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Field Operations Memo 2009-33
May 29, 2009

To: Transitional Assistance Office Staff

From:  John Augeri, Assistant Commissioner for Field Operations

Re: **SNAP: The Temporary Suspension of ABAWD Rules Based on the American Recovery and Reinvestment Act**

Overview

Field Operations Memo 2009-18 outlined several provisions of the recently-enacted American Recovery and Reinvestment Act of 2009 (ARRA, also known as the economic stimulus package) and discussed the impact on all Department programs. The ARRA also included a provision to temporarily suspend Able Bodied Adults Without Dependents (ABAWD) requirements. The ABAWD suspension will be addressed in this memo.

This memo informs TAO staff of:

- the termination of the ABAWD Waiver
- the ARRA suspension of ABAWD rules;
- BEACON coding related to the rule suspension; and
- case manager responsibilities for processing ABAWD cases at application and recertification.

**The Termination
of the ABAWD
Waiver**

Field Operations Memo 2008-33 implemented a waiver of the Work Program requirements for ABAWDs residing in certain areas of the state. This waiver has ended.

All ABAWDs, including ABAWDs who reside in former waiver areas, now fall under the ARRA-based ABAWD suspension rules.

**ARRA
Suspension of
ABAWD
Time Limits**

Under SNAP Work Program requirements (see 106 CMR 362.320), ABAWDs may only receive SNAP benefits for 3 months in a 36-month period unless the ABAWD is fulfilling the Work Program requirement by:

- working 20 hours per week; or
- participating in community service for a specified number of hours; or
- by a combination of work and community service.

Under ARRA, ABAWDs are not required to fulfill the SNAP Work Program requirement effective April 1, 2009 through September 30, 2010; however, ABAWDs will be required to fulfill SNAP/ET requirements.

**BEACON
Coding**

When an ABAWD is meeting the SNAP Work Program requirement, the ABAWD is also deemed to be fulfilling the SNAP/ET requirement (see 106 CMR 362.310). However, because of the temporary suspension of ABAWD rules, ABAWDs who have no other SNAP/ET exemption must now separately fulfill SNAP/ET requirements.

On the weekend of May 29, 2009, MIS will:

On the Work Requirements Window, in the Work Program Field

- automatically change all ABAWDs currently designated on BEACON as Work Program Required *Yes* to Work Program Required *No*;
- automatically change the Required Status Reason to *ABAWD Waiver*; and

On the Work Requirements Window, FS ET Field

- select *Yes* for the FS/ET Required radio button;
 - select *FSET Required* as the FS/ET Required Status Reason;
 - select *Yes* in the FS/ET Meets Compliance field; and
 - select *Participation* as the Compliance Reason window.
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**Case Manager
Responsibilities**

In January 2009, the SNAP 36-month clock was reset. Therefore, any client who failed to meet the Work Program requirement since January 2009 would have been scheduled to close during the month of April. With the issuance of this memo, case managers must not **disqualify ABAWDs who are not meeting the Work Program requirements.**

If a client is SNAP/ET-required, at application, the case manager must:

On the Work Requirements Window, FS Work Program Field:

- select *No* for the FS Work Program Required radio button; and
 - select *ABAWD Waiver* as the FS Work Program Required Status Reason.
-

Case Manager Responsibilities (Continued)

On the Work Requirements Window, FS ET Field

- select *Yes* for the FS/ET Required radio button;
- select *FSET Required* as the FS/ET Required Status Reason;
- select *Yes* in the FS/ET Meets Compliance field;
- select *Participation* as the Compliance Reason window; and
- refer the client to Skills Training and Related Job Search Activities available at One-Stop Career Centers across the state. To refer a client to a career center, see procedures in a *User's Guide: Transitional Assistance Programs and BEACON*, Chapter XI, Section C, pages 22-23; or
- give the client a *SNAP/ET Job Search Declaration* form (Attachment A), available online. To access the job search form, click on Policy Online, Online Forms, SNAP, SNAP/ET Job Search Declaration. The form has been updated with a new title *SNAP/ET Job Search Declaration*. The purpose of the form is to record contacts made in the job search process. The client must complete skills training or related job search activities within 60 days of enrollment, se 106 CMR 362.310.

At Application

At Recertification

To ensure that SNAP/ET-required clients are actually complying with SNAP rules, at the next recertification of the SNAP case, the case manager must:

- review the case to determine if the former ABAWD is still SNAP/ET-required;
- make changes to the FS/ET field of the Work Requirements window if the client has a SNAP/ET exemption reason; or
- follow the procedures above to refer the client to Skills Training and Related Job Search Activities or to refer the client to self-directed job search. As noted above the client may also volunteer for Education and Training opportunities.

Important: Case managers must not code clients as FS Work Program required – Yes. If a client is mistakenly coded as FS Work Program required – Yes, the corresponding selections will not be available in the Required Status Reason dropdown list because they have been eliminated. In addition, if a client is coded as FS Work Program required – Yes, the case manager will be unable to wrap-up the case because BEACON will view the Work Requirement window as incomplete.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.



SNAP/ET Job Search Declaration

*Massachusetts Department
of Transitional Assistance*

Case Manager Name _____

Name _____
(please print)

Address _____
(street) (city/town) (ZIP Code)

SSN _____

You are a SNAP/ET Job Search Program participant. _____
(Job Search Date)

You **must** complete the back of this form and return it to your DTA office
by _____
(Due Date)

- When you have done this activity:
- list the activities you completed on the back of this form;
 - sign and date the form; and
 - return the form to your DTA office.

If you have a good reason why you cannot complete this activity on time,
call your case manager right away.

I certify that I have completed the activities as listed on the back of this form.

Client's Signature _____

Date _____

