

119 – WORK FIRST BENEFITS**Change #3-2011****April 1, 2011****I. BACKGROUND**

Effective October 1, 2009, North Carolina implemented a new method for issuing WFFA payments to families that include an adult as a recipient. These families must demonstrate compliance with all provisions of their MRA documents prior to receiving the benefit check. Several counties had demonstrated a “pay after performance” method for work-eligible families as demonstrations and as Electing Counties, with positive results. In 2009, the General Assembly established the “pay after performance” method of payment, called Work First Benefits (WFB), for all families that include an adult. Child only families continue to receive their benefits near the beginning of each month, for that month.

II. CASES SUBJECT TO WORK FIRST BENEFITS (WFB)

All WFFA cases that include an adult as a recipient are subject to Work First Benefits (pay after performance) payment methodology. These cases are entered into EIS with payment type 2.

This includes cases where the included adult is incapacitated or is not work eligible, as designated by work codes F, O, S or I.

Child only cases are not subject to Work First Benefits payment method. Those cases continue to use payment type 1 and receive their checks at the beginning of the benefit month. This includes families where the parents are in the household but are not eligible to be included due to receipt of SSI or non-qualified immigrant status.

III. WFB PAYMENT METHOD

Assistance checks for WFB cases (payment type 2) are not automatically mailed. On the night of the monthly AAF keying deadline in EIS, when benefits for the following month are established, checks for cases with payment type 1 are printed and prepared for mailing. Checks for payment type 2 cases are not printed at that time. The payment information is saved to the WB screen in EIS, and a caseworker must access the WB screen and key an “I” in the ACT field beside the benefit month to issue the check. Instructions for accessing the WB screen and issuing checks are in the Work First User’s Manual (WF 1300).

Compliance with each element on the Mutual Responsibility Agreements (MRA-A Core Requirements and MRA-B Plan of Action, if developed) must be evaluated for the benefit month. A decision is required each month whether to issue the check or not. If the family has complied with all provisions of their MRAs or if they have good cause for non-compliance, a check will be issued.

If the adult in the case does not have a current MRA Plan of Action (for example if the adult has a work code of S or I) then at the end of each month, the caseworker must verify that the family is in compliance with the provisions of the MRA Core Requirements

or they have good cause for non-compliance. If so, then the caseworker will issue the payment.

IV. INITIAL MUTUAL RESPONSIBILITY AGREEMENTS (MRA)

For all work-eligible applicants, a Mutual Responsibility Agreement (MRA) Plan of Action (DSS-6963b) must be developed within five (5) work days of the date of application. This initial MRA Plan of Action is for the purpose of specifying activities that must be completed to qualify for WFB for the month of application. The initial MRA Plan of Action may be brief and simple, to be followed by a more detailed plan based on a thorough assessment.

V. TIMELY NOTICE REQUIREMENT

The requirement for timely notice of a decrease or loss of benefits applies to WFB cases. The MRA Core Requirements and MRA Plan of Action contain the timely notice that if the adult does not comply with all provisions of the MRAs they will not receive their assistance check.

For WFB cases, the MRAs serve as timely notice of a check being withheld, and a DSS-8110 timely notice is not required when withholding a WFB check.

Note: When an adult in a WFB case fails to cooperate with child support, a DSS-8110 timely notice is issued to notify the payee of the loss of their Medicaid eligibility, but the WFFA check is withheld without further notice.

VI. CHILD SUPPORT

In the child support automated system (ACTS), individuals who are included in Work First cases with payment types 1 or 2 are treated as "public assistance" recipients. That means that support payments paid by a non-custodial parent are subject to being redirected to the state to reimburse WFFA payments. Payments will be redirected even when a WFFA check for a payment type 2 case does not get issued for that month.

When a case transfers from WFB (AAF payment type 2) to MAF, due to failure to comply with MRA requirements, it then becomes "Non-Public Assistance" or "Medicaid only" for child support purposes, and the caretaker is eligible to receive child support payments processed through Child Support Enforcement.

For this reason, it is important that caseworkers promptly transfer cases to Medicaid when they have decided not to issue a check.

VII. REPORTING PARTICIPATION

Adults included in WFB cases who have MRA Plans of Action are required to report their work and work-related activities on a monthly basis no later than the fifth work day of the following month in order to qualify to receive their checks. The fifth work day deadline is stated on the MRA (DSS-6963B). Documentation requirements for the component activities are described in WF 118 V. and VI.

County agencies or individual caseworkers may require more frequent reporting, such as weekly or bi-weekly, and this should be noted on the MRA.

Caseworkers may accept documentation submitted after the fifth work day if there is a good cause reason why the information is late.

Caseworkers may issue a check at any time that compliance is documented, but if late documentation is accepted (after the fifth work day) there must be documentation in the case record explaining the delay.

VIII. ISSUING PAYMENTS

Because families are not receiving their benefits until after the benefit month, it is important that caseworkers issue payments as quickly as possible once compliance with the MRAs has been documented.

A. When documentation has been submitted:

- Caseworkers must issue WFB checks within three work days following the participant's submission of adequate documentation.

B. When no or incomplete documentation has been submitted:

- When a participant has not provided all the necessary documentation by the fifth work day of the following month, the caseworker should make an effort to contact the participant to determine if good cause exists or if help is needed to obtain documentation.
- If required documentation has not been received by the 15th of the month following the report month, and good cause has not been determined, the caseworker must transfer the case to MAF.

IX. FAILURE TO COMPLY WITH MRAs

When an adult in a Work First Benefits case fails, without good cause, to comply with all provisions of his/her MRAs, the family will not be eligible to receive a WFFA payment for that month. The caseworker will not issue the check from the WB screen. (See exception at C. below for substance abuse treatment.)

Once the decision has been made not to issue the check, the case must be transferred to MAF. A re-application will be required before the family may receive WFFA again.

A. Non-Cooperation With Child Support Enforcement

When an adult in a Work First Benefits case fails to cooperate with child support enforcement, as indicated by a client cooperation status of "No" in ACTS, the WFFA check for the month of non-cooperation will not be issued. Additional steps to be taken are described in WF 120 II.

B. Good Cause

It is the primary responsibility of the participant to communicate why requirements were not met so the caseworker can make a good cause determination. If a participant fails to complete the activities outlined on the MRA, the caseworker must determine if the participant has good cause. Counties must use prudent judgment to ensure that good cause is applied reasonably and equitably to all families. Good cause is defined as but not limited to:

- A significant family crisis or change;
- Illness or disability of the caretaker or child, including participation in substance abuse treatment or medical appointment;
- Civil leave, including jury duty, or a required court appearance;
- The loss or interruption of transportation or child care services; and
- Any other reason deemed sufficient by the county director or designee.

Good cause reasons for noncompliance are of limited duration. It is important to determine whether the situation should be considered a “good cause exemption” or an “excused absence.”

The caseworker must ensure reasonable accommodations are available to all individuals with disabilities who need assistance to meet their requirements.

It is also important in determining good cause that the caseworker review the participant’s case record and MRAs as well as discussing with the participant their reasons for failure to meet the MRA requirements.

If there is an indication that existing or new disabilities are a factor in non-compliance, the caseworker must conduct a thorough assessment, and/or revise the MRAs and if appropriate release the Work First check.

Caseworkers must review cases to identify previous good cause reasons and determine if there is a pattern and document the case file. Good cause must be evaluated on a case by case basis.

Caseworkers must have frequent contact with the participant to monitor MRA compliance. Caseworkers must document in the case record all efforts and contacts with the participant.

To ensure appropriate good cause determinations, it is recommended that agencies develop a protocol for consultation by caseworkers with a supervisor when determining good cause.

C. Substance Abuse Treatment

For individuals who have been referred for substance abuse treatment by a QPSA as described in WF 104B, their failure to participate in treatment is penalized as described in WF 104B IV.

Failure to participate in substance abuse treatment does not result in non-issuance of the WFFA check. See WF 104B for detailed instructions.

X. REAPPLICATIONS

When a WFB case has been transferred to Medicaid due to non-compliance with MRA provisions or due to non-cooperation with child support enforcement, a re-application is required if the family wants to again receive WFFA.

The administrative reapplication process, as described in WF 203, may be used if the family wants to reapply within the first ten calendar days of the first month of Medicaid. This may be done if no changes have occurred that would affect eligibility and the family has provided documentation of compliance with their MRAs.