Able bodied adults without dependents (ABAWD) review
form guide

Thank you for your cooperation with the Minnesota Department Human Services Management Evaluation Review. This guide provides instructions on how to complete a case review using the ABAWD review form. If there are questions regarding a particular section of the form, you can use the guide to obtain details to assist you, the reviewer, in making the appropriate selection.

Case information

Worker, Supervisor and Reviewer ID’s: X or PW numbers for each applicable role. Enter this information in each of the respective fields.

Case ID and Case Name: enter the MAXIS case number and case name for the case being reviewed.

Review Month/Year: Refer to your case list and choose the applicable month and year.

ABAWD

ABAWD member number/s: List the corresponding reference number/s of the assistance unit member/s identified as ABAWD in this field.

ABAWD age range: Choose the applicable age range of the selected ABAWD.

36 Month Calendar: The 36-month period begins the 1st full month a person receives SNAP as an ABAWD. The 36-month period runs uninterrupted. Determine the 1st full month of receipt as an ABAWD and determine the 36th month.

Cmdty/Other st FS end date (MEMI): Review STAT/MEMI Cmdty/Other St FS End Date field for the corresponding ABAWD member/s. If there is a date listed, enter that date in this field. If this date falls or should fall within the 36 month period, keep this in mind. Choose N/A if there is no date listed in this field in MAXIS or the date listed is before 11/1/2013.

SNAP rcvd in another state (application): If last or initial certification was within the last 36 months, was SNAP received in another state? If not applicable, skip the next two review criteria.

Other state (MEMI): If you answered yes to the previous question, choose the state listed in the “Former State” field.
Other state waiver status: Review the list of ABAWD waivered states located in the Combined Manual Guides and Handouts section titled and indicate whether the state had a statewide waiver, a partial waiver or no waiver. If the quarter is not listed (usually the most current), review the FNS ABAWD Waiver page for the applicable quarter. Choose the applicable answer.

FSET Work reg status code: This field is defaulted to code 30. Review STAT/WREG FSET Work reg status field in MAXIS for the corresponding case and ABAWD member. Choose the corresponding code listed in this field from the drop down menu. This field is defaulted to 30. Review POLI/TEMP TE02.05.70, TE02.05.70.03 for guidance.

ABAWD status code: This field is defaulted to code 10. Review STAT/WREG ABAWD Status field in MAXIS for the corresponding case and ABAWD member. Choose the corresponding code listed in this field from the drop down menu. Review POLI/TEMP TE02.05.70 for guidance.

Defer FSET/No funds: Review the STAT/WREG Defer FSET/No Funds (Y/N) field in MAXIS for the corresponding case. Review POLI/TEMP TE02.05.70, TE02.05.68, TE02.05.69 for guidance.
- Y - Choose “Yes” from the drop down menu
- N – Choose “No” from the drop down menu

FSET Orientation date: Review the STAT/WREG FSET “Orientation date” field in MAXIS for the corresponding case and ABAWD member. If applicable enter the date listed in this field. Choose “N/A” if no date is listed. Review POLI/TEMP TE02.05.70 for guidance.

ABAWD tracking records months: Review the STAT/WREG SNAP ABAWD Tracking Record in MAXIS. Enter the counted months with either a MAXIS or Worker Entry.

MONY/INQX FS full months issued: Review MONY/INQX from starting from the first month of the 36-month period through the month of review for food support (FS) issuances. Enter the months reflecting full, not prorated food support issuance

Referral sent (INFC/WORK): Review INFC/WORK. Was a referral sent? Choose N/A if a referral was not required

Referral Date: Review INFC/WORK. If a referral was sent, enter the date in this field.

ABAWD deficiencies found in?

Countable months: Review the information compiled above. Are the months identified as countable correct per policy? If SNAP received from a different state at application, did the agency verify whether the applicant resided in a state with or without a partial or statewide waiver? If there was a partial or no waiver, did the agency verify any applicable countable month? Are the months counting on the ABAWD tracking record and the full months of benefits issued reflected on MONY/INQX matching? If there are any discrepancies found, choose yes, as deficiencies exist.

WREG Coding: Review the STAT/WREG FSET Work Reg and ABAWD statuses. Were the statuses correctly coded? Should the ABAWD member have been exempt? If so, does this effect eligibility and the countable months? If eligibility and/or the countable months are or could be affected, choose yes, as deficiencies exist. Example: ABAWD WREG coded as code 30, and ABAWD status is 06. The person’s monthly earned income
makes them eligible to be coded as 09, and thus exempt from work registration. This does not affect eligibility or the countable months. Example: ABAWD WREG coded as 30 and ABAWD status is 10, but the household member has applied for or is receiving unemployment. This would affect eligibility after the third month and also the countable months.

Sanction: Review STAT/WREG FSET Work Reg Status. Does the code reflect an imposed sanction? If so, was the sanction imposed accurately? Review CASE/NOTE and case documentation

Other: Are case notes regarding the ABAWD member (s) adequate? Are there any ABAWD related policies applied to this case that affected eligibility or countable months?

Findings Summary

Case correct?:

Yes: If no deficiencies were found in any of the four listed ABAWD areas, the case is correct

No: If deficiencies were found in any of the four listed ABAWD areas, the case is not correct

Deficiency and corrective action description: If the case is not correct, identify the deficiencies found including case details relevant to the deficiency. Explain what should have been done and/or what will be done to correct the deficiency.