



**MFIP EMPLOYMENT SERVICES MANUAL
DESCRIPTION OF CHANGES ATTACHMENT
REVISED SECTIONS – ISSUED 10/2011**

1 (Glossary) Added word “Injured” to section 13.15.3 title.

2.6 (Work Force Attachment Model) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11.

3.39 (Glossary: S...) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11.

4.12 (Treatment of Income) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11.

4.18 (Work Incentives) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11.

4.21 (Grant Standards) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11. Updated the Bulletin “Work Will Always Pay...With MFIP” to new Bulletin number and name and provided a direct hyperlink to bulletin.

4.27 (Significant Change Policy) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11.

4.30 (Actual Budgeting) Updated earned income disregard from 37% to 38% due to policy change effective 10/1/11. Updated budgeting examples to reflect new amounts due to a 38% earned income disregard instead of a 37% disregard.

5.15 (Requirements and Sequence of Services) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

6.3.6 (Strengths-Based Approach) Added language in first paragraph about Motivational Interviewing. Removed the following entire section: **What is a strengths-based approach?** A strengths-based approach looks at each individual to see what his or her strengths are and then builds on those strengths. This is significantly different from a barrier identification approach, which emphasizes problem identification and elimination before placing the client in employment or other work activities. A strengths-based approach does not ignore or deny the existence of barriers; instead it asks where an individual’s strengths or greatest potential lie and then builds on those strengths. It is a positive approach to working with participants in a more respectful and possibility-focused manner.

A strengths-based approach starts with the very first interaction with the participant. First interactions are very important and set the stage for all future interactions. A positive approach that encourages client participation, and emphasizes the possibility of change, will help facilitate a positive response from the participant. It is important to remember that each individual has both strengths and barriers, but it is human nature to respond more positively when the strengths are emphasized rather than the barriers. Conveying a belief that working with MFIP Employment Services is a positive experience and using a strengths-based model will increase the chances for improved relationships and outcomes.

As stated earlier, a strengths-based approach does not ignore or deny the existence of barriers, but instead gauges the severity of the barrier compared to the individual's strengths. Unless the barrier is overwhelming, such as severe mental or physical health, or chemical dependency issues so great that the mental, physical or chemical dependency issues put the individual at risk of harming him/herself or others, generally a strengths-based approach will be more effective than pursuing a barrier identification and reduction model.

Key ideas and concepts for implementing a strengths-based approach with MFIP participants include:

- Philosophy is important. Encourage client participation and emphasize change.
- The aim is **NOT** to have “perfect”, problem free lives.
- Look for change early. Change is predictable, with the most significant change occurring early in the process.
- Identify small indicators of change or improvement and amplify those changes. (How did you get that job? What did you do? What needs to be in place for you to continue to be employed?).
 - If something is not working, take a few steps back and reconsider your approach, rather than just doing more of the same unsuccessful activities.
 - Approach each meeting or interaction as if it will be the only one.
 - Opening moments and interactions are crucial because they set the stage for all future interactions.
 - Be genuine and promote accountability for both you and the participant.
 - Build on the expectancy that accompanies the start of services. This can promote hope.
 - Be as clear as possible about your expectations.
 - Get to know the participant.
 - Use the assessment processes as opportunities to promote change and explore strengths and exceptions to problems.
 - Recognize that participant support systems are the most significant contributors to their own outcomes.
 - Identify internal strengths and abilities, including resilience and coping skills.
 - Identify and tap into past, present and potential social and community resources.
 - Explore competencies, resources and possibilities without minimizing challenges and problems.
 - Convey empathy and an unconditional positive approach.
 - Use language focused on possibility.
 - Focus on the present and future, without ignoring the past.
 - Collaborate and work toward agreement on goals and approaches to achieve those goals. If your participant knows the goals and agrees with them, you will increase the likelihood of a positive outcome.

- Avoid ambiguity. Make sure the goals are clear, observable, measurable and realistic.
- Learn how participant successes have occurred in the past, how they may occur again, and what is changing already.
- When possible, provide a range of options.
- Assist with improving social and vocational skills.
- Focus on change rather than the current situation where the client is “stuck” on welfare.
- Use approaches that encourage hope.
- Assist them by attributing the majority of change to their own qualities and actions. They are mainly responsible for their own successes.
- If you are not making progress with a participant, consult with the participant rather than resorting to theories. Theories tell you what can’t happen, clients will tell you what can happen.
- Consult with colleagues, use a team approach.
- Believe in what you do and how you do it.

EXAMPLE: Anna is an MFIP participant who is 30 years old and has a high school diploma. She has three children ages 12, 10 and 9, was never married, and receives no child support. She has a spotty work history and is not motivated to find work or change her current situation. Anna has been on MFIP for the past 4 years, and has been working with the same job counselor for the past 3 years. Anna’s last employment was in retail 4 years ago before she came on assistance.

Strengths-based approach:

Get to know the participant. You have been working with Anna for the past 3 years, but since no real progress is being made, it is likely there are important things you do not know about her life. She has been in unstructured job search for the past 3 years, and has been unsuccessful in finding work.

Take a new approach. You have evidence that unstructured job search does not work. Begin by stopping the unsuccessful activity and starting something new. For example, implement a structured, group-based job search that models a real life work situation. The model is a small group of 10 to 15 MFIP participants who meet at 8:00 each morning 5 days a week at the Workforce Center. Each day the group does 1 to 2 hours of activities, and then plans out their-strategies for a day of job search. After the group activity, each participant goes out into the community searching for work, applying, and interviewing in a thoughtful manner. The group then reconvenes at 3:30 each day to discuss successes, to network and to share lessons learned. They then start planning for the next days job search.

This structure allows you to get to know your participants. You are meeting with them daily, coaching and modeling successful work behavior for them. This intensive model will provide opportunity to observe what works and what does not work. It gives you the opportunity to expand on what does work, using a strengths-based approach, and to stop doing what does not work. The structured job search, strengths-based approach will provide you with much more information about the participant, and increased opportunities to be successful at an earlier stage. Using this model, it is clear to everyone involved that looking for work is a full-time job that demands each job seeker’s full-time attention. It also sends the important message that you are committed to helping them to be successful.

Old barrier-focused model:

The old barrier-focused model would basically have Anna continue doing more of the same activities that had not worked for three years. She would continue to be assessed and informed of all of the barriers that prevent her from being successful. This approach could cause her to see herself as a failure and she might withdraw even more from the work world.

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

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

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

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

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

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

ASKING PERMISSION

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

Examples of Asking Permission

“Do you mind if we talk about [insert behavior]?”

“Can we talk a bit about your [insert behavior]?”

ELICITING/EVOKING CHANGE TALK

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

Questions to Elicit/Evoke Change Talk

“What would you like to see different about your current situation?”

“What makes you think you need to change?”

“What will happen if you don’t change?”

“What will be different if you start working?”

“What would be the good things about changing your [insert risky/problem behavior]?”

“Why do you think others are concerned about your [insert risky/problem behavior]?”

Elicit/Evoke Change Talk For Clients Having Difficulty Changing: Focus is on being supportive as the participant wants to change but is struggling.

“How can I help you get past some of the difficulties you are experiencing?”

“If you were to decide to change, what would you have to do to make this happen?”

Elicit/Evoke Change Talk by Provoking Extremes: For use when there is little expressed desire for change. Have the participant describe a possible extreme consequence.

“Suppose you don’t change, what is the WORST thing that might happen?”

“What is the BEST thing you could imagine that could result from changing?”

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

“If you make changes, how would your life be different from what it is today?”

“How would you like things to turn out for you in 2 years?”

OPENED-ENDED QUESTIONS

Rationale: When job counselors use open-ended questions it allows for a richer, deeper conversation that flows and builds empathy with participants. In contrast, too many back-to-back closed- or deadened questions can feel like an interrogation (e. g., *“How many jobs have you had?”* *“How many years have you had an alcohol problem?”* *“How many times have you*

been arrested?”). Open-ended questions encourage clients to do most of the talking, while the therapist listens and responds with a reflection or summary statement. The goal is to promote further dialogue that can be reflected back to the participant by the job counselor. Open-ended questions allow participants to tell their stories.

Examples of Open-Ended Questions

“Tell me what you like about your [insert risky/problem behavior].”

“What’s happened since we last met?”

“What makes you think it might be time for a change?”

“What happens when you behave that way?”

“Tell me more about when you lost your last job.”

“What’s different for you this time?”

“What was that like for you?”

REFLECTIVE LISTENING

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

Examples of Reflective Listening (generic)

“It sounds like....”

“What I hear you saying...”

“So on the one hand it sounds like And, yet on the other hand....”

“It seems as if....”

“I get the sense that....”

“It feels as though....”

Examples of Reflective Listening (specific)

“It sounds like you recently became concerned about your [insert risky/problem behavior].”

“It sounds like your [insert risky/problem behavior] has been one way for you to [insert whatever advantage they receive].”

“I get the sense that you want to get a job, and you have concerns about [insert topic or behavior].”

“What I hear you saying is that your [insert risky/problem behavior] is really not much of a problem right now. What you do think it might take for you to change in the future?”

“I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past.”

NORMALIZING

Rationale: Normalizing is intended to communicate to participants that having difficulties while changing is not uncommon, that they are not alone in their experience, or in their

ambivalence about changing. Normalizing is not intended to make participants feel comfortable with not changing; rather it is to help them understand that many people experience difficulty changing.

Examples of Normalizing

“A lot of people are concerned about changing their [insert risky/problem behavior].”

“Most people report both good and less good things about their [insert risky/problem behavior].”

“Many people report feeling like you do. They want to change their [insert risky/problem behavior], but find it difficult.”

“That is not unusual, many people report having made several previous quit attempts.”

6.3.24 (Intervention Documentation & Plans) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

7.3 (Employment Plan) Removed words “And must comply with a plan” in the **Who Must Comply with an EP** section. Updated sentence in the **Contents of the EP** section from “Revisions to an existing EP should also be initialed and dated by both.” to now say “Revisions to an existing EP should also be signed and dated by you and the participant.”

8.3 (Unsubsidized Employment) Added the following Note to this section “Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a “work activity.” Activities or hours a participant participates in for political purposes, which are defined as “an act that is intended or done to influence, directly or indirectly, voting at a primary or other election” are not countable work activities.” due to policy clarification.

9.3 (Unpaid Employment Activities) Added the following information to this section:

“Occasionally though, a participant expresses interest in voluntarily exceeding the maximum hours that are allowed under the FLSA. When this situation arises it is important that the participant is informed of the following:

- The activities included in the participant’s employment plan are required. The participant cannot substitute time spent in the additional voluntary job for the required activities in the employment plan.
- The maximum number of hours the participant could be required to work in an unpaid job is determined by dividing the participant’s MFIP grant (both the cash and food portions) by the federal minimum wage.
 - The maximum number of hours allowed under the FLSA will not change until the participant’s MFIP or DWP grant amount changes;

- Employment counselor should make changes to the participant's employment plan with the correct number of hours when the participant's MFIP grant amount changes.
- Any additional time the individual chooses to voluntarily work in any unpaid job is not associated in any way with the MFIP or DWP programs.
 - The additional volunteer time the participant wishes to work is a free choice the participant is free to make on his or her own. It is not required or otherwise approved by the participant's employment counselor. Therefore, the county/provider cannot sanction a participant for failing to follow through with the additional volunteer assignment.
 - The additional volunteer time will not be included in the participant's employment plan;
 - The participant will not be compensated for the additional volunteer time, including any additional support services;
 - No additional child care will be available for the additional volunteer time;
 - The participant's activity log/time sheet should only include required work activity hours. The additional volunteer time should not be entered on an activity log/time sheet.
 - In the event the participant records hours from the additional volunteer job on his/her time sheet, the employment counselor should identify the additional voluntary time, and record a case note to explain the additional hours;
 - Do not time track these additional volunteer hours.

NOTE: This guidance does not apply to participants who are sentenced to court ordered community service. For participants engaged in court ordered community service record the required hours in the employment plan and enter a case note that the hours in the plan are for court ordered community service.

And added the following Note to this section "Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a "work activity." Activities or hours a participant participates in for political purposes, which are defined as "an act that is intended or done to influence, directly or indirectly, voting at a primary or other election" are not countable work activities." due to policy clarification.

11.6 (FSS Eligibility Criteria) Added word "Injured" to the title "Ill/Incapacitated Extension" category throughout section.

13.3 (60-Month Lifetime Limit) Added the following reason to the list of when a month would be counted towards a participant's 60-Month time limit: Months a caregiver is disqualified from MFIP

due to an Intentional Program Violation (IPV) after 10/1/2007. This reason was added due to policy changes for 10/1/2007.

13.6 (Transition Period – 48 to 60 Months) Removed the following section as its now mentioned in section 13.12: “**NOTICES:** MAXIS identifies cases at the 48th month and notifies the county. MAXIS also sends notices to the family about the 60-month time limit and how many months of MFIP they have used. Notices to the family are sent monthly between the 48th and 59th month.”

13.12 (60-Month Notice Requirements) Removed the following sentences from section as they are not appropriate in this section: “It is critical that the information recorded on the MAXIS TIME panel reflects the participant’s situation. Workers should review the TIME panel with the participant at least yearly to make sure that the information on the panel is correct. MAXIS will mail 1 notice for each MFIP caregiver who has reached his or her 48th month of MFIP. MAXIS will mail 2 separate notices, if 2 adult members of the MFIP unit have reached the 48th month of counted MFIP. The notice(s) will be addressed to the head of household. The financial worker reviews the accuracy of the information with the participants at recertification and at other times when he/she meets with participants. And added the following language from other manual sections (see item above) “**NOTICES:** MAXIS identifies cases at the 48th month and notifies the county. MAXIS also sends notices to the family about the 60-month time limit and how many months of MFIP they have used. Notices to the family are sent monthly between the 48th and 59th month.”

Financial workers use the STAT/TIME panel in MAXIS to record the history of a caregiver’s receipt of assistance toward the 60-month limit. This tracking triggers MAXIS to mail person-specific notices regarding the limits. See §13.6 (Transition Period - 48 to 60 Months). The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left.”

13.15 (Hardship Extensions) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

13.15.3 (Ill/Injured/Incapacitated Extensions) Added word “Injured” to section as it was mistakenly left out originally.

13.15.6 (Ill/Injured/Incapacitated Extension Criteria) Added the word “Injured” to phrase “Ill/Incapacitated” where missing. Cleaned up paragraph in the the **When Both Parents Reach Month 60 at the Same Time** section and removed the sentence “Neither one is required to participate in Employment Services.” as this is no longer policy.

13.15.9 (Special Medical Criteria Extension) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

13.18 (Hard to Employ Extensions) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

13.18.6 (Learning Disabled Extension Criteria) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section.

13.21.6 (Employed Extension Criteria – 2-Parents) Add word “their” and removed word “the” in the last bullet point in section **WHEN BOTH PARENTS REACH THE 60-MONTH LIFETIME LIMIT AT THE SAME TIME.**

13.21.9 (Limited Work Due to Illness/Disability Extension Criteria) Added word “Injured” to the title “Ill/Incapacitated Extension” category throughout section. Changed capitalized letter on word “For” in reference to the Request for Medical Opinion.

14.9 (Sanction Provisions for FSS) Updated manual reference and manual section title.

Appendix A-1 (MFIP Initial Eligibility Threshold Guide) Updated table to reflect new Oct. 1, 2011 standards, specifically the 10/1/2011 Transitional Standards, Maximum Monthly Gross Earnings of Applicant to be Eligible for MFIP, Maximum Hourly Wage of Applicant to be Eligible for MFIP and Monthly 2011 Federal Poverty Guidelines*.

Appendix A-2 (Amount of Earnings Need to Exit MFIP Cash) Updated table to reflect new Oct. 1, 2011 standards, specifically the Full MFIP Food Portion Effective 10/1/11, Monthly Income, Annual Income, Weekly Hours Must Work at Minimum Wage, Hourly Wage, Child Care Bi-Weekly Co-Pay when Lose Cash, and Percent of FPG when Lose Cash Portion.

Appendix A-3 (Amount of Earnings Need to Exit MFIP) Updated table to reflect new Oct. 1, 2011 standards, specifically the Family Wage Levels, Monthly Income, Annual Income, Hourly Wages, Child Care Bi-Weekly Co-Pay when Exit MFIP, and Percent of FPG when Exit MFIP.

TABLE OF CONTENTS

CHAPTER 1	TABLE OF CONTENTS
CHAPTER 2	INTRODUCTION AND PROGRAM GOALS
2.3	Introduction and Program Goals
2.6	Work Force Attachment Model
CHAPTER 3	GLOSSARY
3.3	Glossary: A...
3.6	Glossary: B...
3.9	Glossary: C...
3.12	Glossary: D...
3.15	Glossary: E...
3.18	Glossary: F...
3.21	Glossary: G...
3.24	Glossary: H-K...
3.27	Glossary: L...
3.30	Glossary: M-N...
3.33	Glossary: O-Q...
3.36	Glossary: R...
3.39	Glossary: S...
3.42	Glossary: T-Z...
CHAPTER 4	GENERAL MFIP POLICY
4.3	Client Responsibilities and Rights
4.3.3	Client Rights
4.3.6	Client Rights - Civil Rights
4.3.9	Civil Rights and the Americans with Disabilities Act
4.3.12	Client Rights - Limited English Proficiency (LEP)
4.3.15	Client Rights - Data Privacy
4.6	MFIP Assistance Unit
4.9	Family Cap
4.12	Treatment of Income
4.15	Assets
4.18	Work Incentives
4.21	Grant Standards
4.24	Budgeting Policies
4.27	Significant Change Policy
4.30	Actual Budgeting
4.33	Opting Out of MFIP Cash Portion
4.36	Case Transfer Policy

TABLE OF CONTENTS

1

CHAPTER 5	ORIENTATION AND OVERVIEW TO MFIP
5.3	Orientation to Financial Assistance
5.3.3	Good Cause for Failure to Attend Financial Orientation
5.6	Timing for Employment Services
5.9	Referring Participants to ES/Choice of Providers
5.12	Employment Services Overview
5.15	Requirements and Sequence of Services
CHAPTER 6	CONTINUOUS ASSESSMENT
6.3	Assessment
6.3.3	Contents of an Assessment
6.3.6	Strengths-Based Approach
6.3.9	Requirements for Teen Parents
6.3.12	Chemical/Mental Health/Learning Needs Screening
6.3.15	Intervention Levels
6.3.18	Intervention Levels - Obtaining/Exchanging Information
6.3.21	Chemical & Mental Health Assessments: Referrals/Costs
6.3.24	Intervention Documentation & Plans
6.6	Employability Measure
CHAPTER 7	EMPLOYMENT PLAN
7.3	Employment Plan (EP)
7.3.3	Plan Types
7.3.6	Functions of the EP
7.3.9	Goals in the EP
7.6	Minimum Hourly Activity Requirements
7.9	Allowable Activities
7.9.3	Order of Preference for Allowable Activities
7.12	Plan for Victims of Family Violence
7.15	EP - Reduced Hours Due to Good Cause
7.18	Accommodations for Disabled Participants
7.18.3	EP for Participants with a Disability
7.21	Supporting Participants with Limited English
7.24	Importance of Monitoring - 2-Way Responsibility
7.27	Importance of Monitoring - Evaluation & Reporting
7.30	Monitoring Employment
7.33	Monitoring Self-Employment
7.36	Family Violence Waiver Option
7.36.1	Safe At Home Program
7.36.3	Person Trained in Domestic Violence

TABLE OF CONTENTS

1

CHAPTER 8	PAID EMPLOYMENT ACTIVITIES
8.3	Unsubsidized Employment
8.6	Self-Employment
8.6.3	Self-Employment Earnings & Hours
8.9	OJT & Paid Work Experience
8.12	Grant Diversion
8.15	Paid Employment Documentation & Verification
8.18	Non-Displacement
CHAPTER 9	UNPAID ALLOWABLE ACTIVITIES
9.3	Unpaid Employment Activities
9.6	Injury Protection Program
9.9	Unpaid Employment Documentation & Verification
9.12	Job Search Activities
9.12.3	Structured Job Search
9.12.6	Referrals to Employers/Temporary Employment
9.15	Preparing for Self-Employment
9.18	Job Search/Job Readiness Documentation & Verification
9.21	Training & Education
9.24	Basic Education or GED
9.27	Post-Secondary Training & Education
9.27.3	Approving Post-Secondary Training/Ed. at Assessment
9.30	ESL & Functional Work Literacy (FWL)
9.33	Education/Training Documentation & Verification
9.36	Social/Legal/Health-Related Services
9.39	Social Services Activities
9.42	Social Services Documentation & Verification
9.45	Holding & Other Activities
9.45.3	Holding & Other Activities Documentation & Verification
9.47	Rounding Unpaid Activity Hours
9.48	Holidays & Excused Absences
9.51	Identifiers
CHAPTER 10	SUPPORT SERVICES
10.3	MFIP Child Care
10.3.3	General Requirements for Child Care Assistance
10.3.6	Job Counselor's Role
10.3.9	Child Care for Preliminary Activities
10.3.12	Allowable Child Care Expenses
10.3.15	Child Care for Job Search Activities

TABLE OF CONTENTS

1

10.3.18	Child Care for Employment
10.3.21	Child Care for Self-Employment
10.3.24	Child Care for Training and Education
10.3.27	Child Care for Social Services in the Employment Plan
10.3.28	Child Care For Medical Restrictions in the EP
10.3.30	Child Care for 2-Parent Families
10.3.33	Special Needs Child Care
10.3.36	Good Cause - Inability to Obtain Child Care
10.6	Continuation of Support Services
10.6.3	Chemical/Mental Health Assessment Support Services
10.6.6	Transition Year Child Care
10.6.9	Basic Sliding Fee Child Care
10.6.12	Transitional MA Programs
10.9	Use of Funds
CHAPTER 11	FAMILY STABILIZATION SERVICES (FSS)
11.3	Family Stabilization Services (FSS)
11.6	FSS Eligibility Criteria
11.9	FSS Service Timelines
11.12	FSS Communication & Contact Requirements
11.15	FSS Case Management Model
11.18	FSS Sanction Provisions
CHAPTER 12	TANF FUNDING & REGULAR ES
12.3	(Returning Cases to TANF Funding & Regular ES)
CHAPTER 13	EXTENSIONS
13.3	60-Month Lifetime Limit
13.6	Transition Period - 48 to 60 Months
13.9	180 to 60 Days Before MFIP Closes
13.12	60-Month Notice Requirements
13.15	Hardship Extensions
13.15.3	Ill/ Injured /Incapacitated Extensions
13.15.6	Ill/ Injured /Incapacitated Extension Criteria
13.15.9	Special Medical Criteria Extension
13.15.12	Needed in the Home Extension Criteria
13.18	Hard to Employ Extensions
13.18.3	Developmental Disabilities/Mental Illness Extension Criteria
13.18.6	Learning Disabled Extension Criteria
13.18.9	IQ Below 80 Extension Criteria

TABLE OF CONTENTS

13.18.12	Unemployable Extension Criteria
13.18.15	Family Violence Extension Criteria
13.21	Employed Extensions
13.21.3	Employed Extension Criteria - 1-Parent Units
13.21.6	Employed Extension Criteria - 2-Parent Units
13.21.9	Limited Work Due to Illness/Disability Extension Criteria
CHAPTER 14	NON-COMPLIANCE & SANCTIONS
14.3	Non-Compliance
14.3.3	Pre 60-Month Type/Length of ES Sanctions
14.3.6	Drug Felons Sanctions - Job Counselor Responsibilities
14.6	Good Cause for Non-Compliance
14.9	Sanction Provisions for FSS
14.12	Communicating With the County Agency
14.15	Notifying the Participant
14.15.3	Options for Preventing a Sanction
14.15.6	Failure to Respond & Notice of Adverse Action
14.18	Time Lines for Curing the Sanction
14.21	Removal of a Sanction
14.24	Case Review Requirements for Occurrences of Sanctions
14.27	Reduction or Discontinuation of Support Services
14.30	Post 60-Month Type/Length ES Sanctions - General Provisions
14.30.3.3	Post 60-Month Type/Length ES Sanctions - Removing Caregivers
14.33	Fraud
14.36	Guidelines for Working with Sanctioned Participants
14.39	Dispute Resolutions
CHAPTER 15	SYSTEM INFORMATION
15.3	MFIP Data Supporting Systems
15.6	Workforce One (WF1)
15.9	MAXIS Tracking for Certain Data Elements
CHAPTER 16	PERFORMANCE MEASURES
16.3	TANF Participation Rate
16.9	Self Support Index

TABLE OF CONTENTS

1

CHAPTER 17	DWP PROGRAM COMPONENTS AND POLICIES
17.3	DWP Program Introduction and Goals
17.6	DWP Requirements and Sequence of Employment Services
17.9	Unlikely to Benefit – Conversion or Referral to MFIP
17.12	Transition to MFIP After 4-Month DWP Period
17.15	Initial DWP Employment Plan
17.18	Revised (Ongoing) DWP Employment Plan
17.21	Modified DWP EPs and Special Circumstances
17.24	Addressing Barriers
17.27	Allowable DWP Work Activities
17.30	Structured and Intensive Job Search
17.33	Non-Compliance and Disqualification
17.36	Good Cause
17.39	Impact on Other Programs
17.42	DWP Assistance Standards
APPENDICES	
Appendix A	MFIP Assistance Standards
Appendix A-1	MFIP Initial Eligibility Threshold Guide
Appendix A-2	Amount of Earnings Needed to Exit MFIP Cash
Appendix A-3	Amount of Earnings Needed to Exit MFIP
Appendix B	DHS Forms
Appendix C	How to Track Hours Per Week
Appendix D	What to Include in the MFIP/DWP ES Paper Files
Appendix E	MFIP Activity Table
Appendix E-1	Exit Reasons
Appendix E-2	Activity Tip sheet
Appendix F	Regional Teams/Contact Lists for MFIP & DWP
Appendix G	Resources for Americans with Disabilities (ADA)
Appendix G-1	Decision Points for Employment Counselors
Appendix G-2	Decision Points for Financial Workers
Appendix G-3	DHS - SSI Advocates List
Appendix G-4	Disability Criteria for SSI Benefits
Appendix H	FSS Sanction Guidance

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

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

- Delivering a strong and consistent message about the 60-month time limit for MFIP and the importance of work.
- Providing easy access to materials and equipment that facilitate job search and promote positive work messages by means of posters and displays of success stories.

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

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

Grants for working families are calculated from a higher standard than those for families that do not work. An ongoing disregard of 38% of earned income helps to cover work-related expenses and increases net income. Federal and state tax credits are also available. The result of these MFIP policies is that **WORK ALWAYS PAYS**; participants are always financially better off working. See Chapter 4 (General MFIP Policy) for additional information on MFIP policies and budgeting.

SANCTIONED MONTH :

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

SANCTIONS :

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

SAFE AT HOME (SAH) PROGRAM :

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

SECONDARY SCHOOL :

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

SELF-EMPLOYMENT :

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

SELF-SUPPORT INDEX :

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

SHARED HOUSEHOLD STANDARD :

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

NOTE: For extension purposes, the standard used when a mandatory household member is removed from the MFIP household for non-compliance with Employment Services requirements. The financial worker is responsible for implementing this standard on MAXIS.

SIBLINGS :

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

SIGNIFICANT CHANGE :

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

SOCIAL SERVICES :

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

SPOKEN LANGUAGE PROFICIENCY :

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

SPL :

See SPOKEN LANGUAGE PROFICIENCY.

SPOUSAL SUPPORT :

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

SPOUSE :

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

SSA :

Social Security Administration.

SSI :

See SUPPLEMENTAL SECURITY INCOME (SSI) below.

STEPPARENT :

The spouse of a child's natural, adoptive, or legal parent.

SUBSIDIZED PRIVATE SECTOR EMPLOYMENT:

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

SUBSIDIZED PUBLIC SECTOR EMPLOYMENT:

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

SUITABLE EMPLOYMENT :

Suitable employment:

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

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

SUPPLEMENTAL SECURITY INCOME (SSI) :

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

SUPPORTED WORK :

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

SUSPENSION :

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

SWORN STATEMENT :

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

INITIAL INCOME TEST

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

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

- 18% of gross earnings or 38% of the unit's gross earnings if anyone in the unit was a Minnesota participant of MFIP in any 1 of the previous 4 months.
- Child care costs up to \$175 per child for children age 2 and older, and up to \$200 per child for children under age 2.
- All court-ordered child support being paid for the support of children not living in the assistance unit's household.
- An allocation for the unmet need of an ineligible spouse or children.

The family is eligible if it:

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

MONTHLY INCOME TEST

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

- 38% of gross earnings are disregarded to arrive at the "net earnings".
- The "net earnings" are subtracted from the Family Wage Level, which is 10% higher than the Transitional Standard.

TREATMENT OF INCOME**4.12**

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

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

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

LUMP SUM PAYMENTS

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

TREATMENT OF THE FOOD PORTION OF MFIP

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

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

TREATMENT OF HOUSING SUBSIDIES

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

EXEMPTIONS:

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

- Age 60 or older;

OR

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

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

OR

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

OR

- A caregiver who is an SSI recipient.

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

- Deny the application when applicants do not provide verification of the amount of the subsidy.
- Close the case when participants fail to provide verification of the rent subsidy amount:

TREATMENT OF INCOME

4.12

- At the time of the recertification.

OR

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

OR

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

TREATMENT OF SSI INCOME

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

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

- A 2-tiered payment standard that uses a higher standard (Family Wage Level) whenever there is earned income.
- A 38% disregard of gross earnings which is available as long as the family receives MFIP.

Both entry-level jobs and part-time jobs are realistic alternatives. The Family Wage Level and 38% earnings disregard ALWAYS result in participants being better off when they work.

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

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

Work incentives and tax credits provide families with new opportunities. They can make choices which can increase their income and make self-sufficiency a reality. Participants can enter the job market slowly and with entry-level jobs still see a benefit to their family in terms of increased income. See DHS Bulletin [#11-11-01](#) (DHS Reissues “Work Will Always Pay... With MFIP”) [handout](#) to show changes effective October 1, 2011). Also see Appendix A (MFIP Assistance Standards), Appendix A-1 (MFIP Initial Eligibility Threshold Guide), Appendix A-2 (Amount of Earnings Needed to Exit MFIP Cash), Appendix A-3 (Amount of Earnings Needed to Exit MFIP) for MFIP Assistance Standards and tables comparing family size, grant amounts, income amounts, and “exit levels”.

A general description of the components that affect the MFIP grant are as follows:

➤ **TRANSITIONAL STANDARD**

The MFIP Transitional Standard is the base standard issued for most families with no earnings or with only unearned income. The Transitional Standard has a cash portion and a food portion. The MFIP grant is issued as cash through Electronic Benefit Transfer (EBT) and food through EBT at the grocery store. In a small number of cases, where unrelated people reside in the same household, families receive a reduced benefit called a Shared Household Standard.

➤ **EARNINGS DISREGARD**

The earnings disregard of 38% is applied every month the family has earnings. The disregard is available to each working member of the unit.

➤ **FAMILY WAGE LEVEL**

Whenever a family has earnings, 38% of the earnings are disregarded and the resulting net is subtracted from the Family Wage Level (which is 110% of the Transitional Standard). This means that, up to a certain level of earnings, a family may not experience a reduction in the grant amount. For example, a family with 1 adult and 2 children could have \$149 in gross earnings and would still receive the full Transitional Standard of \$1,005. A family will never receive a grant payment greater than the Transitional Standard.

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

SIGNIFICANT CHANGE POLICY**4.27**

MFIP has a "significant change" policy to address a decline of income. If a family experiences a decline in gross earned or unearned income of 38% or more in the payment month from income received in the budget month, a supplement can be issued in the payment month. For example, if the hours worked by the participant are reduced in June, and the participant's June payment was based on full-time work in April, a supplement can be issued in June based on the "best estimate" of income that will be received in June. The participant must request this recalculation to be done by the financial worker and can only receive this supplement twice in a 12-month period.

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

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

There are 3 MFIP budgeting rules to remember:

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

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

The following examples illustrate the effects of earnings on the payment amount (standards EFFECTIVE 10-1-09):

CASE EXAMPLE 1:

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

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

CASE EXAMPLE 2:

The same family consists of 1 adult and 1 child. The participant is employed part-time and receives \$400 in gross earnings per month. She/he receives 2 work incentives -- the Family Wage Level and the 38% disregard.

\$400	Gross Earnings
<u>-152</u>	38% disregard
\$248	Net earnings

\$840	Family Wage Level
<u>-248</u>	Net earnings
\$592	MFIP Grant

Result: Family receives \$400 in gross earned income (less paycheck deductions such as taxes and FICA) and \$592 grant = \$992 total family income (less paycheck deductions). In this case, the grant includes \$189 cash and \$327 in food portion.

ACTUAL BUDGETING

4.30

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

CASE EXAMPLE 3:

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

\$900	Gross Earnings
<u>-342</u>	38% disregard
\$558	Net earnings
\$840	Family Wage Level
<u>-558</u>	Net earnings
\$282	MFIP Grant

Result: Family receives \$900 in gross earning (less paycheck deductions such as taxes and FICA) and \$282 grant = \$1,182 total family income. Because the entire grant amount (\$282) is in food portion, this month DOES NOT count against the 60-month maximum lifetime limit. Again, the family would be eligible for EIC and MWFC.

As illustrated by these examples, a NON-WORKING family receives cash and food benefits of \$840. With earnings of \$400 per month, the cash and food benefit grant is \$592 and the combined gross income is \$992 (less paycheck deductions). With increased earnings of \$900, the food benefit is \$282, the combined gross income is \$1,182 (less paycheck deductions), and the month does not count against the 60-month maximum lifetime limit.

CHILD CARE CO-PAYMENTS

Child care co-payments are based on household size and income. Co-payments are assessed on family income beginning at 75% of the federal poverty guidelines (FPG) and are increased to provide movement to full payment of child care costs as parents' income increases.

Families with income less than 75% of the Federal Poverty Guidelines (FPG) do not have a co-payment. Families with income between 75% - 100% of the FPG pay a biweekly co-payment fee of \$2.00.

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

For co-payment charts for all income levels and household sizes, refer to DHS Bulletin #10-68-14 (DHS Announces Copayment Schedules for the Child Care Assistance Program).

TAX CREDITS

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

REQUIREMENTS

Participants have 2 basic requirements:

- **DEVELOP A PLAN.** Participants must meet with you for an assessment and to develop an Employment Plan.
- **COMPLY WITH THE PLAN.** Participants must comply with the terms of their Employment Plan. For most participants, this means participating in job search activities. For details on requirements for these components, see §7.3 (Employment Plan (EP)).

SEQUENCE OF SERVICES

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

1. An overview of MFIP Employment Services. See §5.12 (Employment Services Overview).
2. An assessment and development of Employment Plan. See §6.3 (Assessment), §6.3.3 (Contents of an Assessment), §7.3 (Employment Plan (EP)).
3. Job search. See §9.12 (Job Search Activities).

Each of these services is described later in this chapter.

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

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

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

Family Violence).

STRENGTHS-BASED APPROACH

6.3.6

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

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

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

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

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

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

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

ASKING PERMISSION

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

Examples of Asking Permission

“Do you mind if we talk about [insert behavior]?”

“Can we talk a bit about your [insert behavior]?”

ELICITING/EVOKING CHANGE TALK

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

Questions to Elicit/Evoke Change Talk

“What would you like to see different about your current situation?”

“What makes you think you need to change?”

“What will happen if you don’t change?”

“What will be different if you start working?”

“What would be the good things about changing your [insert risky/problem behavior]?”

“Why do you think others are concerned about your [insert risky/problem behavior]?”

Elicit/Evoke Change Talk For Clients Having Difficulty Changing: Focus is on being supportive as the participant wants to change but is struggling.

“How can I help you get past some of the difficulties you are experiencing?”

“If you were to decide to change, what would you have to do to make this happen?”

Elicit/Evoke Change Talk by Provoking Extremes: For use when there is little expressed desire for change. Have the participant describe a possible extreme consequence.

“Suppose you don’t change, what is the WORST thing that might happen?”

“What is the BEST thing you could imagine that could result from changing?”

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

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

OPENED-ENDED QUESTIONS

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

Examples of Open-Ended Questions

“Tell me what you like about your [insert risky/problem behavior].”
“What’s happened since we last met?”
“What makes you think it might be time for a change?”
“What happens when you behave that way?”
“Tell me more about when you lost your last job.”
“What’s different for you this time?”
“What was that like for you?”

REFLECTIVE LISTENING

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

Examples of Reflective Listening (generic)

“It sounds like....”
“What I hear you saying...”
“So on the one hand it sounds like And, yet on the other hand....”
“It seems as if....”

“I get the sense that....”

“It feels as though....”

Examples of Reflective Listening (specific)

“It sounds like you recently became concerned about your [insert risky/problem behavior].”

“It sounds like your [insert risky/problem behavior] has been one way for you to [insert whatever advantage they receive].”

“I get the sense that you want to get a job, and you have concerns about [insert topic or behavior].”

“What I hear you saying is that your [insert risky/problem behavior] is really not much of a problem right now. What you do think it might take for you to change in the future?”

“I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past.”

NORMALIZING

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

Examples of Normalizing

“A lot of people are concerned about changing their [insert risky/problem behavior].”

“Most people report both good and less good things about their [insert risky/problem behavior].”

“Many people report feeling like you do. They want to change their [insert risky/problem behavior], but find it difficult.”

“That is not unusual, many people report having made several previous quit attempts.”

In conclusion:

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

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

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

Update Employment Plans to:

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

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

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

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

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

WHO MUST COMPLY WITH AN EP

All MFIP participants:

- Are mandatory ES participants.
- AND

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

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

- Failure to sign an Employment Plan is considered failure to develop an EP and should result in a sanction. See §7.6 (Minimum Hourly Activity Requirements), §14.36 (Guidelines for Working with Sanctioned Participants).
- Failure to develop or comply with the EP on the part of a participant in the FSS service track may also result in a sanction however pre-sanction FSS provisions apply. See §11.18 (FSS Sanction Provisions).

WHEN TO DO AN EP

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

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

CONTENTS OF THE EP

The EP must include:

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

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

EPs should include enough hours to meet participation requirements unless a compelling reason to do less is case-noted in the participant's file. See §7.6 (Minimum Hourly Activity Requirements). Note that teen parents meet secondary education requirements by enrolling in and attending school. See §6.3.9 (Requirements for Teen Parents) and §7.6 (Minimum Hourly Activity Requirements).

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

VICTIMS OF FAMILY VIOLENCE

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

For the definition of unsubsidized employment, see §3.42 (Glossary: T-Z...).

The following activities should be used when a participant is in unsubsidized employment:

EMPLOYED 30 HOURS OR MORE PER WEEK (Core Activity)

This activity is used for participants who work 30 hours or more per week and continue to receive MFIP assistance. Hours per week could be the result of two or more part-time jobs. Include paid internships, work study, and self-employment in this activity.

EMPLOYED LESS THAN 30 HOURS PER WEEK (Core Activity)

This activity is used for participants who work less than 30 hours per week and continue to receive MFIP assistance. Include paid internships, work study and self-employment for less than 30 hours a week in this activity. Hours can be the result of 2 or more part-time jobs.

Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a “work activity.” Activities or hours a participant participates in for political purposes, which are defined as “an act that is intended or done to influence, directly or indirectly, voting at a primary or other election” are not countable work activities.

UNPAID EMPLOYMENT ACTIVITIES**9.3**

Unpaid employment activities include: unpaid work experience, CWEP, and community service. Track AmeriCorp and AmeriCorp/Vista Programs under paid work experience because these programs provide a form of compensation. See Chapter 8 (Paid Employment Activities).

All of the following activities are **core** activities. These activities should be coded accordingly and the hours should be tracked on Workforce One (WF1).

Unpaid work experience is an option if the participant agrees to participate or the unpaid work experience meets following criteria:

- The participant has been unable to obtain or maintain paid employment in the competitive labor market and there are NO paid work experience programs-available.
AND
- The unpaid work experience provides specific skills or experience that cannot be obtained through other work activity options where the participant lives or is willing to live.
AND
- The skills or experience result in higher wages than the participant would earn without the unpaid work experience.

Paid work is the ultimate goal for everyone in the program. However, unpaid work may be a necessary intermediate step that provides a work experience and core activity hours that count toward the participation requirement. See §16.3 (TANF Participation Rate). MFIP is designed to put participants on "the most direct path to unsubsidized employment".

UNPAID WORK EXPERIENCE (Core Activities)

This activity is used when a participant is in a placement in a public, non-profit, or private sector work site. This can include unpaid supported work and unpaid internships.

COMMUNITY SERVICE PROGRAM (Core Activities)

Community service placements must fulfill a useful public purpose. MFIP Employment Services Providers (ESPs) must identify and document this purpose in the case file. Some examples include work performed for a school, Head Start Program, providing clerical support for a government or not-for-profit agency and working for a church preparing meals for the elderly, as well as participation in volunteer organizations, such as Volunteers in Service to America or private volunteer organizations.

Document how the community service program work assignment enhances the participant's employability.

This activity includes sentence-to-serve community service.

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) (Core Activities)

This activity is used to improve the employability of MFIP individuals not otherwise able to obtain employment by providing work experience and training to assist them to move into regular employment. The participant must have completed job search prior to entering CWEP. Placements must serve a useful public purpose.

CWEP may be used for a particular participant after exhausting other employment opportunities, including opportunities to participate in other work activities. This means that as a condition of making a CWEP placement the participant must first be provided with:

- An opportunity for placement in suitable subsidized or unsubsidized employment through participation in job search.
- OR
- Placement in suitable employment through participation in On-The-Job Training, if such employment is available.

CWEP work sites developed are limited to projects that serve a useful public service such as: health, social services, environmental protection, education, urban and rural development and redevelopment, welfare, recreation, public facilities, public safety, community service, services to aged or disabled citizens, and child care. To the extent possible, the prior training, skills, and experience of the participant should be considered in making appropriate work experience assignments. Structured, supervised volunteer work with an agency or organization, which is monitored by the county service provider, may, with the approval of the county agency, be used as a CWEP placement.

For information on non-displacement in work activities, see §8.18 (Non-Displacement).

The maximum number of hours any participant may work in a CWEP placement is limited to the amount of the MFIP Transitional Standard divided by the federal or state minimum wage, whichever is higher. The placement may not continue beyond 9 months unless the maximum number of hours the participant works is no greater than the amount of the MFIP Transitional Standard divided by the rate of pay for individuals employed in the same or similar occupations by the same employer at the same site. This limit does not apply if it would prevent a participant from working enough hours to count toward the work participation rate.

For the Transitional Standard amounts, see Appendix A (MFIP Assistance Standards). County agencies and ES providers may place participants in Unpaid Work Experiences that are not part of CWEP.

UNPAID EMPLOYMENT ACTIVITIES**9.3**

Unpaid placements that do not meet all of the CWEP criteria listed in this section should be coded as Unpaid Work Experience.

Unpaid Work Experience Placements are subject to non-displacement restrictions. See §8.18 (Non-Displacement).

The participant's Employment Plan must include the length of time needed in the CWEP or Unpaid Work Experience placement, the need to continue job search activities during the placement, and the participant's employment goals.

After each 6-month participation period in a CWEP or unpaid work experience placement, and at the conclusion of the assignment, review the Employment Plan and revise as necessary.

PROVIDING CHILD CARE FOR PARENT WORKING IN A COMMUNITY SERVICE PROGRAM (Core Activities)

This activity is used only for participants who are providing child care for other participants in a community service program. This is an unpaid activity, if the participant is being paid for the childcare, code as you would any self-employed person, in unsubsidized employment.

FAIR LABOR STANDARDS ACT (FLSA)

Participants who are engaged in work experience or community service program activities are subject to the provisions of the Fair Labor Standards Act (FLSA). When developing a work schedule for a participant in an unpaid work experience, volunteer or Community Work Experience Programs position, hours are determined by dividing the participant's actual MFIP grant (both cash and food portions) by the federal minimum wage \$7.25/hour.

NOTE: Use the actual amount of the participant's MFIP grant after applying a sanction, when applicable.

For example, a participant's MFIP grant is \$400. Divide by \$7.25/hour. The maximum number of hours the participant is permitted to work in an unpaid employment activity during the month is 55. Always round down to the nearest whole number of hours.

In the above example, the individual would fall short of the 87 hours per month core requirements. However, because of the FLSA restrictions, the TANF regulations allow states to deem the participant to have met the TANF core hour requirement of 87 hours per month if he/she worked the maximum number of hours allowed under the FLSA.

UNPAID EMPLOYMENT ACTIVITIES

9.3

Do not allow deeming of additional hours to meet the 130 hours per month requirement for families without a child under the age of 6. These participants must be engaged in additional countable activities, not subject to the FLSA, in order to meet the 130 hour per month participation requirement. Deeming means that the participant's hours will count towards the federal TANF Work Participation Rate core hour requirement without having participated in the additional hours needed to add up to 87 hours.

Using the example above, if the participant is engaged in an unpaid work activity (for example, unpaid work experience, community service programs or a combination of the two) for 55 hours (the maximum number of hours allowed under the FLSA), the participant will have met the 87 core hour requirement. The state is allowed to "deem" the additional 32 hours needed to meet the 87 core hour requirement (55 actual hours plus 32 deemed hours = 87 core hour requirement).

If a participant fails to participate the maximum number of hours allowed under the FLSA, no additional hours are deemed. Again, using the above example, if the participant was engaged in an unpaid work activity for 54 (or fewer) hours, no additional hours would be deemed. The participant will not meet the 87 core hour requirement (unless the participant was engaged in additional core activities which, when added to the actual number of hours the participant was engaged in unpaid work activities, total 87 hours or more).

Do not allow deeming of additional hours to meet the 130 hours per month requirement for families without a child under the age of 6. These participants must be engaged in additional countable activities, not subject to the FLSA, in order to meet the 130 hour per month participation requirement.

Occasionally though, a participant expresses interest in voluntarily exceeding the maximum hours that are allowed under the FLSA. When this situation arises it is important that the participant is informed of the following:

- The activities included in the participant's employment plan are required. The participant cannot substitute time spent in the additional voluntary job for the required activities in the employment plan.
- The maximum number of hours the participant could be required to work in an unpaid job is determined by dividing the participant's MFIP grant (both the cash and food portions) by the federal minimum wage.
 - The maximum number of hours allowed under the FLSA will not change until the participant's MFIP or DWP grant amount changes;

-
- Employment counselor should make changes to the participant's employment plan with the correct number of hours when the participant's MFIP grant amount changes.
 - Any additional time the individual chooses to voluntarily work in any unpaid job is not associated in any way with the MFIP or DWP programs.
 - The additional volunteer time the participant wishes to work is a free choice the participant is free to make on his or her own. It is not required or otherwise approved by the participant's employment counselor. Therefore, the county/provider cannot sanction a participant for failing to follow through with the additional volunteer assignment.
 - The additional volunteer time will not be included in the participant's employment plan;
 - The participant will not be compensated for the additional volunteer time, including any additional support services;
 - No additional child care will be available for the additional volunteer time;
 - The participant's activity log/time sheet should only include required work activity hours. The additional volunteer time should not be entered on an activity log/time sheet.
 - In the event the participant records hours from the additional volunteer job on his/her time sheet, the employment counselor should identify the additional voluntary time, and record a case note to explain the additional hours;
 - Do not time track these additional volunteer hours.

NOTE: This guidance does not apply to participants who are sentenced to court ordered community service. For participants engaged in court ordered community service record the required hours in the employment plan and enter a case note that the hours in the plan are for court ordered community service.

TWO-PARENT CASES

The maximum number of hours allowed under the FLSA is case based (not person based). Use the family's MFIP grant (both cash and food portions) to determine the maximum number of hours the family can participant in unpaid work activities. A two-parent family with both parents

engaged in an unpaid work activity, the total of their unpaid work hours cannot exceed the maximum allowed under the FLSA.

ADDITIONAL HOURS OF OTHER CORE AND NON-CORE ACTIVITIES IS ALLOWED

A participant may be engaged in other core and non-core activities without violating the FLSA. The FLSA governs the number of hours we can require or permit a participant to work in an unpaid work activity.

Additional hours of job search/job readiness assistance, education and training, and paid employment may be added to the participant's employment plan without violating the FLSA.

Note: As of August 1, 2011 there is now one exclusion to what meets the definition of a "work activity." Activities or hours a participant participates in for political purposes, which are defined as "an act that is intended or done to influence, directly or indirectly, voting at a primary or other election" are not countable work activities.

FSS ELIGIBILITY CRITERIA**11.6**

A person who is applying for or receiving DWP or MFIP (pre or post 60 months) or a person who was disqualified due to fraud on or after October 1, 2007, who meets 1 or more of the following criteria is eligible for Family Stabilization Services (FSS).

The following are the “ill, injured or incapacitated” eligibility categories:

ILL, INJURED OR INCAPACITATED

Participants who are ill, injured, or incapacitated **MUST** provide professional certification of an illness, injury, or incapacity that is expected to last more than 30 days and severely limits the participant’s ability to obtain or maintain suitable employment.

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

Participants who are ill or incapacitated **ARE REQUIRED** to develop an Employment Plan for FSS participants and follow FSS service requirements. See §13.15.3 (Ill/Injured/Incapacitated Extensions).

NEEDED IN THE HOME

Participants who are needed in the home **MUST** provide verification that they are needed to provide care for another member of the assistance unit, a relative in the household, or a foster child in the household who has a professionally certified illness or incapacity that is expected to continue for more than 30 days. Participants in this category are not expected to work but **ARE REQUIRED** to develop an Employment Plan for FSS participants and follow FSS service requirements. See §13.15.12 (Needed In The Home Extension Criteria).

SPECIAL MEDICAL CRITERIA

Participants with a child or an adult in the household who meets the special medical criteria for home care services or a home and community-based waiver services program, severe emotional disturbance, or serious and persistent mental illness. Those meeting the special medical criteria must be receiving or eligible to receive these services or programs. Verification of the ability of caregivers to obtain or retain employment is not required. The participant in a single parent MFIP unit and 1 of the parents in a 2-parent unit are presumed to be unable to work but **ARE REQUIRED** to develop an EP for FSS participants and follow FSS service requirements.

FSS ELIGIBILITY CRITERIA**11.6**

If the participant's health care provider cannot or will not provide the information needed to determine if the participant is eligible for FSS, obtain a release of information from the participant authorizing you to contact the health care provider. Explain to the health care provider that this information is needed to determine if the participant is eligible for a service track in MFIP. If the health care provider still does not respond, contact the consumer representative at the health plan.

If the health plan does not respond, contact DHS Health Care Purchasing Division, at 651-296-3386 or 1-800-657-3756. Indicate which health plan you have contacted. See §13.15.9 (Special Medical Criteria Extension)

The following are the "hard to employ" eligibility categories:

UNEMPLOYABLE

Before determining whether a participant is unemployable for purposes of FSS, counties and Employment Services Providers should assess whether he or she is eligible under a different FSS category. If he or she does not meet the criteria for another category, but appears to have significant and severe issues that impact their ability to work, a determination of unemployability should be done by a vocational rehabilitation specialist or another qualified professional designated by the county. For more information on Qualified Professional, see §3.33 (Glossary: O-Q...).

There is no single factor or cluster of factors which would indicate unemployability, but take the following into consideration:

- The participant's work history over the past 5 years. If the person has worked, review his or her work history and the reason or reasons the participant left employment to determine whether any barriers exist which prevent the participant from maintaining a job. If the participant has not worked, review the reason he or she has not been employed to identify any barriers to employment.
- Extremely limited ability to speak or understand English, despite efforts to learn it. There must be documentation of the participant's efforts to learn English.
- Felony record that inhibits employment in existing positions.
- Other severe and chronic mental health or chemical dependency issues that have not been professionally certified because the nature of the illness interfere with the participant's ability to seek assessment or treatment. There must be documentation of the agency or other professionals attempt to engage the participant in necessary services.

FSS ELIGIBILITY CRITERIA**11.6**

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

NOTE: Factors such as lack of child care, transportation, or housing, while they may be significant barriers to employment, do not in and of themselves constitute a basis for unemployability.

After reviewing the above, determine whether there are any factors that would result in the participant being unable to work. If there are not significant factors that would result in the participant being unable to work, he or she is considered employable and is NOT eligible for FSS. If the participant cannot work, determine whether he or she could work with a reasonable investment of available supports to address his or her limitations.

- If yes, these supports must be provided. The participant is not eligible for FSS under the category of “unemployable”.
- If no, the county must document the lack of available supports, and the participant may be extended as “unemployable”. When appropriate, the county should assist a participant who is assessed as “unemployable” to apply for SSI.

See §13.18.12 (Unemployable Extension Criteria).

DEVELOPMENTAL DISABILITY OR MENTALLY ILL

Participants who are developmentally disabled or mentally ill must be diagnosed by a licensed physician, psychological practitioner, or other qualified professional as developmentally disabled or mentally ill or the condition severely limits the participant’s ability to obtain or maintain suitable employment. See §13.18.3 (Developmental Disability/Mental Illness Extension Criteria).

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

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

PARTICIPANTS WITH IQ BELOW 80

Participants with an IQ below 80 must have been assessed by a vocational specialist qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment.

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts:

➤ The range of employment that the person is able to perform.

OR

➤ The condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Determining if a person has an IQ below 80 may be difficult due to limited English proficiency or lack of cultural assessment tools. Standard methods used to determine IQ may be inappropriate or ineffective. Only accept statements from professionals who are qualified to determine IQ scores AND who have experience assessing functional limitations with non-English speakers. See §13.18.9 (IQ Below 80 Extension Criteria).

LEARNING DISABLED

Participants with a learning disability must have been assessed by a vocational specialist or qualified professional to determine that the condition severely limits the participant's ability to obtain or maintain suitable employment. Learning disabled means that the person has a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using language. The determination must be based on a statement provided by a licensed professional who is qualified to assess learning disabilities. Statements from qualified professionals submitted for purposes of determining eligibility for these criteria must include verification that:

➤ There is a pattern of intra-individual discrepancy when compared to similar language of peers.

➤ The disability is not primarily the result of visual, hearing, or motor handicaps, developmental disability, emotional disturbance or due to environmental, cultural, or economic disadvantage.

FSS ELIGIBILITY CRITERIA**11.6**

NOTE: A participant is considered to have met the employment related criteria for this category if the qualified professional determines that the participant's condition significantly restricts:

➤ The range of employment that the person is able to perform.

OR

➤ The condition significantly interferes with the person's ability to obtain or maintain suitable employment for 20 or more hours per week.

Participants in this category ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Determining if a person has a learning disability may be difficult due to limited English proficiency or lack of cultural assessment tools. Verify by seeking and only accepting statements from professionals who are qualified to determine learning disabilities, and have experience assessing functional limitations with non-English speaking clients. See §13.18.6 (Learning Disabled Extension Criteria).

FAMILY VIOLENCE WAIVER

Participants who are victims of family abuse are considered FSS participants. The abuse MUST be verified. See §7.36 (Family Violence Waiver Option) for a list of acceptable forms of verification. These participants must work with a job counselor and/or FSS case manager and a person trained in domestic violence (if they are not already working with a domestic violence advocate) to develop an EP for FSS participants. The primary goal of an EP for Victims of Family Violence is to ensure the safety of the caregiver and the children. The job counselor and/or FSS case manager has final approval of the EP, see §7.12 (Plan for Victims of Family Violence). Participants in this category ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

The following are the remaining eligibility categories:

IN THE COUNTRY 12 MONTHS OR LESS

Participants who are legal non-citizens in the United States 12 months or less are considered an FSS participant and ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

NOTE: Legal non-citizens may continue to receive FSS beyond the initial 12 month period if it is determined by the participant and the case manager that the participant should continue with ESL or skills training or both.

APPLYING FOR SSI/RSDI

Participants who are applying for or those who are appealing a denial of an SSI or RSDI application are considered an FSS participant and ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

AGE 60 OR OLDER

Participants who are age 60 or older are considered FSS participants. They ARE REQUIRED to develop an EP for FSS participants and follow FSS service requirements.

60-MONTH LIFETIME LIMIT**13.3**

Federal rules limit public assistance eligibility for caregivers to 60 months in their lifetime. Minnesota began counting months toward the 60-month lifetime limit 7-1-97.

The 60-month limit is per caregiver receiving MFIP, and the months do not have to be consecutive. Months are counted as noted below. The counted and exempt months include months in which a caregiver received TANF benefits from another state, even if before 7-1-97 (states may have chosen earlier start dates and shorter limits for their TANF programs).

Months are also counted for MFIP cases with a caregiver who has a fraud disqualification beginning on or after October 1, 2007. Note that the same banking and exception policies that apply to MFIP caregivers also apply to disqualified caregivers. For example, months do not count for either an MFIP caregiver or a disqualified caregiver who is age 60 or older.

The following are EXCEPTIONS to counting a month toward the 60-month time limit. If a caregiver meets 1 of the exceptions, that month does NOT count toward the 60-month limit.

- Months in which the caregiver participated in the MFIP Field Trials.
- Months when the caregiver was living on reservations with a “not employed” rate of at least 50% when the grant is issued.
- Victims of family violence who request the Family Violence Waiver Option and are complying with an Employment Plan (EP). The exemption starts the month the EP is approved and ends the month after the participant no longer qualifies for a Family Violence Waiver. See §7.3 (Employment Plan (EP)), §7.12 (Plan for Victims of Family Violence), §7.36 (Family Violence Waiver Option), §7.36.3 (Person Trained in Domestic Violence).
- Caregivers age 60 or older who have not already exceeded the 60-month time limit. Stop the clock the 1st of the month following the month the participant turns 60. Participants who are age 60 or older will not receive a 60-month warning notice referenced below, unless there is a 2nd MFIP caregiver in the household who is not exempt from the 60-month limit.
- Minor caregivers complying with an education plan. See §6.3.9 (Requirements for Teen Parents).
- Custodial parents age 18 or 19 who have chosen an Employment Plan with an education option and are cooperating with education requirements. See §6.3.9 (Requirements for Teen Parents).

-
- Any month the unit chooses to opt out of the cash portion of the MFIP grant. See §4.33 (Opting Out of MFIP Cash Portion).
 - Any month the unit receives ONLY the food portion of the grant. This includes if the unit is sanctioned and receives only the food portion. However, see below regarding months that include a vendor payment or a recoupment.
 - Any month the unit receives a grant for minor children only. This includes any month caregivers are ineligible or disqualified.
 - Any month the unit would have received only the FOOD portion of the grant (prior to recoupment).

Receipt of payments to cover emergency needs or assistance under the Diversionary Work Program, do NOT count toward the 60-month limit.

Months listed below COUNT toward the 60-month limit, unless 1 of the above exceptions applies:

- Minnesota state-funded months for participants receiving Family Stabilization Services (FSS).
- Minnesota state-funded months for caregivers who received Family GA.
- Minnesota state-funded months for certain non-citizens who are ineligible for TANF-funded assistance.
- Minnesota state-funded months for 2-parent households.
- Months of assistance the client received from a Tribal TANF program, whether received in Minnesota or another state.
- A month in which there is a vendor payment or recoupment that reduces the CASH portion of the grant to \$0.
- Months following the month the 19-year old caregiver turns 20.
- Months following the month the caregiver under 20 obtains a secondary school diploma or GED.
- Months when minor caregivers are sanctioned for non-cooperation with educational requirements.

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- Months a person receives MFIP cash assistance and later is determined to be ineligible for assistance. That period of time is considered to have been a month of assistance, even if the benefits are subsequently repaid. Repayment for any reason does not change the number of counted months.
 - Months a caregiver is disqualified from MFIP due to an Intentional Program Violation (IPV) after 10/1/2007.

Financial workers use the STAT/TIME panel in MAXIS to record the history of a caregiver's receipt of assistance toward the 60-month limit. This tracking triggers MAXIS to mail person-specific notices regarding the limits. See §13.6 (Transition Period - 48 to 60 Months). The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left.

When clients move to or from Minnesota:

- When a client moves to another state, the other state will call to confirm the number of months of assistance received toward the 60-month limit. Financial workers provide only the number of TANF-funded months a client has used, unless the other state inquires about state-funded assistance.
- When a client moves to Minnesota from another state, only the TANF-funded months on assistance count toward the 60-month limit. Financial workers do NOT count months when the unit received benefits only from a state-funded assistance program in another state.

Certain people who have reached their 60-month lifetime limit may be eligible for an extension of MFIP under a hardship extension category. See §13.15 (Hardship Extensions).

During the last 12 months of MFIP, there are specific requirements for determining whether a participant is eligible for an extension. See §13.6 (Transition Period - 48 to 60 Months), §13.9 (180 to 60 Days Before MFIP Closes).

Financial workers must determine if the family is eligible for other types of assistance, including health care or MinnesotaCare and Food Support when MFIP is closed at the end of 60 months. Families should also receive information on basic sliding fee child care. Also see §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions).

The transition period is the time during which to review progress and plans with participants who are approaching the 60-month time limit. This process should be followed for all participants, even those receiving Family Stabilization Services (FSS). See §3.18 (Glossary F...) for the definition of Family Stabilization Services (FSS). The transition period begins in the 48th month of receipt of MFIP and continues through the 60th month of MFIP.

The objectives for the transition period are to:

- Continue to help families find employment.
- Ensure months on assistance were counted correctly.
- Identify and gather all information applicable to cases approaching 60 months.
- Communicate with families so they understand their options.
- Help participants obtain documentation necessary for an extension.
- Help prepare families who may not be extended by explaining non-cash benefits that may be continued and making referrals to other community resources.

From 180 to 60 days (approximately 6 to 2 months) before the 60th month:

- MAXIS identifies cases and sends notices to the family.
- Counties must complete an administrative review of each MFIP case prior to a face-to-face meeting.
- Counties must attempt to meet face-to-face meeting with the participant(s).

The order and specific months these activities are undertaken will vary by county.

For additional information on steps to follow for the period 180 to 60 days prior to the end of the participant's 60th month, see §13.9 (180 to 60 Days before MFIP Closes).

ADMINISTRATIVE REVIEW

Counties are required to complete an administrative review of each case within 180 days, but not less than 60 days, before the participant reaches 60 months on assistance. The purpose of the review is to determine whether the employment plan is still appropriate.

DHS recommends a team approach (financial worker, job counselor, other staff, and professionals involved with the case) for reviews and subsequent meetings with participants.

However, each county has flexibility to determine who will be involved and how this process will be completed.

Issues to be considered include:

- Existing conditions that affect the participant's progress toward self-sufficiency.
- Whether the participant is currently in compliance and his/her sanction history.
- Services the family currently receives and identification of other necessary services.
- Whether the employment plan is still appropriate.
- Whether the participant is aware of options to stop the 60-month clock.
- Whether months on assistance been counted correctly.
- Whether there appears to be eligibility for an extension category or categories.
- What resources are available if MFIP ends.

A participant who is in sanction for any reason during the 60th month is permanently ineligible for a hardship extension. In addition, to be eligible for a hardship extension under the employed hardship extension category, participants must be in compliance 10 out of the last 12 months. It is critical that participants understand the connection between sanctions and eligibility for an extension.

When sanctions that affect eligibility for an extension have been imposed, counties and Employment Services Providers should determine whether they were imposed properly, whether good cause existed, and work with participants to cure the sanction. County and ES staff should offer to assist participants who need help obtaining documentation necessary to cure the sanction.

FACE-TO-FACE MEETINGS

Counties are required to attempt to meet face-to-face with participants between 180 and 60 days before the end of the 60th month. In general, after the administrative review is completed, the county will notify the participant that a face-to-face meeting has been scheduled, or that the participant should contact the county to schedule the meeting. If the participant does not respond,

the county should make at least 2 more attempts to make contact and document these attempts in case notes. For information on attempting to meet, see §3.3 (Glossary: A...). The requirement to attempt a face-to-face meeting is a responsibility for counties and their ES Providers. Participants are NOT required to attend.

The purpose of the face-to-face meeting is to review the family's current situation, review the 60-month time clock record, explain accrued months and eligibility requirements for an extension, and provide information about other resources. County and ES staff should offer to assist participants who need help obtaining documentation necessary for an extension.

If a face-to-face meeting cannot be completed, counties must mail information that would have been covered, including when MFIP will close and an extension request form.

EXTENSION DECISIONS

No later than the 10-day cut-off of the 60th month, the county makes a decision about whether to extend the family's eligibility beyond the 60th month, or to close the case. If information needed to determine whether the participant is eligible for a hardship extension is not available before the 10-day cut-off date in the 60th month, a decision is made based on the best information available at the time. Depending on the degree of confidence the county has in the documentation it has received, 1 of the following 2 approaches should be used for cases where some further documentation is pending. The rationale for choosing a specific approach in should be documented in MAXIS CASE NOTES.

- The county may EXTEND MFIP benefits for the participant if they have received reasonable documentation that the participant would qualify for an extension, but either the county or another professional has identified that additional follow-up is needed. Set a review of the extension to coincide with the date the county expects to receive the additional documentation. Inform the participant that if the additional documentation does not confirm that the participant is eligible for an extension, he/she may be responsible for an overpayment.
- The county must CLOSE the case if a participant requests an extension but there is no current documentation on file that would indicate that the family is eligible for an extension. Notify the participant that the case may be reinstated if the needed documentation is received within 30 days of the date MFIP closes. The county also must offer to help the participant get the needed documentation.

Before a case can be closed (not extended at the end of 60-months), it must be reviewed by a job counselor supervisor or the team designated by the county. The review is used to determine whether an extension criteria was applied correctly and that there was an attempt to meet face-to-face with the participant.

60-MONTH NOTICE REQUIREMENTS**13.12**

The Issuance Operation Center will mail the 1st notice to the participants in the 48th month of cash assistance. MAXIS will generate person-specific notices, each month after that, to participants who have less than 12 months of the 60-month time limit informing them of the number of cash assistance months that are left.

The notices are sent out by DHS on an on-going basis between the 10th and 15th of each month. The final monthly notice will be sent in the 59th month, when 1 month of the original 60-month limit is remaining.

EXCEPTION: Caregivers age 60 or older who have not already exceeded the 60-month time limit will not receive a 60-month warning notice, unless there is a 2nd MFIP caregiver in the household who is not exempt from the 60-month time limit.

The notices **MUST** contain:

- Information on the 60-month time limit.
- The number of months the participant has remaining.
- The hardship extension policy.
- Other information the commissioner deems pertinent.

NOTICES

MAXIS identifies cases at the 48th month and notifies the county. MAXIS also sends notices to the family about the 60-month time limit and how many months of MFIP they have used. Notices to the family are sent monthly between the 48th and 59th month.

Financial workers use the STAT/TIME panel in MAXIS to record the history of a caregiver's receipt of assistance toward the 60-month limit. This tracking triggers MAXIS to mail person-specific notices regarding the limits. See §13.6 (Transition Period - 48 to 60 Months). The 1st notice is sent to participants in the 48th month of cash assistance. Subsequent notices are sent between the 10th and the 15th of each month after that, telling participants the number of cash assistance months they have left.

HARDSHIP EXTENSIONS

13.15

Participants who have reached their 60-month lifetime limit as outlined in §13.3 (60-Month Lifetime Limit) may be eligible for an extension of MFIP if they meet criteria under 1 of the hardship categories listed below:

- **Ill/Injured or Incapacitated.** See §13.15.3 (Ill/Injured/Incapacitated Extensions). Extensions in this category include ill/injured/incapacitated, needed in the home, and special medical criteria. These participants are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an employment plan for FSS participants and follow FSS service requirements.
- **Hard to Employ.** See §13.18 (Hard to Employ Extensions). Extensions in this category include developmental disabilities, mental illness, IQ below 80, learning disability, and victims of family violence. These participants are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an employment plan for FSS participants and follow FSS service requirements.
- **Employed.** See §13.21 (Employed Extensions). Extensions in this category include employed and employed/limited hours.

Extended participants may continue to receive MFIP as long as:

- State law provides for extensions.
- AND
- The criteria for an extension are met.
- AND
- All other MFIP requirements (including ES) continues to be met.

When the criteria or requirements are no longer met, the participant may be sanctioned, have their case closed, or in the case of a 2-parent household be removed from the grant depending on the extension category. If a participant meets FSS eligibility the FSS pre-sanction provisions must be followed before the participant can be sanctioned. If it is determined a sanction is appropriate the case should be sanctioned under pre-60 month policy, See §14.30 (Post-60 Month Type/Length ES Sanctions - General Provisions). Also see §13.21.6 (Employed Extension Criteria - 2-Parent Units).

REQUIREMENTS COMMON TO ALL EXTENSIONS

Although there are separate eligibility criteria for each extension under the categories listed above, there are 3 requirements that are common to all extensions:

➤ **Requesting an Extension**

In most cases, participants must request a hardship extension, either verbally or in writing. Counties **MUST** document whether the participant requests an extension or indicates that he/she is not interested in applying for an extension. If you receive the request, notify the county immediately. An extension request form should be completed at the face-to-face meeting, if possible. If the participant does not attend the face-to-face meeting, an extension request form must be sent to the participant telling him or her to notify the county, orally or in writing, if he/she wants to be considered for a hardship extension.

There are 2 instances when participants do not need to request an extension:

- When an extension had been approved but eligibility under the original extension category ends. These participants may have to provide documentation that they are eligible under another category.
- When re-applying for MFIP. As part of the application process, these applicants will be required to provide documentation that they are eligible for a hardship extension.

➤ **Providing Documentation**

Participants must provide the documentation necessary for the county to approve an extension. Participants who need help obtaining verifications may sign a release of information that will allow the county or ES Provider to assist on their behalf.

➤ **Compliance in the 60th Month**

Participants may request a hardship extension in any month before or after month 60. However, they must be (or must have been) in compliance with all program requirements in the 60th month. “In compliance with all program requirements” means that the participant was not in sanction for any reason. See “**Provisions for 2-Parent Households**” below for information on how this requirement applies in a 2-parent family.

HARDSHIP EXTENSIONS**13.15**

If a participant who applies for an extension after the 60th month is able to document that a sanction was incorrectly applied, or that the participant had good cause for the non-compliance, the county must consider the participant compliant for the purpose of establishing eligibility for any hardship extension.

ASSISTING PARTICIPANTS WITH THE EXTENSION PROCESS

Counties and ES Providers should work with each family to determine eligibility for an extension. Potential eligibility for an extension such as “ill/**injured**/incapacitated” or “hard to employ” may involve identifying barriers, referring for assessments, and obtaining documentation. Potential eligibility for the “employed” extension may mean helping participants increase work hours or making subsidized work opportunities available. Counties and ES Providers must tell families who do not qualify for an extension that they would continue to receive benefits such as Food Support and Health Care when they are eligible, and receive information about other community resources.

In all cases, it is important to reach out, follow through, and work with each family as intensively as needed. Families must also follow through on appointments, provide the necessary documentation, complete assessments, and attend scheduled meetings. Expectations need to be clearly communicated.

IDENTIFYING THE APPROPRIATE EXTENSION CATEGORY

Some participants may meet criteria for an extension in more than 1 category, and others may switch categories over time as their situation and family circumstances change. Counties and Employment Services Providers should make initial extension decisions based on the best available information at that time. As more information becomes available, the category of extension may need to be reviewed and changed.

Listed below are examples of the potential extension categories based on a participant with mental health issues. To determine which category to use, consider the following:

- If the doctor's statement says the participant cannot work 20 or more hours per week or participate in work activities at all, extend under Hard-to-Employ_Mentally III. See §13.18 (Hard to Employ Extensions).
- If the participant can work more than 20 hours but less than full-time in an unsubsidized job, extend under the employed/limited work category. See §13.21.9 (Limited Work Due to Illness/Disability Extension Criteria)

- If the participant has been able to obtain and retain unsubsidized employment at the required number of hours, extend under the regular employed category. See §13.21 (Employed Extensions).

PARTICIPANTS WHO SPEAK LIMITED ENGLISH

Counties, and Employment Services Providers under contract with the county, **MUST** follow the county's limited English proficiency (LEP) plan to communicate information about hardship extensions to participants who speak limited English. Employment Services Providers should review the LEP plan to make sure they understand what language assistance resources are available to help participants understand necessary information about hardship extensions and what they need to do to request an extension. The most common language assistance resources will be in-person or telephone interpreters and translated documents. Prior to face-to-face meetings, counties should review MAXIS information about the participant's primary language and the need for an interpreter. If an interpreter is necessary, the county should arrange for one before the interview. Counties must provide meaningful access to the information for clients who speak limited English.

CASES THAT ARE NOT EXTENDED

If the case is closed because the parent(s) do not meet extension criteria, a review must be conducted by the job counselor's supervisor or the review team designated in the county's approved Service Agreements to determine if the extension criteria were applied appropriately.

PROVISIONS FOR 2-PARENT HOUSEHOLDS

Hardship extension policy for 2- parent units when both parents reach the 60-month lifetime limit at the same time differs from the policy for 2-parent units when 1 parent reaches the 60-month lifetime limit before the other. The differences are outlined below.

WHEN BOTH PARENTS REACH THE 60-MONTH LIFETIME LIMIT AT THE SAME TIME

BOTH parents must:

- Be in compliance in month 60.
- AND

- Meet criteria for an extension or have banked months in order for MFIP to be continued.

If 1 parent is not in compliance, does not meet criteria for an extension, or have banked months, the unit may choose to remove the non-compliant or ineligible parent. See §13.21.6 (Employed Extension Criteria - 2-Parent Units).

Parents being evaluated for the employed extension must be in compliance with all program requirements in at least 10 out of the previous 12 months. If the parent being evaluated for the employed extension does not meet the 10 of 12 criteria, the unit may choose to remove that parent from the MFIP unit.

WHEN 1 PARENT REACHES THE 60-MONTH LIFETIME LIMIT BEFORE THE OTHER

The parent who reaches the 60-month limit must:

- Be in compliance in month 60.
- AND
- Meet criteria for an extension or have accrued banked months in order for MFIP to be continued.

If the parent who has reached month 60 is not in compliance, does not meet criteria for an extension, or have banked months, the unit may choose to remove that parent. See §13.21.6 (Employed Extension Criteria - 2-Parent Units).

The parent who has less than 60 months does NOT:

- Need to be in compliance in month 60.
- OR
- Need to meet an extension criteria.

The family may choose to remove the sanctioned parent, who HAS NOT used 60 months, in month 61 and extend the case if the parent who HAS reached month 60 meets any extension criteria.

PROVISIONS FOR ALL FAMILIES

The following 3 groups of participants may be extended in the ill/**injured**/incapacitated extension category:

- Participants who are ill, injured, or incapacitated. See §13.15.6 (Ill/Injured/Incapacitated Extension Criteria).
- Participants with an adult or child in the unit who meet special medical criteria. See §13.15.9 (Special Medical Criteria Extension). The extension related to special medical criteria applies only when the caregiver has a child or an adult in the household who meets the criteria. When the caregiver receives similar services or has a serious and persistent mental illness, he or she may be extended in the hard to employ/MI category.
- Participants who are needed in the home. See §13.15.12 (Needed in the Home Extension Criteria).

If the participant's health care provider does not provide the information needed to determine whether the participant is eligible for a hardship extension, obtain a release of information from the participant authorizing you to contact the health care provider. Explain to the health care provider that this information is necessary to determine whether the participant is eligible for a hardship extension. If the health care provider still does not respond, contact the consumer representative at the health plan. If the health plan does not respond, contact DHS Health Care Purchasing Division at 651-296-3386 or 1-800-657-3756. Indicate which health plan you have contacted or contact the Office of the Ombudsmen for State Managed Health Care Programs at 651-431-2660 or 1-800-657-3729.

Participants extended in any of the above categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

NON-COMPLIANCE WITH TREATMENT RECOMMENDATIONS

The extension may end for caregivers who do not follow treatment recommendations without good cause. Good cause may be granted when the nature of a caregiver's disability interferes with follow through on treatment recommendations. If a participant meets FSS eligibility the FSS sanction provisions must be followed before the participant can be sanctioned. See §14.30 (Post-60 Type/Length Month ES Sanctions - General Provisions). The county may also want to consider changing the extension reason to "unemployable" if this is a better alternative.

If the treatment recommendations of the health care provider are not followed, the participant is no longer eligible to continue receiving MFIP. However, counties should allow a 30-day grace period for the participant to come back into compliance with the treatment recommendations before ending the extension. If the participant goes in and out of compliance frequently, it may not be necessary to allow a 30-day grace period each time. However, compliance expectations should be reasonable and applied equitably.

Since participants extended in this category are FSS participants, the FSS case manager is responsible for monitoring follow through with treatment recommendations.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions.

PROVISIONS FOR 2-PARENT FAMILIES

Parents in a 2-parent family may be extended in different categories, and 1 may reach the 60-month time limit before the other.

WHEN BOTH PARENTS REACH THE 60-MONTH LIMIT AT THE SAME TIME

If both parents reach the 60-month limit at the same time, and they are both extended as ill/incapacitated, both are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

WHEN 1-PARENT REACHES THE 60-MONTH LIMIT BEFORE THE OTHER

When the parent who reaches the 60-month limit is extended as ill/incapacitated, that parent is considered an FSS participant and IS REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. The parent who has not reached the 60-month limit MUST continue to meet Employment Services requirements.

PROVISIONS FOR ALL FAMILIES

Ill, injured, or incapacitated extension criteria apply to the health status of the participant, not to other family or household members. Participants who request this extension must:

- Provide professional certification of an illness, injury, or incapacity that is expected to last more than 30 days which severely limits the person's ability to obtain or maintain suitable employment.

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

The certification of an illness, injury, or incapacity should be from a qualified professional who is a licensed physician, a physician's assistant, a nurse practitioner, a certified nurse midwife, or a licensed chiropractor.

AND

- Follow the treatment recommendations of the health care provider certifying the illness, injury, or incapacity. The extension may end for caregivers who do not follow treatment recommendations without good cause. Good cause may be granted when the nature of a caregiver's disability interferes with follow through on treatment recommendations.

Participants under this category are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

Participants who are pregnant may be extended under the ill or incapacitated category if there is a medical professional's statement verifying that they are unable to work and the condition is expected to last for more than 30 days. The extension under ill or incapacitated lasts only as long as the illness or incapacity lasts.

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

Continuation of care activities for participants with chemical health issues are considered part of the treatment plan for purposes of this extension when the activities are led by a chemical health professional, based on an assessed need, and provided according to a treatment plan as part of a licensed program.

EXTENDING THE CASE WHEN DOCUMENTATION IS PENDING

Counties may extend MFIP benefits beyond the 60 months for participants requesting extension under the ill/**injured**/incapacitated category if documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation, and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see §13.6 (Transition Period - 48 to 60 Months).

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for an explanation of the requirements for hardship extensions. Also see §13.15.3 (Ill/**Injured**/Incapacitated Extensions), §13.15.9 (Special Medical Criteria Extension), §13.15.12 (Needed in the Home Extension Criteria).

PROVISIONS FOR 2-PARENT FAMILIES**When Both Parents Reach Month 60 at the Same Time**

Evaluate both adults for an extension, when both parents reach month 60 at the same time. If both qualify for an extension **in the** ill, injured, or incapacitated category, both are considered FSS participants and **both** ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. However, both parents are required to follow treatment recommendations to maintain the extension.

When 1 Parent Reaches Month 60 Before the Other

When 1 parent reaches month 60 before the other, evaluate the parent who has reached 60 months for an extension. A parent extended **in the** ill, injured, or incapacitated category must follow treatment recommendations of their health care provider and is considered an FSS participant and IS REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements.

MFIP participants who have household members with serious disabilities qualify for an extension to the 60-month time limit when certain “special medical criteria” are met. These provisions apply to:

➤ **Participants with a child in the household who meets disability or medical criteria for:**

- Home care services.
- Community-based waiver services.
- Severe emotional disturbance.

OR

➤ **Participants with an adult in the household who meets disability or medical criteria for:**

- Home care services.
- Community-based waiver services.
- Serious and persistent mental illness

NOTE: Although the adult or child must meet eligibility criteria, he/she does not need to be receiving services.

Participants in this category are presumed to be unable to work, and must be evaluated for an extension on or before the 60th month.

“Special medical criteria” means that 1 of the following applies:

- **HOME CARE SERVICES** - Child or adult in the household who meets the disability or medical criteria for home care services. For the purpose of this determination, home care services means a medically necessary health service that is ordered by a physician and documented in a service plan that is reviewed by the physician at least once every 60 days for the provision of home health services or private duty nursing, or at least once every 365 days for personal care. Home care services are provided to the client at the client’s residence that is a place other than a hospital or long term care facility.
- **HOME AND COMMUNITY-BASED WAIVERED SERVICES** - Child or adult in the household who meets the disability or medical criteria for a home and community-based waiver services program. The provisions of these criteria apply to the following home and community-based waiver services programs:
 - **Alternative Care Grant Program (ACG):** A state-funded program that targets people age 65 or older who are at risk of nursing facility level of care and whose personal financial resources would allow no more than a 6-month stay in a nursing

facility. The service menu is the same as that available for people receiving services under the Elderly Waiver.

- **Community Alternatives for Disabled Individuals (CADI):** Targets people under the age of 65 at risk of nursing facility level of care.
- **Community Alternative Care (CAC):** Targets people under the age of 65 at risk of long term or frequently recurring hospitalization (initially designed to serve medically fragile children).
- **Traumatic Brain Injury Waiver (TBIW):** TBIW targets people at risk of the level of care provided in a neurobehavioral hospital or those at risk of the level of care provided in a specialized nursing facility (designed for people who have cognitive and/or behavioral issues).
- **Waiver for Persons with Developmental Disabilities (DD) Waiver:** Targets people who are determined to have DD and are at risk of the level of care provided in an Intermediate Care Facility for people with developmental disabilities. (ICF/DD).
- **Elderly Waiver (EW):** Targets people over the age of 65 who are in a nursing facility or at risk of placement in a nursing facility.

Each of the waivers serves both people moving from an institutional setting to the community and people who are determined to be "at risk of" the level of care provided in the respective institutional setting.

CADI, TBIW, and CAC clients may remain on the waiver after age 65 if warranted by their needs and service plan.

- **SEVERE EMOTIONAL DISTURBANCE (SED) -** There is a child in the household who meets the following definition of "severe emotional disturbance" as determined by a qualified professional, such that he/she:
 - Has been admitted within the last 3 years or is at risk of being admitted to inpatient or residential treatment.OR
 - Is a Minnesota resident receiving inpatient treatment or residential treatment for the emotional disturbance through the Interstate Compact.OR

-
- Has been determined by a mental health professional to have psychosis or clinical depression, to be at risk of harming self or others, or to have psychopathological symptoms that resulted from physical or sexual abuse or psychic trauma within the past year.
- OR
- Has significantly impaired home, school, or community functioning for at least 1 year or for a period that a mental health professional documents as presenting substantial risk of lasting at least a year.
- **SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI)** - There is an adult who meets the definition of “serious and persistent mental illness” as determined by a qualified professional, such that he/she:
- Has undergone 2 or more episodes of inpatient care for a mental illness within the preceding 24 months.
- OR
- Has continuously experienced a psychiatric hospitalization or residential treatment exceeding 6 months' duration within the preceding 12 months.
- OR
- Has been treated by a crisis team 2 or more times within the preceding 24 months.
- OR
- Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder which significantly impairs his or her functioning, and a mental health professional documents that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.
- OR
- Has been court-committed as a mentally ill person in the past 3 years or has had his or her commitment stayed or continued.
- OR
- Meets any of the criteria above, but the specified time period has expired.
- OR
- Was diagnosed with severe emotional disturbance as a child and who a mental health professional has documented in the past 3 years is reasonably likely to have future episodes requiring inpatient or residential treatment unless ongoing case management or community support services are provided.

Participants in this category are presumed to be unable to work, and must be evaluated for extension on or before the 60th month.

BANKING MONTHS

Participants with an adult or child in the household who meets special medical criteria may have banked months beginning 1-1-98. These months are used to extend eligibility after the 60-month time limit is reached and ONLY when a participant no longer meets the condition for extension under the special medical criteria. Participants who have banked months must use them before they can be assessed for another category of extension.

Participants using banked months are subject to pre-60 month sanction policies.

After banked months are exhausted, the participant should be **re-evaluated** to determine whether another extension category applies.

NOTE: A caregiver can accrue banked months based on the special medical criteria of a child or other adult in the household, but cannot bank months based on his or her own special medical criteria. If the participant meets these criteria, the participant may be extended under the ill or incapacitated category, for example, but would not bank months.

As long as the participant has a household member who meets the special medical criteria, he/she will bank months to be used after reaching the time limit when there is no longer eligibility for a special medical criteria extension. Participants who choose to work do not lose eligibility for the extension. Participants who choose to work do not lose eligibility for the extension.

In a 2-parent household with a child or an adult who meets the special medical criteria, only 1 parent is presumed to be prevented from obtaining or retaining employment. If the family provides documentation from their health care provider that a 2nd parent is also needed in the home to care for the child or adult who meets the special medical criteria or disability, extend 1 parent in the special medical category, and extend the other in the category for participants whose presence is needed in the home. See §13.15.3 (Ill/**Injured**/Incapacitated Extensions), §13.15.12 (Needed in the Home Extension Criteria).

HARD TO EMPLOY EXTENSIONS**13.18**

MFIP participants who have reached their 60-month life time limit may be extended if they meet eligibility criteria for 1 of the following categories:

- Developmental Disability or Mental Illness. See §13.18.3 (Developmental Disability/Mental Illness Extension Criteria).
- Learning Disabled. See §13.18.6 (Learning Disabled Extension Criteria).
- IQ below 80. See §13.18.9 (IQ Below 80 Extension Criteria).
- Unemployable. See §13.18.12 (Unemployable Extension Criteria).
- Family Violence. See §13.18.15 (Family Violence Extension Criteria).

Participants who are extended in any of the Hard to Employ categories are considered Family Stabilization Services (FSS) participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. The Employment Plan should be developed in consultation with other professionals who work with the individual, and incorporate activities and hours appropriate to each person's abilities and overall family circumstances. Hourly requirements must be written into the Employment Plan and non-compliance may result in sanction, however, FSS sanction provisions must be followed prior to imposing a sanction. Once it has been determined that a participant can be sanctioned disqualification is part of the post 60-month sanction process. See §14.30 (Post 60-Month Type/Length ES Sanctions - General Provisions). For information on Employment Plans, see §7.3 (Employment Plan (EP)).

NOTE: Victims of family violence are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. See §7.12 (Plan for Victims of Family Violence), §13.18.15 (Family Violence Extension Criteria).

Counties may extend MFIP benefits for participants in the above categories after 60 months when documentation is not available by the 60th month. Participants must cooperate with efforts to obtain the documentation, and they may be responsible for an overpayment if they are later determined to not qualify for an extension. Also see §13.6 (Transition Period - 48 to 60 Months).

WHEN BOTH PARENTS REACH MONTH 60 AT THE SAME TIME

When both parents reach month 60 at the same time, evaluate both adults for an extension. If both parents qualify for 1 or more of the hard-to-employ categories, both must participate in and comply

with an Employment Plan. Review to determine whether revisions are necessary if 1 or both parents have an existing plan.

WHEN 1 PARENT REACHES MONTH 60 BEFORE THE OTHER

If 1 parent reaches month 60 before the other, evaluate the parent who has reached 60 months for an extension. Participants who meet the hard to employ extension criteria are considered FSS participants and ARE REQUIRED to develop an Employment Plan for FSS participants and follow FSS service requirements. If this parent has an existing plan, it should be reviewed to determine whether revisions are necessary. The Employment Services status and Employment Plan of the parent who has not reached month 60 should also be reviewed at this time.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/**Injured**/Incapacitated Extensions), §13.21 (Employed Extensions).

MFIP participants with learning disabilities may be eligible for an extension if the condition severely limits the participant's ability to obtain or maintain suitable employment.

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

"Learning disabled" means the person has a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. It does not include learning problems that are primarily the result of visual, hearing, or motor handicaps, developmental disability, emotional disturbance, or due to environmental, cultural, or economic disadvantage.

Participants who are extended in the learning disabled category are considered an FSS participant and ARE REQUIRED to develop an Employment plan for FSS participants and follow FSS service requirements. Whenever possible, the Employment Plan should be developed with input from other professionals working with the participant, or with input from the psychologist who made the determination.

DETERMINATION OF A LEARNING DISABILITY

The determination of a learning disability must be made by a qualified professional. A qualified professional for this purpose is a licensed psychologist or school psychologist with experience determining learning disabilities. Counties and Employment Services Providers should request that the determination also include a statement about the extent to which the learning disability impacts work.

WHEN THE PARTICIPANT SPEAKS LIMITED ENGLISH

Determining if a person has a learning disability may be difficult due to limited English proficiency or lack of cultural assessment tools. Listed below is guidance for counties and Employment Services Providers to use when participants who speak limited English are referred for assessments and evaluated for extensions:

- Consider other categories of extension before requesting a mental health diagnosis for purposes of determining a learning disability.
- For purposes of an extension, counties may accept a report from a qualified professional stating that a participant who speaks limited English **may** have a learning disability, as long as other issues have been ruled out and the participant's ability to work is severely

impaired. This determination should have been made within the previous 12 months. Counties and Employment Services Providers should make every effort to ensure that the qualified professional making the determination has experience conducting cross-cultural evaluations.

- Request that the assessment report include a discussion of the limitations of testing.
- Request that the assessment report include a statement of the clinician's confidence in the results.
- Request that the assessment report identify the interpreter, his/her qualifications and relationship to the assessor, the participant, and anyone else involved in the process.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/**Injured**/Incapacitated Extensions), §13.18.3 (Developmental Disability/Mental Illness Extension Criteria), §13.18.9 (IQ Below 80 Extension Criteria), §13.18.12 (Unemployable Extension Criteria), §13.18.15 (Family Violence Extension Criteria).

EMPLOYED EXTENSION CRITERIA - 2-PARENT UNITS**13.21.6**

One or both parents in a 2-parent family may be eligible for an “employed” extension when they work at a certain level. Requirements for parents in a 2-parent family differ depending on whether they reach the 60-month time limit at the same or different times, and whether both request an extension in the same category.

Hourly requirements for an employed extension in this section are minimums. Require the maximum number of hours appropriate for the participant(s) even if it exceeds the minimum hourly requirement for the extension. Participants who are working hours above the minimum hourly requirement prior to being extended may only decrease those hours with approval from a job counselor, and in conjunction with a revised Employment Plan. This should not be done unless there is a compelling reason to do so.

In 2-parent families where only 1 parent is extended under this category (for example the 2nd parent is in pre 60-month status, removed from the household being extended, or extended under another category) follow the single parent minimum hourly requirements.

Parents extended in this category are required to participate in Employment Services and may be sanctioned for non-compliance, including a reduction in hours or loss of employment.

WHEN BOTH PARENTS REACH THE 60-MONTH LIFETIME LIMIT AT THE SAME TIME

- Both parents must be in compliance with all program requirements in the 60th month. Being in compliance means the participant(s) is not in sanction for non-cooperation with ANY MFIP program requirement, including non-cooperation with child support. If 1 parent is not in compliance in month 60, that parent may be removed.
- Both must be in compliance 10 out of the last 12 months. If both parents fail to be in compliance 10 of the 12 months preceding month 61, the MFIP case must NOT be extended under this category. When only 1 parent does not meet the 10 of 12 months compliance requirement, the family has the option to remove that parent and extend the case if the remaining parent meets the remaining criteria. If the parent who failed the 10 out of the last 12 months compliance requirement is removed, the 1-parent work requirement under the employed category (30/25 hrs) applies to the remaining parent, and the MFIP grant must be calculated using the Shared Household Standard. If the parent who was removed has income, it is deemed to the MFIP unit. The parent who was removed may apply for and receive Food Support, if otherwise eligible. The financial worker will review health care eligibility for the disqualified member.

NOTE: If you are evaluating 1 parent for the employed extension and the other for a different extension type, the parent who is being evaluated for an extension other than employed is NOT subject to the 10 of 12 months compliance test.

- Both parents must meet criteria for an extension or have banked months in order for MFIP to be continued. If the case is closed because neither parent qualifies nor has banked months, a review must be conducted by your supervisor or a review team designated by the county.
- Both parents must follow an Employment Plan.
- When both parents are extended as employed, they must participate in work activities at least 55 hours per week each month, 45 of which on average must be employment. Hours may be divided between the 2 parents in any way that works for their particular situation and should be documented in **their** Employment Plans. When 1 parent is completing all the minimum hours required for this extension, the other parent's plan should require the maximum hours of work activities you determine he/she is able to complete.

WHEN 1 PARENT REACHES THE 60-MONTH LIFETIME LIMIT BEFORE THE OTHER

To be eligible for the employed extension, the participant who has reached month 60 must:

- Be in compliance with all program requirements in the 60th month.
- Be in compliance with all program requirements in 10 out of the last 12 months preceding month 61.
- Participate in work activities at least 30 hours per week per month, 25 of which on average must be employment. Participants must meet minimum work requirements, and they are NOT exempt from ES requirements.

NOTE: If the participant who has not reached 60 months is also employed, the combined minimum hours of participation for the 2-parent family is 55 hours a week, 45 of which must be employment.

- If the parent who reaches month 60 does not meet criteria for an extension or is in sanction in month 60 he/she may be removed. The case then follows pre-60 month policies.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions.

LIMITED WORK DUE TO ILLNESS/DISABILITY EXTENSION CRITERIA 13.21.9

MFIP participants who are able to work but not enough hours to qualify for the employed extension may be extended when they:

- Have verification from their qualified professional that work hours are limited due to illness or disability.
- Work at least the number of hours specified by the qualified professional.

Verification from the qualified professional must include the participant's diagnosis, any functional limitations that limit work hours, and treatment recommendations. Counties and Employment Services Providers may use Request for Medical Opinion ([DHS-2114](#)) to obtain this information.

Participants extended in this category must follow treatment recommendation of the health care provider who submitted the documentation.

In cases where both parents in a 2-parent family are extended as employed but 1 is only able to work a limited number of hours, apply the single parent requirement to the parent who is not ill or disabled (at least 30 hours per week of work activities, of which an average of at least 25 are employment).

All other requirements for an employed extension apply. See §13.21 (Employed Extensions) for additional information, including loss of employment and good cause for not meeting hourly requirements.

See §13.3 (60-Month Lifetime Limit) for an explanation of the 60-month lifetime limit and exceptions. See §13.15 (Hardship Extensions) for general information and requirements for hardship extensions. Also see §13.15.3 (Ill/[Injured](#)/Incapacitated Extensions).

There are specific provisions that must be followed prior to determining whether a sanction can be imposed on a participant:

- Who has been determined eligible for Family Stabilization Services (FSS).
OR
- At the time the provider has information that a participant may meet the eligibility criteria for FSS.

For information on specific provisions for FSS, See § 11.18 (**FSS Sanction Provisions**).

The maximum earnings on this initial eligibility threshold chart are calculated assuming that the unit is employed at application, has only earned income, has not been on MFIP in the previous 4 months, receives the regular Transitional Standard and has no children subject to the Family Cap. The earnings amounts listed assume that the unit has no child care expenses, makes no child or spousal support payments and allocates no income to others in the household. Unless otherwise noted, the table assumes working 40 hours per week and 4.3 weeks per month.

This chart should be used only as a guide and not to determine eligibility.

To be eligible for MFIP, the assistance unit's gross earnings minus an 18% disregard must be below the Transitional Standard for that size unit in the month of application. These earnings thresholds apply to a DWP family who applies for MFIP after having received 4 months of DWP benefits. The current federal minimum wage is \$7.25/hour for large employers. The Federal Poverty Guidelines changed January 20, 2011.

Household Size	10/1/2011 Transitional Standard	Maximum Monthly Gross Earnings of Applicant to be Eligible for MFIP	Maximum Hourly Wage of Applicant to be Eligible for MFIP	Monthly 2011 Federal Poverty Guidelines*	Percent of Federal Poverty Guideline at Threshold
1	\$428	\$521	16hrs/wk @ \$7.25	\$908	57%
2	\$764	\$931	29 hrs/wk @ \$7.25	\$1,226	76%
3	\$1,005	\$1,225	39 hrs/wk @ \$7.25	\$1,544	79%
4	\$1,223	\$1,490	\$8.66	\$1,863	80%
5	\$1399	\$1,705	\$9.91	\$2,181	78%
6	\$1,609	\$1,961	\$11.40	\$2,499	78%
7	\$1,755	\$2,139	\$12.43	\$2,818	76%
8	\$1,941	\$2,366	\$13.75	\$3,136	75%
9	\$2,126	\$2,592	\$15.06	\$3,454	75%
10	\$2,305	\$2,810	\$16.33	\$3,773	74%

*The 2011 FPG amounts are effective for Calendar Year 2011.

AMOUNT OF EARNINGS NEEDED TO EXIT MFIP CASH

APPENDIX A-2

This table is used to calculate the amount of earnings needed to exit the MFIP cash portion and eligible only for the food portion.

NOTE: MFIP does not count against 60-month clock if only the food portion is received. A participant can choose to “opt out” of cash portion to stop the 60-month clock.

Unless otherwise noted, this table assumes working 40 hours per week and 4.3 weeks per month. It also assumes no allocation, deeming or sanctions. Calculations are based on MFIP standards effective October 1, 2011. The current federal minimum wage is \$7.25 per hour for large employers. The earned income disregard is 38% of gross earnings.

Amount of Earnings Needed to Reach the Food Portion

HH Size	Full MFIP Food Portion Effective 10/1/11	Monthly Income	Annual Income	Weekly Hours Must Work at Minimum Wage	Hourly Wage	Child Care Bi-Weekly Co-Pay when Lose Cash	*2011 Federal Poverty Guidelines (FPG)	Percent of FPG when Lose Cash Portion
1	\$178	\$472	\$5,664	15 hrs	15 hrs/wk @ \$7.25	None	\$10,890	52%
2	\$327	\$825	\$9,900	26 hrs	26 hrs/wk @ \$7.25	None	\$14,710	67%
3	\$473	\$1,020	\$12,240	33 hrs	33 hrs/wk @ \$7.25	None	\$18,530	66%
4	\$602	\$1,197	\$14,364	38 hrs	38 hrs/wk @ \$7.25	None	\$22,350	64%
5	\$702	\$1,349	\$16,188	43 hrs	\$7.84	None	\$26,170	62%
6	\$836	\$1,505	\$18,060	48 hrs	\$8.75	None	\$29,990	60%
7	\$905	\$1,652	\$19,824	53 hrs	\$9.60	None	\$33,810	59%
8	\$1,025	\$1,789	\$21,468	57 hrs	\$10.40	None	\$37,630	57%
9	\$1,146	\$1,923	\$23,076	62 hrs	\$11.18	None	\$41,450	56%
10	\$1,270	\$2,041	\$24,492	65 hrs	\$11.87	None	\$45,270	54%

*The 2011 FPG amounts are effective for Calendar Year 2011.

AMOUNT OF EARNINGS NEEDED TO EXIT MFIP

APPENDIX A-3

This table is used to calculate the amount of earnings needed to exit the MFIP program (both the cash and food portion) **effective 10/1/11**.

HH Size	Family Wage Level	Monthly Income	Annual Income	Hourly Wage	Child Care Bi-Weekly Co-Pay when Exit MFIP*	Annual 2011 Federal Poverty Guidelines (FPG)**	Percent of FPG when Exit MFIP
1	\$471	\$759	\$9,108	24 hrs/wk @ \$7.25	NA	\$10,890	84%
2	\$840	\$1,355	\$16,260	\$7.88	\$17	\$14,710	111%
3	\$1,106	\$1,783	\$21,396	\$10.37	\$22	\$18,530	115%
4	\$1,345	\$2,170	\$26,040	\$12.62	\$26	\$22,350	117%
5	\$1,539	\$2,482	\$29,784	\$14.43	\$30	\$26,170	114%
6	\$1,770	\$2,855	\$34,260	\$16.60	\$35	\$29,990	114%
7	\$1,931	\$3,114	\$37,368	\$18.11	\$43	\$33,810	111%
8	\$2,135	\$3,444	\$41,328	\$20.02	\$48	\$37,630	110%
9	\$2,339	\$3,772	\$45,264	\$21.58	\$57	\$41,450	109%
10	\$2,536	\$4,090	\$49,080	\$23.78	\$60	\$45,270	108%

* The child care co-pay amounts are effective 10/01/11.

** The 2009 FPG amounts are effective for calendar year 2011.