          -$          -$
EARNED INCOME DISREGARD: -$ 70.00          -$ 70.00
DAY CARE EXPENSES:          -$          -$
UNEARNED INCOME:          +$          +$
RUFA Income:          =$          =$
BASIC NEED STANDARD: $ 680.00 FOR: 2          $ 680.00 FOR: 2
SHELTER EXPENSES:          +$ 400.00          +$ 400.00
TOTAL NEEDS:          =$ 1080.00          =$ 1080.00
PAYMENT STANDARD: 49.6% $ 535.68          $ 535.68
REACH UP Sanction Amt: -$ 75.00          -$ 75.00
RUFA Grant:          =$ 460.00          =$ 460.00
RECOUPMENT:          -$          -$
RUFA Grant Less Recoup: =$ 460.00          =$ 460.00
Parent Share Offset Amt: -$          -$
RUFA Reduced Grant Amt: =$ 460.00          =$ 460.00
INCOME TEST: GROSS: PASSED          NET: PASSED          GROSS: PASSED NET: PASSED
USER: FNX: ELIG MODE: D RPTGRP:          PERIOD: 04 16 COMMAND:
DO: IMS: RPTGRP NAME:          PANEL: 3 3

```

ELIG/D/RUFA.03 shows the RUFA Budget.

On the RUFA budget, "Net Self Employ Income" will provide the amount of self-employment income ACCESS is counting towards the participant's work requirement.

Determine the number of hours being counted towards the participant's work requirement by taking the "Net Self Employ Income" and dividing by VT minimum wage. Then divide by 4.3 (the average number of weeks in a month).

The screen shot above shows the participant's "NET Self Employ Income" is \$70.00. Divide \$70.00 by \$10.96 (VT minimum wage) and then divide by 4.3 (the average number of weeks in a month) or

$\$70/\$10.96 = 6.39/4.3 = 1.5$ hours per week (rounded up to 2)

On the FDP enter 2 hours of self-employment.

```
+-----Federal Requirements-----+
* | - Average Weekly Hours being reported to Feds | )
  | - for 01/2018 ALLISON
  | **Core Activities** Verified Schd
  | Unsubs Employment.....= 2
  | Sub Public Employment.....=
  | Sub Public Employment.....=
  | Work Experience.....=
  | OJT - On Job Training.....=
  | Job Search & Job Readiness =
  | Community Service Programs =
  | Voc Ed Training.....=
  | **Non Core Activities**
  | Job Skills Trning rlted emp.=
  | Educ related to Emp/no HS..=
  | School Attendance/no HS....=
  | Deemed Hours.....=
  | ***** Total core hours.....= 2
  | Total non core hours.=
  | Total countable hours= 2
  | Meeting Fed Work Requirements: N
  |
  | USER: FNX: CAS
  | DO: IMS: GAL RPT
  | Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
  | EXIT EHR5 EMPL WORK CLCK JSER 3
```

Go to CASE/D/TIME F10 to confirm the number of hours ACCESS is counting towards the participant's weekly work requirement.

Entering self-employment and unsubsidized employment on the FDP

In cases where participants have unsubsidized employment and self-employment, CASE D TIME F10 "Unsub Employment" will indicate the total number of unsubsidized employment and self-employment hours ACCESS is counting towards a participant's work requirement.

```

+-----Federal Requirements-----+
* | Average Weekly Hours being reported to Feds | )
The Work Requireme | 5/1/2016 ALLISON
CSP/WKEX cannot ex | **Core Activities** Verifd schd
There are 2 RUFA | Unsubs Employment.....= 17
ALLISON has 27 mon | Subs Public Employment
| Subs Public Employment.....=
| Work Experience.....=
| OJT - On Job Training.....=
'X' TO VIEW WORK R | Job Search & Job Readiness =
X NAME M | Community Service Programs =
----- | Voc Ed Training.....=
- | **Non Core Activities**
- | Job Skills Trning rlted emp.=
- | Educ related to Emp/no HS..=
- | School Attendance/no HS...=
- | Deemed Hours.....=
- | ***** Total core hours....= 2
- | Total non core hours.=
- | Total countable hours= 2
USER: FNX: CAS | Meeting Fed Work Requirements: N
DO: IMS: GAL RPT +-----+ 3
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
EXIT EHR5 EMPL WORK CLCK JSER

```

In the example above, the participant has a total of 17 hours per week of unsubsidized employment AND self-employment.

```

*** FAMILY DEVELOPMENT PLAN *** ASQWOHF1
Participant: SSN: Financial Status: Active
Phone#: Phase: EP 10/01/2014
Date FDP Signed: 04 05 2016 Participation Code: 02 NE
Employment Goal: 37-2012.00 Housekeeper Review Date:
Case Manager: FSM Activity Matrix
Location: History History
*****
Strengths/Supports: Click &
Interferes: Ccrment

Job Search/ Education/ Work Other Life
Readiness Training Placements Activities Skills

1 of 2 Activity Hrs/Wk Start Target Act End date Outcome
Unsubsidized Employment 9 02/19/2016 P
P

USER: FNX: WORK MODE: C RPTGRP: PERIOD: COMMAND:
DO: IMS: GB1 REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C

```

In order to determine the correct amount of self-employment hours to count, first determine the number of hours a participant is in Unsubsidized Employment on the WORK/C screen. In the example above, the participant is employed for 9 hours per week in unsubsidized employment.

Then subtract the number of hours the participant is in unsubsidized employment from the number of "Unsub Employment" hours on CASE D TIME F10 to determine the correct number of hours a participant is self- employed.

```

*** FAMILY DEVELOPMENT PLAN ***
Participant:                               ASQWOHF1
Phone#:                                     SSN:                               Financial Status: Active
Date FDP Signed: 04 05 2016                Phase: EP 10/01/2014
Employment Goal: 37-2012.00 Housekeeper_____ Participation Code: 02 NE
Case Manager:                               Review Date: __ __ __
Location:                                   FSM Activity Matrix
*****                                     History History
Strengths/Supports:                         Click &
Interferes:                                 Comment

Job Search/ Education/ Work Other Life Skills
Readiness Training Placements Activities

1 2 3 4 5 6 7 8 9 10 11 12
Activity Hrs/Wk Start Target Act End date Outcome
Unsubsidized Employment 9 - 2/19/2016 - - - - P
Self-Employment 8 - 10/15/2015 10/14/2016 - - - - P

USER: FNX: WORK MODE: C RPTGRP: PERIOD: COMMAND:
DO: IMS: GB1 REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Infrf C&C

```

Manually enter the correct number of self-employment hours on the participant's FDP.

Example: In the above screen shots, the participant worked 9 hours per week at an unsubsidized job. CASE D TIME F10 showed a total of 17 hours of unsubsidized employment. $17 - 9 = 8$. This means the participant was being credited with an additional 8 hours per week from their self-employment income.

P-2331 EDUCATION RELATED WORK

ACTIVITIES (Reach Up Services rule 2350)

(B21-02)

Reach Up encourages participants to take part in educational-related activities. Allowing participants to focus on their education supports participants' long-term goals and models education for the next generation.

Scheduled hours

Find out general expectation of what is required to successfully complete the program.

This expectation may include, but is not limited to:

- the number of actual classroom hours
- how many study hours are required or advised
- credit requirements (may equate to hours)
- total number of hours required to complete curriculum
- semester or course start and end dates

The information can be provided by written statements or materials from the program, as well as information available online from the program's official website.

Ongoing supervision (oversight)

The case manager is the individual providing supervision/oversight of the participant's education, and through ongoing engagement ensures that the participant is attending classes and is achieving satisfactory progress.

Supervision/oversight should occur on a regular basis and may be in person, phone, email or text.

Documentation of hours

Participants communicate the number of completed education activity hours to their Reach Up case manager in a timely way. Documentation must be obtained at least monthly and should be filed in the Reach Up case management file. Excused absences and holidays may be used for all education activities.

Make a plan with the participant about how they will document the number of hours they spent (in class, online, studying, etc.) in the program, and how they will communicate those hours to their case manager. Include this plan on the participant's Family Development Plan (FDP).

Documentation from the participant may be provided on Student Education report forms ([642ED](#)) completed by the participant, other attendance reports provided by the program (i.e. CCV portal), emails or written correspondence from the participant, or verbal communication with the participant. If reported verbally, case managers should document the hours on a 642ED.

Study hours

The case manager may count all study hours reported by the participant, as long as they do not exceed the number of study hours required or advised by the educational program. All study time is "supervised study time" because the hours are monitored and documented by the case manager.

Documentation of satisfactory progress

Participants demonstrate they are making satisfactory progress in the program.

Set clear deadlines for when documentation of progress in course must be submitted. Include these deadlines on the participant's FDP.

Documentation of progress from the participant may take the form of Grade Point Average (GPA), email from advisor or program, letter from program to participant.

Case Manager Support

Entering an education related work activity on the FDP

1. Enter WORK C.

```
01/08/21 10:27          IV-A SELECT FUNCTION          SYSTEM  ASTCAL
(
~~~~~  Function Codes (FNX)  ~~~~~          ~~~~~  Function Codes (FNX)  ~~~~~
ABWD - ABAWD Food Stamp History          MAIL - Send or Read Mail
APPL - Application                      MANA - Managed Care Maintenance
CASE - Case Status Display              MONY - Financial Subsystem
CATN - Case Action Log                  NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study        PCOL - Premium Collections
EDS - Medicaid Management System        PERS - Person Search
ELIG - Eligibility Results/Approval     PMGT - Premium MGT Report
FIAT - Fiat Eligibility                 PREL - Presumptive Eligibility
FUEL - Supplemental Fuel                 PREM - Premium Management
GAEL - General Assistance                QUAL - Quality Review
IDEA - System Change Request            RCAP - Refugee Cash Assistance
INFC - Interfaces                       RECO - Recoupment Schedule
INQB - Benefit History                   REPT - Report Selection
INQD - Benefit Disbursement History     SPEC - Special Functions
IV-D - IV-D Select Function             STAT - Statement of Need
JFIP - Subs For Independence            SUBS - Substitute Reporter/Payee
LOGO - Logoff                            TODO - Daily To-Do Report
~~~~~
USER: 0          FNX: WORK MODE: C RPTGRP:          PERIOD: 01 21 COMMAND:
                                          F8 = MORE
```

Use the participant's Social Security Number in the RPTGRP (reporting group). Note: In a two parent household make sure to enter the SSN of the participant taking part in the education related work activity.

2. Select Education/Training on the WORK screen.

```
01/08/21 10:49          *** FAMILY DEVELOPMENT PLAN ***          ASQWOHF1
Participant:          SSN:          Financial Status: Active
Phone#:          Phase: WR 11/01/2020
E&T Duals: N          Participation Code: 34 XW
Date FDP Signed: 11 13 2020          Review Date: 04 30 2021
Employment Goal: 43-6011 00  Assistant.
Case Manager: PTH (          FSM          Activity Matrix
Location: PATH /          History History
*****
Strengths/Supports: Shelter/Transportation          Click &
Interferes:          Comment
Job Search/          Education/          Work          Other          Life Skills
Readiness          Training          Placements          Activities
Activity  Hrs/Wk  Start  Target  Act End date  Outcome
-----
Health Counselor          P
P
USER: 0          FNX: WORK MODE: C RPTGRP:          PERIOD: 01 21 COMMAND:
DO: Z IMS:          REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrf C&C
```

Double click or click once and press enter.


```

+---Education/Training Activities---+ OPEMENT PLAN *** ASQWOHF1
  Adult Basic Ed/HS Completion      Financial Status: Active
  Apprenticeship Program             Phase: WR 11/01/2020
  College Courses - Non-countable    Participation Code: 34 XW
  Developing a PSE Plan              Review Date: 04 30 2021
  Computer Skills Class              start.
  +---Vocational Education---+
  Related Interfere (use PF11 to enter if applicable)
  Start Date:..... MM DD CCYY
  Target Completion:..
  Scheduled Hours/Wk: ..
  Support Svs:
  +---Other Activities---+
  VT Works for Women
  Other- Description:
  PERIOD: 01 21 COMMAND:
  +---PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
  Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrf
  
```

5. Press enter to leave pop up box, then press enter two more times to leave the WORK screen and return. Make sure the activity is now showing on the screen.

```

01/08/21 11:11 *** FAMILY DEVELOPMENT PLAN *** ASQWOHF1
Participant: SSN: Financial Status: Active
Phone#: Phase: WR 11/01/2020
E&T Duals: R Participation Code: 34 XW
Date FDP Signed: 11 13 2020 Review Date: 04 30 2021
Employment Goal: 43-6011.00 Admin Assistant.
Case Manager: PTH
Location: PATH /
Strengths/Supports: Shelter/Transportation
Interferes:
Job Search/ Education/ Work Other Life Skills
Readiness Training Placements Activities
1 of 1 Activity Hrs/Wk Start Target Act End date Outcome
Vocational Education 20 01/18/2021 05/31/2021 P
USER: FNM: WORK MODE: C RPTGRP: PERIOD: 01 21 COMMAND:
DO: Z IMS: S REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrf C&C
  
```

Entering education activity hours into ACCESS

1. From WORK C press F6.

```

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrf C&C
  
```

(The bottom of the ACCESS screen shows you what the Function keys or F keys on the keyboard mean.)

College courses can qualify as Voc Ed and should be encouraged particularly if the number of scheduled hours (including study time), on their own or combined with other core activities will reach the participants work requirement. If the participant's work requirement will not be met, consider using a Job Skills Training activity (see below).

Voc Ed may be appropriate in the rare occasion that a participant is pursuing their masters or doctorate.

Voc Ed Deferment

Participants may qualify for a Voc Ed Deferment if they have already used their 12-month limit of Voc Ed and the following criteria is met:

- The program that they are taking part in is full time.
- The total length of the program is less than 2 years.
- The participant is within 12 months of completion.

Code these participants as 02 and continue to enter verified hours in ACCESS.

Sometimes it is appropriate to continue to support a participant who has used their 12-month limit in Voc Ed, and who does not qualify for the Voc Ed Deferment. If unsure, review situation with supervisor.

Job Skills Training Directly Related to Employment

Job Skills training is a non-core activity. This means in order to help the participant meet their work requirement these activities must be paired with core work activities such as a Job Search, WKEX or CSP.

In ACCESS the following activities pull into the Job Skills category:

- Computer Skills Class
- Drivers Education
- Job Skills Training
- Try Out Courses

If a participant is taking part in other activities that meet their core hour requirement, consider using verified Job Skills training to make up the additional non-core hours needed to meet their work requirement.

Try Out Courses

Try out courses no longer have a lifetime limit of two. Participants may have taken college level classes in the past and may have different interests or experiences now that motivate them to take additional courses.

Education Directly Related to Employment

Education Related to Employment is a non-core activity for most participants. Hours will only count towards the federal WPR for participants without a high school diploma or GED. This means in order to help most participants meet their work requirement these activities must be paired with core work activities such as a Job Search, WKEX or CSP.

In ACCESS the following activities pull into the Education Related to Employment category:

- ESL (ELL) Classes
- GED Classes/Prep
- Remedial Education

Remedial education is education intended to correct or improve deficient skills in a specific subject such as basic math skills.

Under age 20 Special Circumstances for Education related to Employment activities

If the participant is under 20 years old *and* a single Head of Household *or* a married teen, Education Related to Employment will count as core hours and an average of 20 verified hours entered each week will allow the household to be counted in the federal WPR.

Satisfactory Attendance at Secondary School

Satisfactory Attendance at Secondary School is a non-core activity for most participants. Similar to Education Related to Employment, hours will only count towards the federal WPR for participants without a high school diploma or GED. In ACCESS, the following activities pull into the Satisfactory Attendance at Secondary School category:

- Adult Basic Ed/High School Completion
- High School
- Learning Together—Under 20
- Teen Parent Education Program

Under age 20 Special Circumstances for Attendance at Secondary School activities

Similar to above, if the participant is under 20 years old *and* a single Head of Household *or* a married teen, Satisfactory Attendance at Secondary School will count as core hours, but for this activity any number of verified hours entered in a month (even 1 hour) will allow the household to be counted as meeting the federal WPR.

Education Deferment (for those 20 and older)

Participants may qualify for an Education Deferment if they are 20 years or older and taking part in 15 hours per week (including study time) of GED Classes/Prep, Remedial Education, High School Completion. This deferment has a lifetime limit of 18 months (cumulative).

Code these participants a 42 and continue to enter verified hours in ACCESS.

Case Manager Support

WIN History in ACCESS

If the participant is requesting an education deferment, go to PERS D HIST.

PERSON HISTORY STATUS						DOB:	ASPAHC
SSN:						SEX:	
UID:						RA MONTHS LEFT:	20
						RA MONTHS:	4
CAT-CODE	START	END	REM-RSN	REPORTING-GROUP	STATUS		
*** REACH UP HISTORY ***							
	02 01 2016	04 30 2016	57				CLOSED
	12 01 2015	02 29 2016	57				CLOSED
	08 01 2015	12 31 2015	57				CLOSED
		07 30 2015	66				DENIED
	06 01 2015	07 31 2015	57				CLOSED
	06 01 2014	06 30 2015	66				CLOSED
RA	01 01 2014	04 30 2014	59				CLOSED
		10 29 2013	66				DENIED
		10 29 2013	59				DENIED
	08 01 2013	10 31 2013	59				CLOSED
	10 01 2012	08 31 2013	57				CLOSED
	07 01 2012	09 30 2012	59				CLOSED
USER:	FNX:	PERS MODE:	D RPTGRP:	PERIOD:	COMMAND:		
VALID COMMANDS: PERS HIST INSU MEDI MED FS PREM HIPS EXIT							

Press enter multiple times until WIN History appears.

PERSON HISTORY STATUS				DOB:	ASPAHC
SSN:				SEX:	
UID:				RA MONTHS LEFT:	20
				RA MONTHS:	4
CAT-CODE	START	END	REM-RSN	REPORTING-GROUP	STATUS
		11 03 2011			DENIED
		09 12 2002			DENIED
	07 19 2001	06 30 2002			CLOSED
	07 18 2000	06 30 2001			CLOSED
		12 13 1999			DENIED
*** WIN HISTORY ***					
02	06 22 2015				
06	06 22 2015	06 22 2015			
02	11 01 2014	06 21 2015			
04	10 01 2014	10 31 2014			
02	06 18 2014	09 30 2014			
CL	04 30 2014				CLOSED
USER:	FNX: PERS	MODE: D	RPTGRP:	PERIOD:	COMMAND:
VALID COMMANDS: PERS HIST INSU MEDI MED FS PREM HIPS EXIT					

Count all months that end in code 42.

PERSON HISTORY STATUS				DOB:	ASPAHC
SSN:				SEX:	
UID:				RA MONTHS LEFT:	24
				RA MONTHS:	
CAT-CODE	START	END	REM-RSN	REPORTING-GROUP	STATUS
34	07 31 2012	06 03 2014			
02	04 16 2012	07 30 2012			
05	04 12 2012	04 15 2012			
DN	02 21 2012				
05	02 21 2012	02 21 2012			
CL	05 31 2010				CLOSED
42	07 16 2009	05 30 2010			
05	06 02 2009	07 15 2009			
02	05 08 2009	06 01 2009			
CL	01 31 2003				CLOSED
06	01 17 2002	01 30 2003			
DN	09 24 2001				
05	09 24 2001	09 24 2001			
USER:	FNX: PERS	MODE: D	RPTGRP:	PERIOD: 01 21	COMMAND:
VALID COMMANDS: PERS HIST INSU MEDI MED FS PREM HIPS EXIT					

In the example above, the participant was coded 42 from 7/16/2009 through 5/30/10. Count the following months towards the 18-month limit: July 2009 through April 2010 = 10 months.

There may be multiple pages of WIN history. Continue to press enter to make sure to locate all code 42 education deferment codes.

If the total of all months ending in code 42 is 18 months or more, the participant is not eligible for the deferment.

P-2335 VERIFICATION AND DOCUMENTATION OF COUNTABLE ACTIVITIES (B21-02)

Hours that are entered into ACCESS are reported to the federal government to use in the calculation of Vermont's WPR (see Reach Up Services WPR procedure 2315). If work participation hours have been entered in ACCESS, they must be verified, and documentation must be there to support them.

Each year there is an independent audit of the Reach Up program, and part of that audit is verifying that adequate documentation of countable activities that are entered into ACCESS has been collected.

Entering hours into ACCESS

Participant hours must be entered into the WORK panel (F6) or a JINC (Job Income) panel in ACCESS by the 12th of the following month.

Case Managers are responsible for entering participant hours (including CSP/WKEX, Job Search, Educational Activity etc.).

Only enter hours when verification is received.

Hours are rounded by weekly total—do not round each day

- 0.5 and above is rounded up
- 0.4 and below is rounded down

If information is missing from JINC, the hours may not pull through for the WPR.

Federal Calendar

The Federal Calendar determines which days count in the month. It is different than a typical calendar. See [Federal Calendar and Holiday Lists](#).

The Federal Calendar month starts on the first Saturday of the month and will count all days of that week preceding the Saturday, even if they were in the prior month.

Example: The first Saturday of October 2020 is 10/3/20. All hours entered in the week from Sunday 9/27/20 to Saturday will count for the month of October.

Excused absences and holidays (Reach Up Services rule 2343.6)

The use of excused absences and holidays is allowed for all countable unpaid activities. Excused absence and holiday hours are calculated by the hour.

For participants involved in more than one unpaid activity, excused absences and holidays must be documented by the activity as well as by the hour and entered accordingly on ACCESS.

Example: if a participant was scheduled to attend a CSP and vocational training on an approved holiday, the hours will need to be documented on each activity separately.

Documentation for excused absence and holiday hours

Excused absences and holiday hours should always be documented in a participant's case notes.

Other documentation may include:

- Excused Absence Log for Case Management file ([640EA-CM](#))
- Participant Excused Absence Log ([640EA-P](#))
- Student Education Report ([642ED](#))
- Participant Attendance Report ([625AR](#))

Excused absences

Participants are allowed a maximum of 16 hours per month of excused absence time based on the Federal Calendar, and a total of 80 hours in a rolling 12-month period.

Once the rolling 12-month period begins, all excused absences in the prior 12 months will be counted, even if the case has closed and re-opened.

If a participant reaches their maximum monthly and/or yearly limits, their excused absences will no longer count towards the WPR. Participants may still be excused from their activity, but they will not get credit for those hours.

Excused absence hours should correspond to the number of hours the participant has been absent on a day they were scheduled to participate in a countable unpaid activity.

Example: if a participant left one hour early – use one hour of EA.

Reasons for using excused absences should be clearly documented in case notes. Whenever possible, excused absences should be approved in advance by a Reach Up team member.

Making up hours instead of using excused absence hours

Participants have the option of making up missed hours provided they do so in the same Federal Calendar month.

When a participant knows in advance they will need to be absent, they may also plan ahead and “bank” hours, as long as they do so in the same Federal Calendar month.

Both of these options should be discussed with a Reach Up team member as soon as possible.

Holidays

Only certain holidays are allowed to count for holiday hours. The following is a list of typical federal and Vermont state holidays that are usually allowed each year. The day of week and date will vary depending on the calendar.

Sample of Approved Federal Holidays

Holiday	Day of Week	Date	Federal Calendar Month
New Year's Day	Friday	January 1	January
Martin Luther King Jr. Day	Monday	January 18	January
President's Day	Monday	February 15	February
Town Meeting Day	Tuesday	March 2	March
Memorial Day	Monday	May 31	June
Independence Day	Sunday	July 4	July
Labor Day	Monday	September 8	September
Veterans Day	Thursday	November 11	November
Thanksgiving Day	Thursday	November 25	November
Christmas Day	Saturday	December 25	December

The number of hours a participant will receive for a holiday should not exceed the number of hours they were scheduled to be in attendance for that day.

Example: If a participant was scheduled to be at a work site for 3 hours, and it is an “approved” holiday, count 3 hours as holiday time used.

Observed holidays

Participants are awarded holiday time on the day the placement closes for the observed holiday. If a holiday falls on a weekend and the worksite is closed on the observed day instead the participant would be able to use holiday time.

If the holiday falls on a weekend and the worksite does not observe the holiday on a different day, the participant only gets the actual holiday itself if they were scheduled to work on that day.

Participants can only receive holiday hours on either the holiday itself, or the observed holiday, not both.

Participant completes hours on day of holiday they were scheduled

If a participant completes hours on a holiday they are awarded double time.

Example: Participant is scheduled to complete hours on a Wednesday, which is New Year’s Day, and an approved holiday. The participant could choose to work on the holiday and get credit for holiday hours and their verified scheduled hours (essentially double time).

Case Manager Support

For more information on what type of verification is needed for countable Activities, see the [Verification Documentation Desk Aid](#).

See the Federal Calendar and Holiday list found on the SharePoint page [Federal Calendar and Holiday Lists](#) for the annually updated information.

Confirming hours after they are entered

```
+-----Federal Requirements-----+
03/04/19 13: | Average Weekly Hours being reported to Feds | )
The Work Req | for 03/2019 | Parent 1 | Parent 2 |
CSP/WKEX can | **Core Activities** | Verifd Schd | Verifd Schd |
There are 3 | Unsubs Employment.....= | | | |
A has 5 | Subs Priv Employment.....= | | | |
| Subs Public Employment.....= | | | |
| Work Experience.....= | | | |
| OJT - On Job Training.....= | | | |
'X' TO VIEW | Job Search & Job Readiness = | | | | =HELP
X NAME | Community Service Programs = 6 12 6 12 AGE
- ----- | Voc Ed Training.....= 5 5 ---
- | **Non Core Activities** | | | |
- | Job Skills Trning rlted emp.= | | | |
- | Educ related to Emp/no HS..= | | | |
- | School Attendance/no HS....= | | | |
- | Deemed Hours.....= | | | |
- | ***** Total core hours.....= 11 17 6 12
- | Total non core hours.= | | | |
- | Total countable hours= 11 17 6 12
USER: 310 FN | | | | |
DO: Z IMS: 3 +-----+
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
EXIT EHR5 EMPL WORK CLCK JSER 3
```

Enter CASE D TIME and then press F10 to show the following:

- Hours that are scheduled
- Hours that have been entered as verified for each category of activities
- Total number of hours entered for each participant (core and non core)

Problem with hours sticking in ACCESS

If there is a problem with verified hours remaining visible in ACCESS (also known as "sticking"), contact COPS (AHS.DCFESDCOPS@vermont.gov) as early as possible, so it can try be fixed in time.

Entering Excused Absence and Holiday's into ACCESS

A participant's Excused Absence and Approved Holiday hours are entered for a WKEX/CSP on the JINC panel by selecting F8.

```

05/24/16 15:42      EMPLOYMENT INFORMATION FOR JINC . 02      ASPAFA1
NAME:              TONYA              SSN:
                   VERIFIED: ES      UPDATED: 20160504
                   CM V UPDATED: 20160523
EMPLOYER INFO: CVOEO _____
                   5 LEMNAH DRIVE _____      Work Placement Type: CSP

```

Hours for 05/2016								
***** Verified *****				***** Scheduled *****				
Week Ending:	05/07	05/14	05/21	05/28	05/07	05/14	05/21	05/28
CSP2	10	00	00	00	10	10	10	10
Excused	00	00	00	00				
Holiday	00	00	00	00				

Average Weekly Scheduled Hours: 010

```

DAY  PAY      SCHD HRS  HRLY WAGE  OCCUP.  INDUST.
PAID  FREQ      PER WK    $$$$ $  CODE  CLASS.
                010
                PF8=Hours
USER:      FNX: WORK MODE: C RPTGRP:      PERIOD: 05 16 COMMAND:
DO:      IMS:      REPORTING ADULT: TONYA

```

From WORK C, select Work Placements and go to the JINC for the correct WKEX/CSP. Press F5 to go to the 3rd JINC screen, and then press F8.

A participant's Excused Absence and Approved Holiday hours are entered for all other activities on the Work panel by selecting F6.

```

05/24/16 16:04      *** FAMILY DEVELOPMENT PLAN ***      ASQWOHF1
Participant: TONYA      SSN:      Financial Status: Active
Phone#:      Phase: EP 06/01/2016
Date FDP Signed: 05 16 2016      Participation Code: 02 NE
Employment Goal: 13-2011.01 Accountant _____      Review Date: _ _ _ _
Case Manager:
Location:

```

Hours for 05/2016								
***** Verified *****				***** Scheduled *****				
Week Ending:	05/07	05/14	05/21	05/28	05/07	05/14	05/21	05/28
Job Search	—	—	—	—	09	09	09	09
Excused	—	—	—	—				
Holiday	—	—	—	—				
Necessary Tre	—	—	—	—	01	01	01	01
Excused	—	—	—	—				
Holiday	—	—	—	—				
CSP Working with	—	—	—	—	01	01	01	01
Other Activit	—	—	—	—	01	01	01	01

```

USER +
DO: A IMS: GA1 REPORTING GROUP: TONYA
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C

```

From WORK C press F6.

P-2335 VERIFICATION AND DOCUMENTATION OF COUNTABLE ACTIVITIES (con't)(B21-02)

P-2335A V&D Sample Process

Each month a random sample of 100 cases is generated and emailed to Reach Up Central Office (RUCO).

RUCO reviews the list and determines what documents need to be requested and reviewed.

RUCO emails each district separately when it is determined what documents are needed from each sample.

District V&D responsibilities

Send only the documents requested (no checklists, lists of names, etc.).

Scan and save each document in the following format participant's last name, first name, district code (ADO, BDO, etc.) and month of sample.

Example Doe, J BDO Oct 2020

Documentation must be mailed, faxed, or scanned and emailed within 10 days of receiving the RUCO email request. Scanning and emailing is the preferred method if available.

P-2340 SUPPORT SERVICES (Reach Up Services rules 2310-2317)(B21-02)

Support Services are intended to help individuals accept or maintain paid employment; or participate in other Reach Up activities such as assessment, appointments, and activities that help the participant reach an employment goal.

Who is eligible for support services

Support Services may be provided to Reach First, Reach Up, Reach Ahead, and Post-Secondary Education (PSE) participants.

Participants who have received 60 months of Reach Up benefits may receive support services during their two pending weeks. Once receiving benefits, participants are eligible for support services the same as participants who have not received 60 months of Reach Up benefits.

Transitional support services

Participants may also be eligible if their Reach First, Reach Up or PSE benefits close due to income from unsubsidized employment. (Code 99). These supports are limited to six months after the benefits closed. Participants do not need to be meeting their work requirement, but they must have earned income that is causing them to be ineligible for Reach First, Reach Up or PSE.

This includes participants whose benefits might have closed for other reasons, but then found employment that kept them off benefits within the six-month window after closing.

Determining support services

The type of activity the individual is participating in determines which specific support service(s) may be available to the individual. Activities include paid employment, Reach Up pending two weeks, Reach Up assessment, and participation in Family Development Plan (FDP) activities.

The Reach Up Case Manager and the participant will determine if support services are needed.

The Reach Up Case Manager and the participant should explore all other resources before using support services. If there are no other resources, the case manager refers to the [support service matrix](#) for support services amounts and guidelines.

The Reach Up Case Manager will document support service in case notes.

Case note will include the support service, the amount, and date issued.

Reach Up Case Managers have two business days to issue a support service check after receiving a bill or request for payment from a partner, local business, or participant.

Case Manager support

A Payment Authorization for Reach Up Support Service (form [630A](#)) may be used to allow a participant to purchase or obtain a service from a business in the community. The form is then returned to the local District office for payment.

P-2340 SUPPORT SERVICES (con't)(B21-02)

P-2340A Writing a support services check in ACCESS

Support service checks are written through the ACCESS system. If unsure if a support service check has already been written, check INQD to find out if there is a history of it in ACCESS. This is particularly important if the participant is a recent transfer, or if other staff members have been covering for the case manager while they were out.

Enter CHCK in the FNX field, C in MODE, the head of household's SSN in RPTGRP, and the current month in PERIOD. (Leave COMMAND blank) and Hit Enter.

```
05/25/16 11:28          IV-A SELECT FUNCTION          ASTCA1

~~~~ Function Codes (FNX) ~~~~          ~~~~ Function Codes (FNX) ~~~~
ABWD - ABAWD Food Stamp History        MAIL - Send or Read Mail
APPL - Application                      MANA - Managed Care Maintenance
CASE - Case Status Display              MONY - Financial Subsystem
CATN - Case Action Log                  NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study       PCOL - Premium Collections
EDS - Medicaid Management System        PERS - Person Search
ELIG - Eligibility Results/Approval     PMGT - Premium MGT Report
FIAT - Fiat Eligibility                 PREM - Premium Management
FUEL - Supplemental Fuel                QUAL - Quality Review
GAEL - General Assistance               RECO - Recoupment Schedule
IDEA - System Change Request            REPT - Report Selection
INFC - Interfaces                      SPEC - Special Functions
INQB - Benefit History                 STAT - Statement of Need
INQD - Benefit Disbursement History     SUBS - Substitute Reporter/Payee
IV-D - IV-D Select Function            TODO - Daily To-Do Report
JFIP - Jobs For Independence           UNLK - Releases Locked Cases
LOGO - Logoff                          VEND - Vendor Search

-----
USER:      FNX: chck MODE: c RPTGRP: HOH SSN  PERIOD: 05 16 COMMAND:
          ↑      ↑      ↑
          F8 = MORE
```

Enter RCHP in the Program field, and the SSN of the participant the support service is for, next to Reach Up Client SSN. Hit Enter

```
ASPSA1
***** MONY CHECKWRITE SUBMENU *****

Reporting Group: HOH SSN
Program: RCHP
Period
** From **      *** To ***
MM DD CCYY     MM DD CCYY
05 01 2016     05 31 2016

Reach Up Client SSN: SSN of the participant the support service is for

Entering 'CANC' here will abort check process:  _____
```

In 2 parent families, the "Reporting Group" SSN will always be the head of household's social security number. The "Reach Up Client SSN" will be the social security number of the participant the support service check is for.

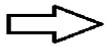
RCHP SELECTION SCREEN

Select an item that corresponds to the check you are writing by placing an "X" on the line. After you have selected your item hit Enter.

Multiple items may be selected if the check is going to the same person.

Example: If you are reimbursing a participant for "Travel Expense" and "Clothing", both items may be selected, and one check can be issued.

```
05/25/16 11:53          RCHP SELECTION SCREEN          ASQSAALA
Client:                TONYA                          Page: 1
Opt  Items              YTD RCHP    YTD PSE    YTD WORK    YTD ORNT
-   1) Educational/Training Fees
-   2) Tuition
-   3) Books/Supplies
-  51) Clothing/Pers. Appearance
-  52) Making It Work
-  53) Travel Expense
-  54) Vehicle Repair
-  55) Work Related Equipment
-  56) Six Month Job Retention
-  57) Dental/Vision/Med Rec Req
-  58) Parenting Education
-  59) Vehicle Insurance
-  60) Vehicle Registration/Titl
-  61) Education Incentive Paymt
-  62) Permit/License/EXam
-  63) GNG/CAM Vehicles
-  64) Child Care(incl rec pgms)
('X' up to 5)          YTD Total:          No Childcare/WORK/ORNT/PSE incl
USER: 310      RPTGRP:          FNX: CHECK  MODE: C
RPTGRP NAME: TONYA          DO:          COMMAND: _____
```



There are additional items on the next page/screen. Hit Enter on the first page and it will automatically bring you to the additional items on the next page.

Select an item that corresponds to the check you are writing by placing an "X" on the line and hit Enter. Mark an "X" on any additional items or simply hit Enter to move to the next panel.

```
05/27/16 09:41          RCHP SELECTION SCREEN          ASQSAALE
Client:                TONYA                          Page: 2
Opt  Items              YTD RCHP    YTD PSE    YTD WORK    YTD ORNT
-  65) Discretionary Traing Fund
-  66) FDP Activity Incentive
-  67) DDir Approved Funds
-  68) PSE Other
-  69) 'Old' PSE Stipend

('X' up to 5)          YTD Total:          No Childcare/WORK/ORNT/PSE incl
USER:                RPTGRP:          FNX: CHECK  MODE: C
RPTGRP NAME: TONYA          DO:          COMMAND: _____
```


You will return to the RCHP CHECKWRITE SCREEN where the component code you selected will appear.

```
05/27/16 09:56          RCHP CHECKWRITE SCREEN          ASQSA1B
                        CLIENT:
                        TONYA
Item Code              Component      $ Amt      From (Dates of Svc) To
54) Vehicle Repair    Q                00        05 01 2016 05 31 2016

USER:                  RPTGRP:
RPTGRP NAME: TONYA    FNX: CHCK  MODE: C
                        DO:          COMMAND: _____
```

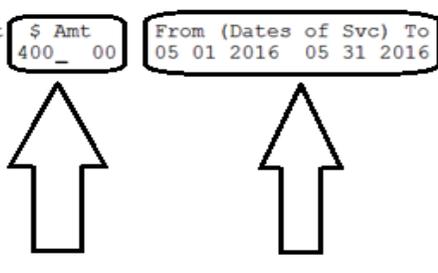
Enter the check amount in the "\$ Amt" field. There are 5 fields in the dollar section of the check write and 2 fields in the cents. Make sure to enter the correct number of tabs or 0s. For example: to write \$400, enter "00400.00".

Enter the date(s) of service in the "From (Dates of Svc) To" field.

Hit Enter.

```
05/27/16 09:56          RCHP CHECKWRITE SCREEN          ASQSA1B
                        CLIENT:
                        TONYA
Item Code              Component      $ Amt      From (Dates of Svc) To
54) Vehicle Repair    Q                400_ 00    05 01 2016 05 31 2016

USER:                  RPTGRP:
RPTGRP NAME: TONYA    FNX: CHCK  MODE: C
                        DO:          COMMAND: _____
```

The diagram shows the same terminal screen as above, but with two boxes highlighting the '\$ Amt' field (containing '400_ 00') and the 'From (Dates of Svc) To' field (containing '05 01 2016 05 31 2016'). Two large upward-pointing arrows are positioned below these boxes, indicating the fields to be edited.

For Vehicle Repair, use the date the vehicle repairs were completed, or if the check is for Travel Expense for job search, use the dates the mileage reimbursement covers.

section. The name has been "blacked out" in the sample ACCESS screen shot below for confidentiality purposes.

Hit Enter.

RCHP APPROVAL SCREEN

The RCHP APPROVAL SCREEN is your last chance to cancel the check. Review the check the amount, the address, the name of the participant/vendor, and anything you have written in the MEMO section to make sure everything is accurate.

- Type "CANC" in COMMAND and hit Enter to return to the main menu if you wish to cancel the check you are writing or start over.
- Type "PREV" in COMMAND and hit Enter to return to the previous page of the check writing process to make changes.

After reviewing the RCHP APPROVAL SCREEN and confirming all information is accurate. Type your 4-character password, type APP in the COMMAND field, and hit enter.

```
05/27/16 10:10          RCHP APPROVAL SCREEN          ASQSAID
                        Client:          TONYA

Check Paid to: Roy's Service Center          Check Amount:    400.00
                23 North Pleasant St
                Middlebury VT 05753          Check Date:     05/27/16

FOR: TONYA

Memo Lines: 54)Vehicle Repair Q-Work Exprnce 400.00 05/01/16-05/31/16
This check is for repairs completed on MM/DD/YYYY. If you ha
ve any questions about this check, please call case manager
name and phone number.

USER:          RPTGRP:          FNX: CHCK  MODE: C
RPTGRP NAME: TONYA          DO:          PASS: XXXX
                                COMMAND: APP
```

Document the support service provided in your case notes and save any related estimates, invoices, etc. in the participant's file.

It is recommended that the district support service spreadsheet be updated each time a payment is made.

Reviewing INQD (Money Disbursement History)

For general information about how INQD works, watch the ACCESS Eligibility Training Video ([INQD and INQB\) View Benefit Disbursement.](#)

INQD

```
**** M O N E Y   I N Q U I R Y   -   D I S B U R S E M E N T   H I S T O R Y   ****          ASPSIB
      For Reporting Group SSN (  XXX XX XXXX  )
      Issued from ( MM / CCYY ) to ( MM / CCYY )
                ( 11 / 2013 ) to ( 12 / 2016 )

      Indicate the types desired using an X

                ( X ) All types
      ( - ) ANFC/RUFA including Family Bonus/Parent Share
      ( - ) IVD PA                      ( - ) PSE/RPSE
      ( - ) Food Stamps                  ( - ) CSE
      ( - ) General Assistance           ( - ) Lund Home
      ( - ) Medicaid                     ( - ) DEFRA
      ( - ) Essential Person             ( - ) EFA
      ( - ) Fuel                          ( - ) Administration
      ( - ) IV-D                          ( - ) E&T
      ( - ) RCHP/WORK/ORNT/WTW          ( - ) CC
      ( - ) TCC                          ( - ) DISP
      ( - ) Premium Refund               ( - ) RA

SER: 084 FNX: INQD MODE: D RPTGRP: XXX XX XXXX PERIOD: 10 15 COMMAND: _____
```

Enter the time period the support service payment may have been issued.

Issued from MM/YYYY to MM/YYYY.

For example: 01/2020 to 12/2020 will provide a list of all payments issued in the year 2020. In the screen shot above, all payments issued between November 2013 and December 2016 would be listed.

Place an X next to RCHP/WORK/ORNT/WTW. This will show Reach Up support service payments issued through CHCK C RCHP. In the screen shot above, because "All types" is selected, payments issued through all programs would be listed.

```

01/11/21 12:48                                     ASPSIB
*** M O N Y   INQUIRY - DISBURSEMENT HISTORY ***
For SSN:
Name:
Issued from: 01/19 - 12/22
S**Tran Nbr* Issued *Prog*CC*S*Check No* Amount *Type* From - To *E*A*Wrk
- 08200007 08/22/19 RCHP 01 I 44.45 DO 08/01/19-08/31/19
- 08200010 09/09/19 RCHP 01 I 99.00 DO 09/01/19-09/30/19
- 08200013 10/02/19 RCHP 62 E EBT CASH 24.00 DO 10/01/19-10/31/19
- 08200014 02/12/20 RCHP 56 E EBT CASH 50.00 DO 02/01/20-02/29/20
- 08200015 05/29/20 RCHP 66 I 50.00 DO 05/01/20-05/31/20
- 08200016 10/21/20 RCHP 01 I 668.00 DO 10/01/20-10/31/20

* Enter L for Link Detail, any other letter for Transaction Detail
USER: FNX: INQD MODE: D RPTGRP: PERIOD: 01 21 COMMAND:

```

Each payment will have a transaction number (TRAN NBR)—these have been whited out in the screen shot above. For payments issued as checks, they will list a check number (CHECK NO) as well—these have also been whited out. EBT Cash payments have been issued out in the past, but are not available at this time.

The column listed as “S” shows the status of the payment.

“I” means issued.

“E” means electronic (EBT).

“V” means void (entered by COPS).

“S” means stop payment (also entered by COPS).

Placing an “X” next to any of the listed payments will bring up additional information about the specific payment selected. Press ‘enter’ multiple times to go through the screens. Eventually it will return to the INQD screen.

```

01/11/21 13:00                                     ASPSIA
*** M O N Y   SPECIFIC TRANSACTION INQUIRY *** (Disbursement)

Transaction Type: DO Check (CHCK,C) Client SSN:
Amount: 50.00 Name:
Period: 05/01/20 to 05/31/20
Program: RCHP District Office: R
Category: XS-SSFP Single Parent Worker Issued:
Proj Cat Code: NS-Sngl Par nt mtng Wrk Proj Cat Date: 05/29/20
Fund Stream Cd: S-Soley State Funded Prog
CHECK/FORM NUMBER:

Issued: 05/29/20
Reason: O
Status: I-Issued

Alternate Payee:

Transaction Number: Batch Number:
Enter next Transaction here=>( ) or Check Number here=>( )
USER: FNX: INQU MODE: D RPTGRP: PERIOD: 01 21 COMMAND: MORE

```

Transaction Type: DO Check (CHCK,C) Client SSN: 000000000
Amount: 50.00 Name: 00000000000000000000

Vendor Name: 00000000000000000000
Addr: 00000000000000000000
00000000000000000000

REACH UP Participant:
SSN: 00000000000000000000

Transaction Number: 0000000000 Batch Number: 0000000000
Enter next Transaction here=>() or Check Number here=>()
USER: 934 FNX: INQU MODE: D RPTGRP: PERIOD: 01 21 COMMAND: MORE

Transaction Type: DO Check (CHCK,C) Client SSN: 000000000
Amount: 50.00 Name: 00000000000000000000

Remarks: 66)FDP Actvty Inc O-Job Readinss 50.00 05/01/20-05/31/20
YOU SHOULD BE PROUD OF YOUR HARD WORK. NICE JOB S
UBMITTING YOUR PARTICIPATION REPORT

Item 1 - CODE: 66 Amount: 50.00

Transaction Number: 78 Batch Number: 1000000000
Enter next Transaction here=>() or Check Number here=>()
USER: FNX: INQU MODE: D RPTGRP: PERIOD: 01 21 COMMAND:

P-2340 SUPPORT SERVICES (con't)(B21-02)

P-2340B Stopping or Canceling a Support Services Check

Request to stop payment the same day the support service is issued

If the request to stop payment on a check is made the same day the support service was issued, and the check has not yet been issued, send an email to COPS asking to void a support services check.

Include the participant's name, social security number, and check transaction number.

Transaction number is found by going to INQD/D.

```
12/23/16 06:52          IV-A SELECT FUNCTION          ASTCAL
~~~~ Function Codes (FNX) ~~~~          ~~~~ Function Codes (FNX) ~~~~
ABWD - ABAWD Food Stamp History          MAIL - Send or Read Mail
APPL - Application                        MANA - Managed Care Maintenance
CASE - Case Status Display                MONY - Financial Subsystem
CATN - Case Action Log                    NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study          PCOL - Premium Collections
EDS - Medicaid Management System          PERS - Person Search
ELIG - Eligibility Results/Approval       PMGT - Premium MGT Report
FIAT - Fiat Eligibility                   PREM - Premium Management
FUEL - Supplemental Fuel                  QUAL - Quality Review
GAEL - General Assistance                  RECO - Recoupment Schedule
IDEA - System Change Request              REPT - Report Selection
INFC - Interfaces                         SPEC - Special Functions
INQB - Benefit History                    STAT - Statement of Need
INQD - Benefit Disbursement History        SUBS - Substitute Reporter/Payee
IV-D - IV-D Select Function               TODO - Daily To-Do Report
JFIP - Jobs For Independence              UNLK - Releases Locked Cases
LOGO - Logoff                             VEND - Vendor Search
-----
USER: 310 FNX: INQD MODE: D RPTGRP: HOH SSN    PERIOD: 12 16 COMMAND:
                                                F8 = MORE
```

Hit enter.

```
**** M O N Y  INQUIRY - DISBURSEMENT HISTORY  ****          ASPSIB
For Reporting Group SSN (          )
Issued from ( MM / CCYY ) to ( MM / CCYY )
          ( 12 / 2016 ) to ( 12 / 2017 )

Indicate the types desired using an X

          ( X ) All types
( ) ANFC/RUFA including Family Bonus/Parent Share
( ) IVD PA          ( ) PSE/RPSE
( ) Food Stamps    ( ) CSE
( ) General Assistance ( ) Lund Home
( ) Medicaid       ( ) DEFRA
( ) Essential Person ( ) EFA
( ) Fuel           ( ) Administration
( ) IV-D          ( ) E&T
( ) RCHP/WORK/ORNT/WTW ( ) CC
( ) TCC           ( ) DISP
( ) Premium Refund ( ) RA

USER:          FNX: INQD MODE: D RPTGRP: HOH SSN    PERIOD: 12 16 COMMAND:
```


Check number is found by going to INQD/D.

```
12/23/16 06:52                IV-A SELECT FUNCTION                ASTCA1

~~~~  Function Codes (FNX)  ~~~~~      ~~~~~  Function Codes (FNX)  ~~~~~
ABWD - ABAWD Food Stamp History      MAIL - Send or Read Mail
APPL - Application                    MANA - Managed Care Maintenance
CASE - Case Status Display            MONY - Financial Subsystem
CATN - Case Action Log                NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study      PCOL - Premium Collections
EDS - Medicaid Management System       PERS - Person Search
ELIG - Eligibility Results/Approval    PMGT - Premium MGT Report
FIAT - Fiat Eligibility               PREM - Premium Management
FUEL - Supplemental Fuel              QUAL - Quality Review
GAEL - General Assistance              RECO - Recoupment Schedule
IDEA - System Change Request          REPT - Report Selection
INFC - Interfaces                     SPEC - Special Functions
INQB - Benefit History                STAT - Statement of Need
INQD - Benefit Disbursement History    SUBS - Substitute Reporter/Payee
IV-D - IV-D Select Function           TODO - Daily To-Do Report
JFIP - Jobs For Independence          UNLK - Releases Locked Cases
LOGO - Logoff                          VEND - Vendor Search
~~~~~

USER: 310 FNX: INQD MODE: D RPTGRP: HOH SSN   PERIOD: 12 16 COMMAND:
                                                F8 = MORE
```

Hit enter.

```
****  M O N Y  INQUIRY - DISBURSEMENT HISTORY  ****                ASPSIB

For Reporting Group SSN (          )

Issued from ( MM / CCYY ) to ( MM / CCYY )
            ( 12 / 2016 ) to ( 12 / 2017 )

Indicate the types desired using an X

( X ) All types
( ) ANFC/RUFA including Family Bonus/Parent Share
( ) IVD PA ( ) PSE/RPSE
( ) Food Stamps ( ) CSE
( ) General Assistance ( ) Lund Home
( ) Medicaid ( ) DEFRA
( ) Essential Person ( ) EFA
( ) Fuel ( ) Administration
( ) IV-D ( ) E&T
( ) RCHP/WORK/ORNT/WTW ( ) CC
( ) TCC ( ) DISP
( ) Premium Refund ( ) RA

USER: FNX: INQD MODE: D RPTGRP: HOH SSN   PERIOD: 12 16 COMMAND:
```


P-2355 Case Management Procedures for Temporary Absence

A. General Procedures

In certain cases where a child or parent/caretaker is or will be absent from the home for a period greater than 30 days, but not expected to exceed 180 consecutive days, the household may continue to receive Reach Up assistance.

Temporary absence may be allowed for a parent when they are absent from the home to receive inpatient or outpatient care from a hospital, substance abuse treatment facility, or other medical treatment institution. Temporary absence may be allowed for a child when a child(ren) is placed in the custody of Family Services Division (FSD); when they are absent from the home to receive care from a hospital, substance abuse treatment facility, or other medical institution; or when the child is incarcerated. Temporary absence based on the parent's voluntary agreement to place the child in someone else's care may also be eligible.

Example of a voluntary placement:

Mom has been experiencing an increase in mental health symptoms and is considering checking into Brattleboro Retreat for a period of time. Mom is supported by her mental health clinician and her primary care provider. Family Services is not involved. Providers write letters of support asking that it is in Mom and child's best interest child be separated from Mom and returned within 180 days. Child can stay temporarily with maternal grandmother, but Mom continues to need financial assistance so she can maintain her apartment. Case may be eligible for Temporary Absence.

Shared custody and Conditional Custody Orders (CCO) do not necessarily indicate a need for temporary absence unless the child(ren) is out of the household more than 50% of the time.

Homelessness alone doesn't disqualify the parent for continued benefits if the intent is for the parent and the child to be again living together within 180 days.

1. Reporting Temporary Absence

The household is responsible for reporting an absence, but if reported by FSD, Economic Services must act on the information.

- a. In cases involving children in FSD custody, FSD can either provide:

P-2355 Case Management Procedures for Temporary Absence

A. General Procedures (Continued)

- i. form [FS201FC-M](#) indicating if household is receiving Reach Up.
 - ii. an email to ESD stating that a child(ren) were removed that the current plan includes reunification.
- b. If the household reports to Case Management, the case manager reports temporary absence to Eligibility if not already reported.
- c. In all cases where case management is involved, the case manager will help explain the temporary absence process to the family. It will be assumed that participants will want their Reach Up benefit continued, but participants can opt out.

2. Determining Eligibility

- a. Eligibility will follow procedures to gather verification of absence. If case manager receives any verification it will be shared with Eligibility.
- b. The most common Temporary Absence cases involve FSD custody. If FSD reports at any point that the court approved plan for the family has changed to no longer include reunification as a goal, the case manager reports this to the Reach Up Supervisor who will send an email to AHS.DCFESDCOReachUp@vermont.gov for review of the case. If the decision is to close, the case manager will inform Eligibility and the Reach Up grant must close or be reduced.
- c. Each District will keep a list of all Temporary Absence decisions and submit a copy to Reach Up Central Office on a quarterly basis.

3. General Case Management Responsibilities:

- a. Case manager continues to administer the services component of the Reach Up Program.
- b. Family Development Plan requirements that were applicable prior to the absence still apply, unless in direct conflict with what is being required of the participant by FSD. FDP activities that support the parent's engagement with Family Services is recommended.

P-2355 Case Management Procedures for Temporary Absence

A. General Procedures (Continued)

- c. If it is unlikely that reunification will occur before the 180 days is completed, but the household remains eligible for a Temporary Absence, it is best practice to help the participant plan ahead for their transition off of Reach Up after their 180 day period has expired.

B. Temporary Absence of Child(ren)

ESD will use a teaming approach to monitor those cases where the temporary absence is due to custody or placement of the child by Family Services. The Family Services social worker assigned to the family, the parent/caretaker's Reach Up case manager, and Eligibility will work together to assist the family. In cases of a child only Reach Up grant, case management will not be set up and communication will remain between Family Services and the District Management Team.

1. Case Management Responsibilities

- a. The case manager will assist in obtaining a [201WC](#) release from the parent/caretaker in situations where the child's absence is due to incarceration, medical care, or a voluntary placement and contact the appropriate parties (including the parent/caretaker) two or more times per month including face to face, phone and email contact.
- b. In cases of FSD custody, case manager will have contact two times or more per month with the parent/caretaker and the Family Services social worker. This will include a monthly team meeting, as well as phone and email contact.
- c. Case manager will specifically inquire
 - i. Is the absence still expected to be less or no more than 180 days?
 - ii. Does the parent/caretaker still plan on having the child return home?
 - iii. What is the parent/caretaker's living situation? (Is she maintaining a home for the child's return? Up-to-date on rent? Looking for housing if "homeless"? ...etc.)

P-2355 Case Management Procedures for Temporary Absence

B. Temporary Absence of Child(ren) (Continued)

- d. Case manager will share pertinent information received from Eligibility or an institution with the Family Services social worker.
- e. Case manager will report any changes to Eligibility that might affect continuing eligibility for the Reach Up grant.

C. Temporary Absence of Parent/Caretaker

1. Case Management Responsibilities

- a. The case manager will assist in obtaining a [201WC](#) from the parent/caretaker and contact the hospital, substance abuse treatment facility or other medical institution.
- b. Case manager will code absent parent/caretaker as medically deferred from the work requirement.
- c. Case manager will have a minimum of contact two times per month with the absent parent/caretaker, if the facility and situation permit, in part to monitor the parent/caretaker's continuing ability to return within 180 days. This requirement can be waived in situations where it has been verified with the hospital, substance abuse treatment facility or other medical institution, that contact is not allowed, would be unreasonably difficult to arrange, or would be detrimental to the parent/caretaker's treatment plan.
- d. See B (1) c and d above.

P-2370 SOCIAL SECURITY SPECIALIST REFERRAL (B21-02)

Referrals can be made for Reach Up participants to work with a Social Security Specialist (SSS) that contracts with the Division. The SSS will help the participant apply for Social Security.

Criteria for referral

The following is required for making a referral to the SSS:

- Participant's goal is to apply for Social Security, and they would like to be supported by the SSS.
- A completed Social Security Specialist Referral form ([215-SR](#)), including a physical signature on the signed release on the 2nd page (may be a photo or fax of the 2nd page).
- At least one completed Temporary Medical Deferment form (210TMD)--if the participant is engaged with multiple providers consider getting 210TMDs from each provider.
- The latest Medical Review Team (MRT) decision if available and related to the disability for which the participant is applying for benefits.
- Print out of INFC D WAGE information from ACCESS showing all work history--preferred with the referral but can be provided at a later point if needed. Having print out makes applying easier because it provides information needed versus relying on the participant to provide it. It may be more accurate than what the participant provides.
- An additional ESD Waiver of Confidentiality (201WC) would be needed if additional information not listed on the referral with the SSS would be shared, OR if ESD needed to receive info from the SSS that the specialist could not disclose without a release.

Role of Social Security Specialist

Once a referral is received the Social Security Specialist (SSS) will call the participant to schedule an appointment. The SSS will notify the case manager of the appointment date via email. The SSS will send an email to the case manager when the participant attends the appointment.

The SSS are holding one-on-one meetings to provide information and answer questions about how they can support the participant in the Social Security application process.

If the participant agrees to continue working with the SSS, the SSS will meet with the participant to complete the function report and submit the application. This can take one to several appointments depending on the participant's disability and needs.

The SSS will provide updates around the participant's follow through with scheduling meetings and attending appointments, as well as where the participant is in the SS application process (appeal pending, recent denial, etc.) via email to the case manager.

If the participant does not attend an appointment and does not call to reschedule, the SSS will contact the case manager and offer a future meeting date for the participant. The case manager will then contact the participant for follow up in terms of Reach Up process and to inform of the new appointment. The case manager will notify the SSS of their interaction with the participant and anticipated next steps.

If the participant does not call and does not show for 3 appointments, the referral will be closed by the SSS. The case manager may re-refer after participant has demonstrated ability to follow through with appointments with case manager, treatment providers, etc.

After the application is completed and submitted, the SSS will not need to meet with the participant unless an unfavorable decision is reached. The SSS tracks the application once it is submitted and stays in communication with both participant and case manager around the VT Disability Determination Services (DDS) needs or requests.

When a determination on an application or appeal has been reached the SSS will notify the participant and the case manager of the decision and next steps if any.

Steps in the application process

Initial application – once submitted, VT DDS has 120 days to make a determination. If DDS requests a supplemental psychological or medical evaluation it is vital that the participant attend the scheduled evaluation. Not attending a scheduled evaluation will usually result in a denial. The SSS will inform the case manager if a supplemental evaluation is ordered. The case manager may need to provide support services to assist participant in attending evaluation.

Reconsideration – if the initial application is denied, the participant and SSS must submit a request for reconsideration within 60 days of the date on the denial letter. The SSS will communicate with the case manager around needs for additional work/treatment/activities to help prevail in the reconsideration. Once filed, DDS has 120 days to make a determination.

Administrative Law Judge (ALJ) Hearing – the SSS will provide a list of attorneys and representatives and the participant will choose who will represent them in the ALJ phase. The SSS will track the appeal at the ALJ level but is not typically involved beyond the referral to a rep and doing a regular check in with the Social Security Administration (SSA) around hearing dates and hearing results. The ALJ hearing will be set by either videoconference or in a location within 75 miles of the participant's home. It can take 18 to 24 months to have a hearing, depending on the ALJ backlog.

Hearing by the Appeals Council – handled by the attorney/representative. Lengthy waiting periods at this level.

Federal Court Review – same as above.

Expectations for Participant Engagement in the Process

Participants who have the goal of applying for disability and agreed to work with the SSS, should create a plan with their case manager to support this goal.

It is advised that during the application process, participants continue to engage in treatment of their stated disability. They can also explore what is possible regarding work activities while awaiting a decision. Progressive employment has been shown to be very effective with DDS determinations and can also help the participant see what they are truly capable of.

SSS Referral and Medical Review Team

When submitting a request to the Medical Review Team (MRT), indicate that a referral has been made to the SSS. Provide a synopsis of the level of engagement the participant has had with the specialist.

****Please Note:** The SSS provides application assistance and does not confirm if the participant is following through with treatment/engagement activities. This task is completed by the case manager.