

# **SNAP Employment and Training Provider Training**

# Purpose of this Training

Inform	Provide information about SNAP E&T policies and procedures
Provide	Provide guidance and instruction on assisting SNAP E&T participants to prepare for and obtain employment
Ensure	Ensure service consistency
Establish	Establish a base for quality assurance
Communicate	Communicate expectations for service outcomes, limitations, and funding

# What is SNAP Employment & Training?



SNAP E&T (Employment and Training) Program provides SNAP participants opportunities to *gain skills, training, work or experience* that will increase their ability to obtain employment that moves them forward to self-sufficiency.

Access to training and support services to help them enter or move up in the workforce.

Reduce barriers to work by providing support services such as transportation and childcare *while participants engage in work activities and after obtaining employment.*

All SNAP E&T Programs must provide case management and at least one E&T component.

Each state is required to operate a SNAP E&T program and receives federal funding annually to operate and administer the program.

# What is E&T Workfare

- ▶ E&T workfare is a component in which SNAP recipients work off the value of their household's monthly SNAP allotment through an assignment at a private or public non-profit agency, including community-based organizations. In lieu of wages, workfare participants receive compensation in the form of their household's monthly benefit allotment. The primary goal of workfare is to improve employability and encourage individuals to move into regular employment while improving the community. Workfare assignments cannot replace or prevent the employment of regular employees. Workfare assignments must provide the same benefits and working conditions provided to regular employees performing comparable work for comparable hours.

\*Arkansas has only one provider that administers the Workfare program.

# Who can participate in E&T?

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Anyone who is receiving SNAP benefits

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16 years or older

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Physically and mentally fit to participate

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Able to participate immediately

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**Note: *Anyone receiving TEA (Transitional Employment Assistance) or Unemployment Insurance (UI) are not eligible for the E&T Program.***

# Legislative Authority

State Level



# ACT 974 and ACT 419 Overview

In April 2019, Arkansas passed Act 974, which requires abled-bodied adult SNAP recipients ages 18 -59, who have no dependents or dependents over 6 years of age to participate in the E&T Program.

(Current age requirement for participation is 18-49.)



In March 2021, Arkansas passed Act 419, which eliminates the exemptions for SNAP recipients exiting prisons or halfway houses and individuals exiting drug and/or alcohol rehab facilities.



The State anticipates a significant increase in participation when the requirements of these Acts are implemented in 2023. E&T Providers will be vital in supporting clients' participation in the E&T Program.

*Because of these Legislative Acts, Arkansas' E&T Program will become a mandatory-participant program. The E&T Program is currently a voluntary program. Anticipated start date is October 2023.*



# HB1775 - To Create the Employment Opportunities for Able-Bodied Adults Act of 2019

Stricken language would be deleted from and underlined language would be added to present law.

1 State of Arkansas  
2 92nd General Assembly  
3 Regular Session, 2019  
4  
5 By: Representatives Bentley, Beck, Cloud, Gates, G. Hodges, McCollum, Penzo, B. Smith, Wornack  
6 By: Senator Flippo

As Enrolled: 03/25/19  
**A Bill**

HOUSE BILL 1775

## For An Act To Be Entitled

AN ACT TO ESTABLISH THE EMPLOYMENT OPPORTUNITIES FOR ABLE-BODIED ADULTS ACT OF 2019; TO REQUIRE ABLE-BODIED RECIPIENTS OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS TO COMPLY WITH EMPLOYMENT AND TRAINING REQUIREMENTS; AND FOR OTHER PURPOSES.

## Subtitle

TO CREATE THE EMPLOYMENT OPPORTUNITIES FOR ABLE-BODIED ADULTS ACT OF 2019.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 76, is amended to add an additional subchapter to read as follows:

Subchapter 8 - Employment Opportunities for Able-Bodied Adults Act of 2019

20-76-801. Title.

This subchapter shall be known and may be cited as the "Employment Opportunities for Able-Bodied Adults Act of 2019".

20-76-802. Legislative findings and intent.

(a) The General Assembly finds that:

(1) Arkansas has made great strides in promoting work for able-bodied adults across other public assistance programs;

(2) Arkansas can continue those initiatives by further creating opportunities and spurring economic development by improving its workforce;

As Enrolled: 03/25/19

HB1775

1 ~~(3) Arkansas provides Supplemental Nutrition Assistance Program~~  
2 ~~benefits to more than one hundred and twenty-three thousand (123,000) able-~~  
3 ~~bodied adults without young children;~~

4 ~~(4) The Supplemental Nutrition Assistance Program in Arkansas~~  
5 ~~should be protected and preserved for the truly vulnerable;~~

6 ~~(5) Most able-bodied adults receiving Supplemental Nutrition~~  
7 ~~Assistance Program benefits in Arkansas do not work at all;~~

8 ~~(6) Arkansas has the opportunity under federal law to refer~~  
9 ~~able-bodied adults to employment and training programs;~~

10 ~~(7) Arkansas has more than thirty-two thousand and six hundred~~  
11 ~~(32,600) open jobs; and~~

12 ~~(8) Arkansas is projected to create more than one hundred and~~  
13 ~~sixty-six thousand (166,000) jobs in 2019.~~

14 ~~(b) It is the intent of the General Assembly that this subchapter~~  
15 ~~shall increase employment and self-sufficiency among able-bodied adults who~~  
16 ~~are receiving Supplemental Nutrition Assistance Program benefits.~~

20-76-803. Employment and training program requirement.

The Department of Human Services shall require an able-bodied adult under sixty (60) years of age who receives Supplemental Nutrition Assistance Program benefits, has dependents who are all at least six (6) years of age and under eighteen (18) years of age or who has no dependents, and is not otherwise subject to the requirements under 7 U.S.C. § 2015(c), as it existed on January 1, 2019, to participate in an employment and training program established under 7 U.S.C. § 2015(d)(4), as it existed on January 1, 2019, including without limitation a program operated by the department that authorizes a work registrant to perform public service activities through work experience to fulfill the work requirement necessary to receive Supplemental Nutrition Assistance Program benefits.

20-76-804. Reporting requirement.

(a) The Department of Human Services shall report the department's implementation of the employment and training program requirement under § 20-76-803 one (1) time per calendar quarter to the House Committee on Public Health, Welfare, and Labor.

(b) The department shall develop and submit a report containing

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HB1775

1 ~~statistics of participation in the employment and training program one (1)~~  
2 ~~time per calendar quarter to the House Committee on Public Health, Welfare,~~  
3 ~~and Labor.~~

SECTION 2. TEMPORARY LANGUAGE. DO NOT CODIFY.

(a) The Department of Human Services shall implement the requirements of the employment and training program under § 20-76-803 in Section 1 of this act by October 1, 2021.

(b) The first report required under § 20-76-804(b) in Section 1 of this act is required after October 1, 2021.

/s/Bentley



03-25-2019 12:22:17 CRH023

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# **CASE MANAGEMENT**

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# Case Management In E&T

Case management is a set of services to guide and support E&T participants as they engage in the program.

- Case management services can include, but are not limited to:
  - Intake Assessments
  - Individualized service plans
  - Progress monitoring
  - Coordination with service providers
- All E&T Participants must receive case management in at least one component.
- When offered as part of an E&T program, case management services are allowable expenses.

# Responsibilities of Case Managers

Case managers must support E&T participants as they progress through the E&T Program. Participation in case management must not be an impediment to successful completion or otherwise complying with the requirements of E&T.

If the case manager becomes aware of a participant's circumstances that may qualify that participant for an exemption from work requirements or good cause for non-compliance, the case manager must provide that information to the county office eligibility worker within 10 days, and the eligibility worker will make that determination.

# Churn Rate

The number of individuals moving out of a collective group over a specific period of time.

## How does it affect us?

If proper case management steps are not followed it means that we will constantly be moving clients in and out of the E&T program and possibly the SNAP program.

If left unmanaged, that means resources could possibly be wasted because clients are moving in and out of the programs.



It is likely to get the same clients over-and-over again.

**Requirement to Work.  
Participant Types.  
Exemptions.  
Good Cause.  
Fair Hearings.  
Monthly Notices.**



# What is the Requirement to Work (RTW)?

The Requirement to Work is a SNAP rule for individuals who:

- ▶ Are age 18 through age 49
- ▶ Have no dependents residing in the SNAP household
- ▶ Are not employed at least 80 hours per month
- ▶ Who are not exempt from the RTW

The rules apply to Able-Bodied Adult without Dependents (ABAWDS).

Eligibility for ABAWDS is limited to 3 months in a 3- year period (beginning on January 1 of each year). A countable month is any month in which an ABAWD receives SNAP benefits for the full benefit month while not:

- ▶ Exempt from the 3-month time limit
- ▶ Fulfilling RTW
- ▶ Exempt for the month using the State's 12% percent exemptions



# Participant Types

## ▶ Mandatory SNAP

- ▶ A mandatory E&T participant is an individual who does not meet an exemption from E&T (i.e., required to participate as a condition of eligibility for SNAP), and is referred to the program by an eligibility worker.
- ▶ The 3 months in the 3 -year period is not counted while the individual is participating.
- ▶ Must participate a minimum of 80 hours / month.

## ▶ SNAP E&T Participating

- ▶ SNAP recipient who is participating and complying with a SNAP E&T program.
- ▶ The 3 months in the 3 -year period is not counted while the individual is participating.
- ▶ Must participate a minimum of 80 hours/month.

## ▶ Volunteer

- ▶ A SNAP recipient who has expressed a desire to participate in E&T but would otherwise be exempt from participating. No monthly participation requirement.

# Exemptions

An Individual is not subject to the time limit for ABAWDS if he or she meets one of the following exemptions:

- ▶ Under 18 or 50 years of age or older  
(Under 18 or 60 years or older under the mandatory program)
- ▶ Unable to work due to a physical or mental limitation
- ▶ Responsible for a dependent child under age 17  
(Responsible for a dependent who is at least age 6 and under 18 under the mandatory program)
- ▶ Is pregnant
- ▶ Is otherwise exempt from general work requirements

# Good Cause

If an able-bodied adult's circumstances change that potentially cause them to lose their eligibility, good cause must be determined.

- ▶ If the individual would have worked 20hrs/week (or 80 hours per month), but missed work for good cause, the individual will be considered to have met the work requirement, if the absence from work is temporary and he/she intends to return to work.
- ▶ Good cause includes circumstances beyond the household member's control, such as, but not limited to, illness, a household member's illness requiring the presence of the member, a household emergency or the unavailability of transportation.

**Note:** The E&T provider must notify the agency within 10 days of the noncompliance, but the provider cannot make determinations of whether good cause exists and consequently if an individual should be disqualified. The State agency (the county office's designated personnel) is responsible for determining good cause.

Good cause will be determined on a case-by-case basis.

# Fair Hearings

- ▶ A request for a hearing is defined as any clear expression, oral or written, by the household or a representative that the household wishes to appeal a decision or to present its case to a higher authority. The freedom to make such a request must not be hampered in any way.
- ▶ If the provider receives a request from a client for a Fair-Hearing then they are to create a “Fair-Hearing” task in SNAP Works and submit it to the County Office with one business day.

# Monthly notices

- ▶ Able-bodied adults who do not meet the monthly work requirements will receive a notice from DHS's Eligibility System: Month1, Month 2, and Month 3.

County Return address name  
Line2 \_\_\_\_\_  
Line3 \_\_\_\_\_  
Line4 \_\_\_\_\_  
Phone number \*\*\*.\*\*\*.\*\*\*\*



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Address Line 4 \_\_\_\_\_

Date of Notice: MON DD CCYY

Case number \_\_\_\_\_

#### First Month Notice:

As of the date above you have received your first month of SNAP benefits as an Able Bodied Adult. You may only receive 3 months of SNAP benefits during the period ending December 31, 2018 while not complying with the Requirement To Work (RTW). You may retain eligibility for SNAP benefits if you meet the RTW or if you meet an exemption.

#### How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in a SNAP E&T; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

#### How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
  - Receiving a TEA or Unemployment Benefit; or
  - Participating in a Drug or Alcohol Treatment Program; or
  - A Half-Time Student.

This is based on SNAP policy 3500.

Have questions about this notice? Call us at 1-800-482-8988 or you may contact your local DHS office. Si necesita este formulario en español, llame al 1-800-482-8988 y pida la versión en español.

County Return address name  
Line2 \_\_\_\_\_  
Line3 \_\_\_\_\_  
Line4 \_\_\_\_\_  
Phone number \*\*\*.\*\*\*.\*\*\*\*



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Address Line 4 \_\_\_\_\_

Date of Notice: MON DD CCYY

Case number \_\_\_\_\_

#### Second Month Notice:

As of the date above you have received your second month of SNAP benefits as an Able Bodied Adult. As an Able Bodied Adult, you may only receive 3 months of SNAP benefits during the period ending December 31, 2018. You may retain eligibility for SNAP benefits if you meet the Requirement to Work or if you meet an exemption. If you fail to meet the Requirement to Work or an exemption by the end of your third month of SNAP benefits, your case will close.

#### How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in the SNAP E&T Program; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor, such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

#### How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
  - Receiving a TEA or Unemployment Benefit; or
  - Participating in a Drug or Alcohol Treatment Program; or
  - A Half-Time Student.

County Return address name  
Line2 \_\_\_\_\_  
Line3 \_\_\_\_\_  
Line4 \_\_\_\_\_  
Phone number \*\*\*.\*\*\*.\*\*\*\*



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
Address Line 4 \_\_\_\_\_

Date of Notice: MON DD CCYY

Case number \_\_\_\_\_

#### Third Month Notice:

As of the date above you have received your third month of SNAP benefits as an Able Bodied Adult. You may only receive 3 months of SNAP benefits during the period ending December 31, 2018. You may retain eligibility for SNAP benefits if you meet the RTW or if you meet an exemption. Failure to comply with the SNAP Requirement to Work by the end of your third month of eligibility will result in case closure.

#### How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in a SNAP E&T; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor, such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

#### How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
  - Receiving a TEA or Unemployment Benefit; or
  - Participating in a Drug or Alcohol Treatment Program; or
  - A Half-Time Student.

This is based on SNAP policy 3500.

Have questions about this notice? Call us at 1-800-482-8988 or you may contact your local DHS office. Si necesita este formulario en español, llame al 1-800-482-8988 y pida la versión en español.

**Note** The ABA can only receive SNAP benefits for 3 months out of a 36-month period if work requirements are not met).

# Referrals

The background features a series of overlapping, semi-transparent geometric shapes, primarily triangles, in various shades of blue and green. These shapes are positioned on the right side of the frame, creating a modern, abstract design. The colors range from light, airy blues to deeper, more saturated greens and blues. The overall composition is clean and professional.

# Referrals

The SNAP Notice of Work Registration (DCO-260) is an automated system generated notice that is sent to each able-bodied adult in the household at the time the case is approved.

The DCO-260 explains who in the household is work registered and who is subject to the RTW.

E&T referrals occur at certification, recertification and reinstatement of SR cases. Household members with the work participation code “Mandatory – SNAP” and “SNAP E&T Participating” are selected for automated referral.

Referrals will be auto-generated to SNAP Works nightly. The provider will conduct a search by referral task each morning to check for new referrals.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
Supplemental Nutrition Assistance Program  
NOTIFICATION OF WORK REGISTRATION and REQUIREMENT TO WORK

Casehead Name & Address \_\_\_\_\_ SNAP Case Number \_\_\_\_\_  
County Office Address & Telephone Number \_\_\_\_\_

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

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### Section 1 - Work Registration:

All non-exempt SNAP recipients are required to register for work. Work registrants must:

- Seek work and accept employment if offered
- Provide the DHS county office with information about his or her job status if requested

The following SNAP recipients are exempt from registering to work:

- People under age 16
- People age 16 or 17 who live with a parent
- People age 60 or older
- People who are disabled or unable to work
- People who attend school half time
- People who are employed or self-employed 30 hours weekly or 30 hours x minimum wage
- People who are receiving unemployment benefits or who have applied but are not yet receiving benefits but are complying with the work requirements that are part of the application process.
- People who care for a dependent child under age 6 or an individual of any age living with a disability
- A person subject to and complying with any work requirement under title IV of the Social Security Act
- A regular participant in a drug addiction or alcoholic treatment and rehabilitation program.

- ❖ All other SNAP recipients are required to register for work.
- ❖ When you signed the SNAP application form, you registered all required members for work.

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### Section 2 – Requirement to Work for Able Bodied Adults:

People age 18 through age 49 who get SNAP benefits must also meet the Requirement To Work or the RTW rule.

The RTW rule only applies to Able Bodied Adults who are age 18 through age 49. If the work requirements of this rule are not met, then an Able Bodied Adult can only receive SNAP benefits for 3 months out of a 3-year period. However, if work requirements are met, benefits can continue. Proof will be required.

The 3-year period is January 1, 2019 through December 31, 2021. You do not have to meet the requirement to work if:

- You are exempt from Work Registration as indicated in Section 1 above
- You are medically certified as disabled
- You live in the SNAP household with a child age 17 or younger
- You are pregnant
- You are given a personal exemption by the DHS County Office

# Referrals

If the individual is an able-bodied adult, the county office eligibility worker will issue the household PUB-429, which summarizes the RTW and PUB-427, which explains the criteria for participating in the SNAP E&T program and the services the program offers.



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or marital or marital-like status for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ams.usda.gov/complaint\\_filing\\_cust.html](http://www.ams.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 623-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-0410;
- 2) fax: (202) 690-7442; or
- 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

PUB-429 (11/10/17)

**FOR MORE INFORMATION**

Contact your caseworker at your local DHS county office.

**RTW**  
Requirement to Work



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or marital or marital-like status for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint or discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ams.usda.gov/complaint\\_filing\\_cust.html](http://www.ams.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 623-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-0410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

PUB-427 (11/10/17)

**EMPLOYMENT & TRAINING**  
THE E & T PROGRAM

**WHAT IS THE REQUIREMENT TO WORK?**

The Requirement to Work or RTW is a rule for Supplemental Nutrition Assistance Program (SNAP).

It means that certain individuals who are considered to be able-bodied adults without dependents, have to meet work requirements to receive SNAP benefits.

If able-bodied adults without dependents on SNAP do not meet the requirement to work, then they can only get SNAP benefits for three months out of a three-year period.

**WHAT ARE THE WORK REQUIREMENTS?**

Work at least 20 hours per week or 80 hours averaged monthly; or

Participate in and comply with a Workforce Investment Act Program for 20 hours or more per week or 80 hours averaged monthly; or

Participate in a SNAP Employment and Training Program; or

Participate in and comply with a Workforce Program (this is a limited program so ask your local county office if it is available in your area); or

Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

**EXEMPTIONS TO THE REQUIREMENTS**

An exemption means that you do not have to meet the work requirement. You have an exemption if you are:

- Under 18 or age 50 or older; or
- Residing in a SNAP household where a household member is under age 18; or pregnant; or
- Physically or mentally unable to work and a healthcare provider can provide verification of this; or
- Already working more than 20 hours a week; or
- Complying with the work requirements of another program; or
- Receiving a TEA Benefit; or
- Receiving Unemployment; or
- Participating in a Drug or Alcohol Treatment Program; or
- A Full-Time Student



**ARE YOU ELIGIBLE FOR SNAP?**

In order to participate in the E&T Program, you must receive SNAP benefits. To see if you are eligible for SNAP benefits, visit your local county office or visit: [www.accessarkansas.gov](http://www.accessarkansas.gov).

**HOW TO USE ACCESS ARKANSAS**

1. Go to [www.accessarkansas.gov](http://www.accessarkansas.gov)
2. To see if you are eligible for SNAP, click "Am I Eligible?"
3. To apply for SNAP benefits, click "New User" and create a new account.

**EMPLOYMENT & TRAINING**

The E&T Program helps Supplemental Nutrition Assistance Program (SNAP) recipients get a job or helps them receive education and training that can lead to a job.

**PROGRAM SERVICES**

- General Education Diploma (GED)
- Independent Job Search
- Job Search Training
- Employment Counseling
- Basic Skills Training
- English as a Second Language (ESL)
- Work Experience
- Occupational Skills Training
- Post-Secondary Vocational Training
- On-the-Job Training
- Job Club

The E&T Program will provide some travel reimbursement and certain education-related expenses.

**Note** A client has the option to cross county lines and is not limited to working with the provider in their residence county. Referrals are based on service county.



# Referrals

- ▶ If a referral is coded as Mandatory SNAP, first confirm the participant's willingness to participate in the E&T program, then send a Reverse Referral task to the local county office in order to have their code updated to E&T participating. Add a case note explaining the purpose of the task. For example: " Client is coded as Mandatory SNAP and would like to participate in E&T. Please update to E&T Participating".

**Note** The importance of notifying the county office is so that the client will no longer accrue countable months under the Mandatory SNAP participation code.

- ▶ If a referral is coded as E&T participating you can immediately begin working with the client.
- ▶ If the client is otherwise exempt from participating (i.e. Incapacitated Short Term, SNAP Cares for child) but wants to participate in the E&T program a Reverse Referral task should be sent to the county office in order to have their General Characteristic updated to Volunteer. Add a case note to explain what needs to be changed by the county staff.

# Referrals

- ▶ Maximus Referral: send a Reverse Referral task to the local county office in order to have their code updated to E&T participating. Add a case note explaining the purpose of the task. For example: “ Client is coded as Mandatory SNAP but would like to participate in E&T. Please update to E&T Participating”
- ▶ The provider has 10 days to notify the client that he/she must come in for an assessment to begin participating in the program.

# ASSESSMENTS, EMPLOYMENT PLANS, COMPONENTS



# Assessments & Employment Plans

- ▶ An assessment must be completed within 30 days of the referral receipt. A provider should not finalize an assessment until all client scores are keyed. If needed, a provider can save an assessment in order to enter a complete set of scores.
- ▶ Once an assessment is finalized, changes cannot be made.
- ▶ During the assessment the client's goals, strengths, and barriers should be discussed.
- ▶ The employment plan cannot be created prior to the completion of the assessment. Keep a signed record of the employment plan. (In the future it will be uploaded into SNAP Works).
- ▶ Each time a client has a new test score a new assessment must be created.

# Components

- ▶ Supervised Job Search (non-qualifying)
- ▶ Job Search Training (non-qualifying)
- ▶ Occupational Skills Training
- ▶ Education (GED/ Basic Skills/Literacy)
- ▶ Vocational Training
- ▶ ESL (English as a Second Language)
- ▶ OJT/Apprenticeship
- ▶ Work Experience
- ▶ Internship/Training Programs

\* A non-qualifying component is one in which the hours assigned cannot, alone, satisfy the participation requirements. However, when offered as part of another (qualifying) component, this activity is allowable as long as the hours comprise less than half of the total required.

# Component Status

- ▶ The Component Summary page in SNAP Works will display all of the components that have been assigned to the client. Only components from open employment plans will display on this page.
- ▶ Providers must add each component to which a participant is assigned on the component page. If the participant is assigned to more than one component, use the “add new” button to add the next component.
- ▶ Use the Component Details to update the status of a component. For example, use “moved to another component” when a participant's component is changed. Use “successfully completed” when the participant successfully completes a component.

# Supervised Job Search

- ▶ Participant activities are directly supervised
- ▶ May be conducted independently or within a group setting
- ▶ May be conducted remotely, in-person or a combination of both
- ▶ Participant reimbursement allowed

**Note** Non-qualifying components will only account for *Less* than 50% of all activities. When assigning a participant one of these components another component must be assigned in conjunction in order for the individual to be considered a full participant.

# Job Search Training

Develop an employment and training plan after a job skills assessment;

- ▶ Assist in finding financial aid for education
- ▶ Monitor and report progress
- ▶ Employment counseling, resume building, motivational techniques, job search methods, interview coaching, instructions in a group setting

**Note** *Non-qualifying components will only account for less than 50% of all activities done monthly.*



# Education

Educational and remedial programs or activities designed to improve basic skills including literacy, reading and math programs to improve functional levels.

- ▶ Assistance in acquiring a high school diploma/equivalency (GED)
- ▶ Assistance to acquire proficiency in the English language
- ▶ Occupational skills training, including but not limited to work keys and self-guided computer-assisted learning programs
- ▶ Short courses (i.e. Certified Nursing Assistant)
- ▶ Post-secondary vocational training (limited to 24 months)

# Occupational Skills Training and ESL

- ▶ Occupational skills Trainings are activities designed to help the participant gain general occupational skills, which may include, for example, a refresher math course, employment counseling, work keys, self-guided computer-assisted learning programs, and short courses, such as CNA certification and obtaining a CDL.
- ▶ English as a Second Language (ESL) is an activity designed to help SNAP E&T participants improve their ability to speak, read, listen to and write the English language.

# Work Experience (WEX)

- ▶ Unpaid work at a non-profit or public agency.
- ▶ The participant's obligation of work experience will be calculated by dividing the household's monthly SNAP allotment (before recoupment) by the current federal or state minimum wage which ever is highest.
- ▶ Always round down.
  
- ▶ Example: Mary's SNAP allotment is \$192/month.  $\$192/\$9 = 21.33$ .
  - ▶ Mary will need to complete 21 hours monthly.

# Internship/Trainings

- ▶ An intern usually works at a company for a short period of time to gain knowledge about working in a particular field. They may learn about the day-to-day functions of a particular position or department and gain work experience to add to their resume. Internships also afford interns the opportunity to experience a line of work before they've fully committed to a career path.

# On the Job Training (OJT)/Apprenticeship

- ▶ Participants receive training on the job, or through an apprenticeship, that provides direct knowledge and / or skills for a specific job.
- ▶ Participants may be hired by a private or public employer and will be paid at the same rate as other employees performing the same or similar jobs.
- ▶ **Note** The client is not paid when participating in WEX. In OJT the client is paid at the same rate as other employees performing the same or similar job.

# Component Hours

Able-bodied adults without dependents (ABAWDS) are limited to three months of SNAP benefits in a three-year period unless they are completing the work requirement. These individuals can fulfill this work requirement by participating in E&T, Workfare, working or a combination. The work participation hours must equal at least 80 hours per month.

Component	Qualifying?	Activity	Formula	Allowable Monthly Hours
Supervised Job Search	No	Restricted to less than 10 hrs. weekly. Cannot be combined with JST to exceed the hours cap.	3 weekly job contacts equal 9 hours of RTW time	Less than 40
Job Search Training	No	Restricted to less than 10 hrs. weekly. Cannot be combined with IJS to exceed the hours cap.	3 weekly job contacts equal 9 hours of RTW time	Less than 40
Vocational Training Credit bearing courses	Yes	Progress required	1 credit hour equals 3 weekly clock hours	80
Occupational Training includes certification courses, short or long, credit or non-credit.	Yes	Progress towards certification	1 hour of instruction equals 3 weekly clock hours	80
GED/Basic Skills/Literacy	Yes	Increase grade level	1 hour of instruction equals 3 weekly clock hours	80

ESL	Yes	Progress required	1 hour of instruction equals 3 weekly clock hours	80
On-the-Job Training (OJT)	Yes	Paid Work	Hour = Hour	80
Work Experience	Yes	Unpaid work @ non-profit or public agency.	SNAP benefits ÷ State or Federal minimum wage (whichever is greater)	

# Reimbursements

- ▶ Employment and Training participants are eligible for travel reimbursements when complying with program requirements.
- ▶ Maximum amount per month is \$75.
- ▶ Maximum yearly is \$900.
  
- ▶ Reimbursements should be uploaded weekly to SNAP Works for review/ approval by central office staff.
  - ▶ Completed documentation required for approval. DCO-243 form and page one of DHS-187 form.
  - ▶ A signed receipt/statement is required if a an individual provided transportation for the E&T client.

# Reimbursements

- ▶ Possible reimbursements items: transportation, uniforms, boots, fees, tuition (when requested by the provider,) personal safety items or necessary equipment, training manuals, suitable clothing for interviews, licensing and bonding, background check fees and vision needs.
- ▶ Some reimbursements will be paid on a case-by-case basis.



# Travel Reimbursement Documents

Sections A, B, and C of the DHS-187 must be completed. When the transportation is provided by someone else, documentation of the transportation costs must be attached.

Section A: Check Wise Reimbursement box. Clearly write the Client's first/last name. Include the full SSN or full BUID.

Section B: Full client address. Detailed reason for reimbursement including dates and a dollar amount.

Section C: Client or provider signature and date. Official title is either client or E&T provider.

**BILLING AND ROUTING SHEET  
TRANSITIONAL EMPLOYMENT ASSISTANCE PAYMENTS  
BILLED TO THE DEPARTMENT OF HUMAN SERVICES**

**Section A**  
 WISE Reimbursement       WISE NON-Reimbursement       Check # \_\_\_\_\_  
 Diversion Payment       Relocation Payment       (If Known)  
 Person /Provider to Be Paid: \_\_\_\_\_      SSN/VIN \_\_\_\_\_

**Section B**  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GOODS, SERVICES, TRANSPORTATION EXPENSE, MISCELLANEOUS COSTS AND/OR ASSISTANCE PROVIDED**  
 (Section E, Page2 (on back) must be completed to be reimbursed for Personal Mileage and Miscellaneous costs.)

Description:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(If more lines are needed, complete Section B-Attachment)	Total Payment \$ _____

(Reporting these expenses does not guarantee that you will be reimbursed)

**Section C ( See Section C of the Instructions to Determine Who Should Sign for DHS Authorization)**  
 I certify that the information reported on this form is correct, that all expenses or assistance was incurred while participating in TEA; that the goods and/or services have been received and/or rendered, or that the assistance provided is allowable.  
 Signature Client/Provider/Vendor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Official Title: \_\_\_\_\_  
 DHS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Official Title: \_\_\_\_\_

**Section D**  
**Required Supporting Documents and Submission Instructions:**  
 If payment is being made for reimbursement of expenses other than mileage and miscellaneous costs, attach a receipt marked "PAID".  
 To pay a provider/vendor directly, attach an original and two copies of the invoices or bills. Complete Section B, and sign Section C.  
 For Diversion, Relocation, and all other payments, attach the original invoice, along with this completed form, and send to:

Department of Human Services  
 General Operations Section, Program Support  
 P. O. Box 1437, Slot W406  
 Little Rock, AR 72203-1437

County Office \_\_\_\_\_ Worker Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

# Travel Reimbursement Documents

## SNAP Employment & Training Program Travel Reimbursement Documentation

### SECTION A

Name of E&T Program Participant \_\_\_\_\_ Last four digits of SSN for E&T Participant \_\_\_\_\_

SNAP Case Head \_\_\_\_\_ SNAP Case Number \_\_\_\_\_  
(If different) (Not the case head's social security number)

Address \_\_\_\_\_  
Mailing Address City State Zip Code

Telephone Number or Message Phone \_\_\_\_\_

### SECTION B: Record of Transportation Costs for Month \_\_\_\_\_

Date Traveled	Traveled From:	Traveled To:	Did You Travel in Your Own Vehicle?		If Yes, List Your Mileage	Amount To Be Reimbursed Per Mile	Total	Other Transportation Cost (Public transportation, payment to friend or relative, etc.)	Explain Cost
			YES	NO					
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	
						per mile	\$	\$	

Total Transportation Reimbursement Claimed \$ \_\_\_\_\_

### SECTION C: Signature

I certify that the information reported on this form is correct and that all transportation costs were incurred while participating in the SNAP E&T Program.

E&T Program Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

E&T Program Worker \_\_\_\_\_ Date \_\_\_\_\_

All sections of the DCO-243 must be completed and legible for timely processing.

**Note:** After travel is approved and processed it can take up to 10 business days for the client to receive it. A case note will always be keyed after travel has been approved or denied. Remember to make sure the following are completed prior to travel reimbursement requests: assessment, employment plan and component assignment.

# FY 23 Scholarship Request Procedures



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

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[humanservices.arkansas.gov](https://humanservices.arkansas.gov)

# The New Scholarship Process

- The current structure scholarship funding will be modified to a multi step process that will encourage completion of the trainings the SNAP recipient enrolls in and will allow the agency to be a better steward of federal monies.
  - The provider will receive 50% of the cost of training for enrollment through regular invoicing. The provider will invoice for the month that a SNAP client begins training.
  - When the student successfully completes the training, the provider will receive an additional 25% of the cost of the class through follow up invoicing, if the client is still receiving SNAP as of completion date. (If federal funds are available)
  - When the former student obtains a state or national board certification or employment, the final 25% of the cost of the class will be received through follow up invoicing. (If federal funds are available) The certification or job attainment must occur within six months of completion of training for this last percentage to be paid.

## Please Note:

- Scholarship request forms are no longer required.
- Employment plans must be completed prior to enrollment in training. Failing to have a completed employment plan prior to training will result in a denial of training reimbursement.
- Providers must also ensure that SNAP clients are in an open case as of the invoice date in order to be reimbursed for the training.

# The Review Process

When an invoice has been received, the SNAP E&T Team will review SNAP Works for the following:

- A completed assessment
- A completed employment plan
- Case notes
- Proof of class/training completion
- Proof of employment and/or state or national board certification
- SNAP Participation (if applicable)

The E&T Team will also review each invoice for the supporting documentation that indicates the description of the class and the billing information for the class.

**Please ensure all information has been provided to decrease delay in processing.**

# The Review Process

When an invoice has been received, the SNAP E&T Team will review SNAP Works for the following:

- A completed assessment
- A completed employment plan
- Case notes
- Proof of class/training completion
- Proof of employment and/or state or national board certification
- SNAP Participation (if applicable)

The E&T Team will also review each invoice for the supporting documentation that indicates the description of the class and the billing information for the class.

**Please ensure all information has been provided to decrease delay in processing.**

# The Initial invoice

- Please email your first invoice and subsequent invoices to the SNAP Financial Email address ONLY. The subject line should read: **Scholarship Request.**
- A standard monthly invoice document will be used. **This will replace the scholarship invoice.**
- This invoice should include the **total** amount of the class and the 50% portion that you will be reimbursed.
- Please submit the following information with this invoice:
  - Program Documents (Description of training, cost of class, duration of class, etc.)
- Please send **one** scholarship request per student.
- The SNAP E&T Unit will review for accuracy.
- When it has been determined that the invoice meets all requirements, it will be sent for payment.

# Invoice #1

<b>Remit to:</b>		<b>Bill to:</b>	
Provider Name		Arkansas Dept of Human Services	
Address		P.O. Box 1437, Slot S335	
Little Rock, AR 72201-1013		Little Rock, AR 72203-1437	
		SNAP Administrator	
		Invoices emailed to	
		<a href="mailto:snapfinancials@dhs.arkansas.gov">snapfinancials@dhs.arkansas.gov</a>	
<b>SFY 2023 INVOICE</b>			
<b>INVOICE DATE</b>		<b>CONTRACT NUMBER</b>	
<b>INVOICE NUMBER</b>		<b>VENDOR NUMBER</b>	
<b>DATES OF SERVICE</b>	<b>Dates of class</b>	<b>P.O. NUMBER</b>	
<b>PROGRAM NAME</b>	<b>SNAP Education &amp; Training</b>		
<b>DESCRIPTION</b>	<b>100% Total</b>	<b>Federal Match</b>	<b>DHS Responsibility</b>
<i>PERSONNEL</i>			
<b>SALARY</b>		\$ -	\$ -
<b>FRINGE</b>		\$ -	\$ -
<b>TOTAL PERSONNEL</b>	\$ -	\$ -	\$ -
<i>ADMINISTRATION</i>			
<b>Contractual Costs</b>		\$ -	\$ -
<b>Non-Capital Equipment and Supplies</b>		\$ -	\$ -
<b>Travel</b>		\$ -	\$ -
<b>Building Space</b>		\$ -	\$ -
<b>Equipment &amp; Other Capital Expenditures</b>		\$ -	\$ -
<b>Other Direct Costs</b>	\$ 1,250.00	\$ 625.00	\$ 625.00
<b>Total Administration</b>	\$ 1,250.00	\$ 625.00	\$ 625.00
<b>Grand Total</b>	\$ 1,250.00	\$ 625.00	\$ 625.00
<b>Amount Paid by DHS</b>			\$ 625.00
<b>Provider Signature</b>			





# Invoice #2

Remit to:

Bill to:  
Ark. Dept. of Human Services  
P.O. Box 1437, Slot S335  
Little Rock, AR 72203-1437

## PERFORMANCE FUNDING REQUEST

INVOICE DATE: \_\_\_\_\_  
ORIGINAL INVOICE NUMBER: \_\_\_\_\_  
PROGRAM NAME: **SNAP Employment and Training**  
VENDOR/PURCHASE ORDER #: \_\_\_\_\_  
CLASS COMPLETION DATE: \_\_\_\_\_  
DATE OF EMPLOYMENT OR CERTIFICATION: \_\_\_\_\_  
PROFESSIONAL SERVICES: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_

Provider Signature: \_\_\_\_\_  
Name Date  
Contact Person \_\_\_\_\_  
Name Telephone  
SNAP Administrator Approval \_\_\_\_\_  
Kelley Jackson Date  
Approval for Payment \_\_\_\_\_  
Lisa Woodall Date



# Performance Pay Funding

- When the student successfully completes the training, the provider will receive an additional 25% of the cost of the class if the client is still receiving SNAP as of completion date. (If federal funds are available)
- Provider should submit the Performance Funding Request form. This request should total 25% of the cost of the class.
- Please ensure the following information is in SNAP Works:
  - Proof of completion of the class or training (certificate of completion, class roster, etc.)
- The SNAP E&T Unit will review for accuracy.
  - When it has been determined that the invoice meets all requirements, it will be sent for payment.

# Invoice #2

Remit to:

Bill to:  
Ark. Dept. of Human Services  
P.O. Box 1437, Slot S335  
Little Rock, AR 72203-1437

## PERFORMANCE FUNDING REQUEST

INVOICE DATE: \_\_\_\_\_

ORIGINAL INVOICE NUMBER: \_\_\_\_\_

PROGRAM NAME: **SNAP Employment and Training**

VENDOR/PURCHASE ORDER #: \_\_\_\_\_

CLASS COMPLETION DATE: \_\_\_\_\_

DATE OF EMPLOYMENT OR CERTIFICATION: \_\_\_\_\_

PROFESSIONAL SERVICES: \_\_\_\_\_

Student Name: \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Name	Date
_____	_____

Contact Person \_\_\_\_\_

Name	Telephone
_____	_____

SNAP Administrator Approval \_\_\_\_\_

Kelley Jackson	_____
_____	Date

Approval for Payment \_\_\_\_\_

Lisa Woodall	_____
_____	Date



# The Final Invoice

- When the E&T participant obtains a board certification or secures employment, the final 25% of the cost of the class will be received through follow up invoicing (If federal funds are available). The certification or job attainment must occur within six months of completion of training for this last percentage to be paid.
- Please submit a final Performance Funding request with the last 25% cost of class.
- Submit ensure the following documentation has been uploaded into SNAP Works:
  - Proof of state or national board certification or employment (proof of employment can be documentation from the employer that this person has been hired or is employed).
- The SNAP E&T Unit will review for accuracy.
  - When it has been determined that the invoice meets all requirements, it will be sent for payment.

# Invoice #3

Remit to:

Bill to:  
Ark. Dept. of Human Services  
P.O. Box 1437, Slot S335  
Little Rock, AR 72203-1437

## PERFORMANCE FUNDING REQUEST

INVOICE DATE: \_\_\_\_\_

ORIGINAL INVOICE NUMBER: \_\_\_\_\_

PROGRAM NAME: **SNAP Employment and Training**

VENDOR/PURCHASE ORDER #: \_\_\_\_\_

CLASS COMPLETION DATE: \_\_\_\_\_

DATE OF EMPLOYMENT OR CERTIFICATION: \_\_\_\_\_

PROFESSIONAL SERVICES: \_\_\_\_\_

Student Name: \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Name	Date
------	------

Contact Person \_\_\_\_\_

Name	Telephone
------	-----------

SNAP Administrator Approval \_\_\_\_\_

Kelley Jackson	Date
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Approval for Payment \_\_\_\_\_

Lisa Woodall	Date
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# MANAGEMENT EVALUATION REVIEWS



# M&E (Management and Evaluation) Team Management Evaluations

The Management Evaluation Team conducts an annual review of the E&T Program to ensure that the activities associated with E&T are in accordance with the Food and Nutrition Service (FNS) guidelines. The program will also be reviewed to ensure the State's procedures for able-bodied adults without dependents (ABAWD) comply with SNAP policy and federal regulations. The review will be conducted as a State-level review and/or agency review. This review will include but not be limited to:

- Review of activities to ensure compliance of the Employment and Training State Plan.
- Review of E&T components: referrals, assessment, job, and educational gains from the contractor reports.
- Review of quarterly submission of the FNS-583 to FNS.
- Validation of the automatic referrals, proper coding, the number of volunteers and the number of work registrants that were exempted.
- Review the contract with providers through routine audits to ensure that the provider is compliant.
- Review the provider contracts to ensure that they are compliant with program policies.





# Monthly Invoices

The invoices submitted by E&T Providers will undergo a 4-step review process.

Providers must submit invoices by the 10<sup>th</sup> of each month.

All invoices will initially be routed to the SNAP E&T Program Coordinator to review the following:

- The provider is billing for allowable costs per the contract.
- The amounts are added correctly.
- There is sufficient documentation to support the billing.
- Outcome Measures are attached and information is properly tracked.
- The E&T Coordinator will properly document the invoice to ensure adequate tracking throughout the review and approval process.
- The Invoice date, invoice number, dates of service, contract number, vendor number, and P.O number are added and correct.

If the invoice is correct when reviewed by the E&T Program Coordinator, the invoice will be routed to the SNAP Program Manager for signature of approval.

The invoice will be reviewed by the SNAP Team for submission to the DCO Finance Team.

The DCO Chief Financial Officer will then review for approval and signature for payment. Accounts payable will receive the final document and process for payment.

***Note: If there are any discrepancies the invoice will be returned to the SNAP Program Manager.***

# FNS Management Evaluations

- ▶ Review State Produced Policy Material
- ▶ Review Files
- ▶ Observe Local Offices

## Review Areas:

- ▶ Work Requirements • Case Management and Allowable E&T Components • Mandatory E&T Programs • Fair Hearings • Monitoring Participation and Progress • State Monitoring of Local Offices • Compliance with Pledge • Participant Reimbursements • E&T Fiscal Integrity • E&T State Reporting • Provider Determinations • Workforce Partnerships • Civil Rights

# SNAP WORKS



# SNAP Works Tasks

- ▶ Tasks are created in SNAP Works using the “Create Task” page on the client summary screen. Some examples of the types of tasks that can be created include:
  - ▶ Employment and Income
  - ▶ Address change
  - ▶ Contact change
  - ▶ Other
- ▶ Referral tasks are loaded automatically from the DHS eligibility system (ARIES) based on work participation characteristics. Referral tasks will be closed automatically when an appointment is scheduled.
- ▶ Appointment tasks will be automatically created when a provider schedules an appointment and will close automatically when an appointment is marked as “no show”, “rescheduled”, or “show”.

# Timeline reminders

- ▶ From the date the referral is received, the Provider should schedule the individual's first appointment within 5 days of the initial contact.
  - ▶ If the participant misses the first appointment, a second appointment should be scheduled within the next 10 days. The second appointment should be put in the mail no later than the next business day following the missed appointment.
  - ▶ Non- compliance should be reported to the county office within 10 days.
- ▶ To be in compliance, an assessment must be completed within 30 days of the referral receipt. Once an assessment is finalized, changes cannot be made.
- ▶ The employment plan cannot be created prior to the completion of the assessment. Each time a client has a new test score a new assessment must be created.

**\*Add a case note for each of the actions taken above.**

# Reminders

- ▶ Documentation - Good case management requires a narrative. Narratives are created through case notes. Providers should add a case notes for all actions taken on a case, including, but not limited to, dates and times of initial appointments, assessment notes, contacts with participants, reimbursement details, etc.
- ▶ Uploading Documents - Providers must upload documents related to participation in SNAP Works using the Correspondence Documents page. Examples of required uploads include, verification of employment, certificates obtained, and good cause documentation.
- ▶ Update demographics, household information and employment - Providers must update any changes to the household relevant to the household member's participation. Example: address change, someone moves in or out of the home, new contact information
- ▶ Update scheduled appointment time - Providers must add an update to the Appointment page in SNAP Works for each appointment, initial and rescheduled.

**NOTE:** The Public Health Emergency (PHE) ends on 5/11/23. The time limits will restart for participants on 7/1/23. That means that the non-compliance "clock" will be turned back on. Eligibility for an able-bodied adult (ABA) is time limited to 3 months in a 3 year period. Starting on 7/1/23, providers must begin completing a non-compliance task when a participant fails to participate. This allows for proper tracking of non-compliance by the eligibility staff.

# Reminders continued...

- ▶ In addition to ensuring that components are closed out and/or updated, the providers must close out an Employment Plan when Employment Plan status changes. This can mean adding an end date and a completed by date to the Employment Plan Summary screen.

It is important to build a positive working relationship with your local county office. Please keep the county office staff up to date of any changes by creating a detailed narrative when there are changes with a client. A case note should also be created for documentation purposes.

# Scenarios





# Scenario 1 (Component calculations)

Jack has chosen to participate in Supervised Job Search for 2 hours per week. 3 hours of Job Search equals 6 hours of RTW time. That gives him a total of 24 non-qualifying component hours per month.

\*Remember this can only account for less than 50% of his hours since this is a non-qualifying component.

Jack has decided that he wants to get his GED and will be attending 2 hours weekly. According to the formula, each hour of instruction counts as 3 weekly clock hours. Jack will receive a total of 24 qualifying hours for working towards his GED.

So far Jack has a total of 48 hours. He needs a total of 80 component hours to meet the requirements. So how many more component hours does Jack need?

$$(80 - 48 = 32)$$

Jack has decided to participate in OJT. According to your training material, is OJT a qualifying component?

(Yes)

One hour of OJT equals one qualifying component hour. So Jack will complete 8 hours per week of OJT, which equates to 32 allowable monthly hours.

Supervised Job Search (non-qualifying) component	- 24 hours
GED (qualifying) component -	24 hours
On the Job Training (OJT) component -	32 hours
	.....
Total component hours -	80 hours

# Scenario 1 continued

If Jack receives \$250 in benefits, how would we calculate the hours need to complete his Work Experience obligation?

- ▶ Benefit amount of \$250 divide by \$11 per hour state minimum wage which equals 21.73.
- ▶ Remember fractions are rounded down, so the participant only needs 21 participation hours.
- ▶ If Jack chooses to complete 12 hours of Work Experience, he would only to need complete 9 additional component hours if he receives benefits in the amount of \$250.

## Scenario 2 : household with more than one member

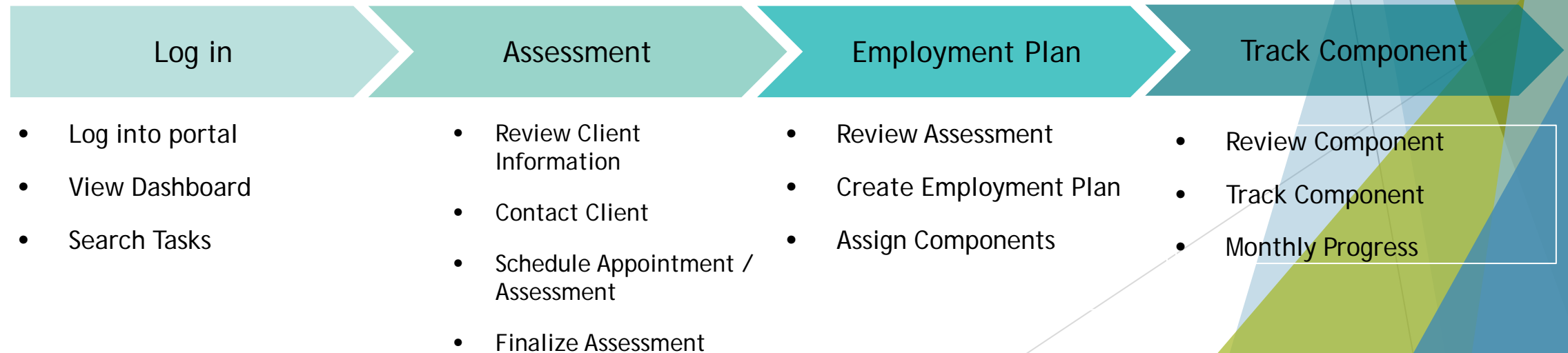
Rick and Michone live with their son Carl. Both Rick and Michone are 60 years old, so they are exempt from work registration. However, their son Carl is 26 years old and does not meet an exemption. The 3 members are included in the same SNAP case. Their monthly benefit amount is \$362. If Carl wishes to participate in Work Experience how many hours will he need?

362 divided by 11 = 32.90 (so Carl needs 32 component hours)

If Carl participate in work experience at least 8 hours weekly, he will meet the requirements.

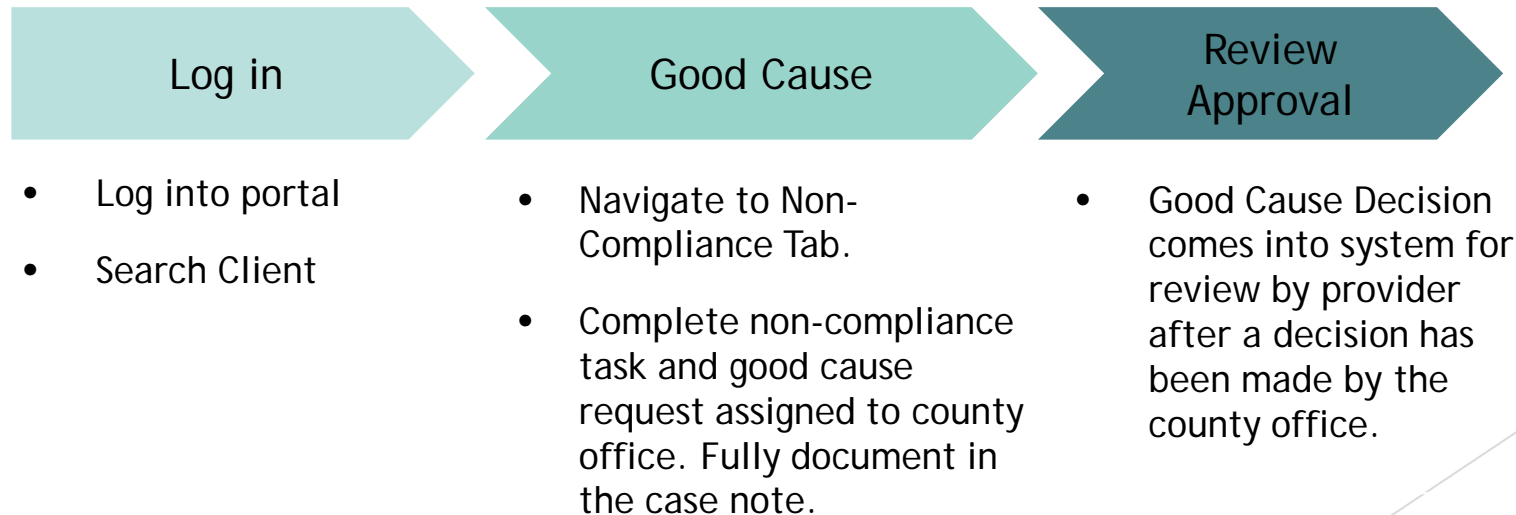
# Scenario 3 (Enrollment)

- ▶ Daniel White is an Arkansas resident who is receiving SNAP benefits. He was referred to the E&T program. The Provider accepts the referral, contacts the client, schedules an appointment, conducts an assessment, then create an employment plan that leads the client to employment/self-sufficiency.



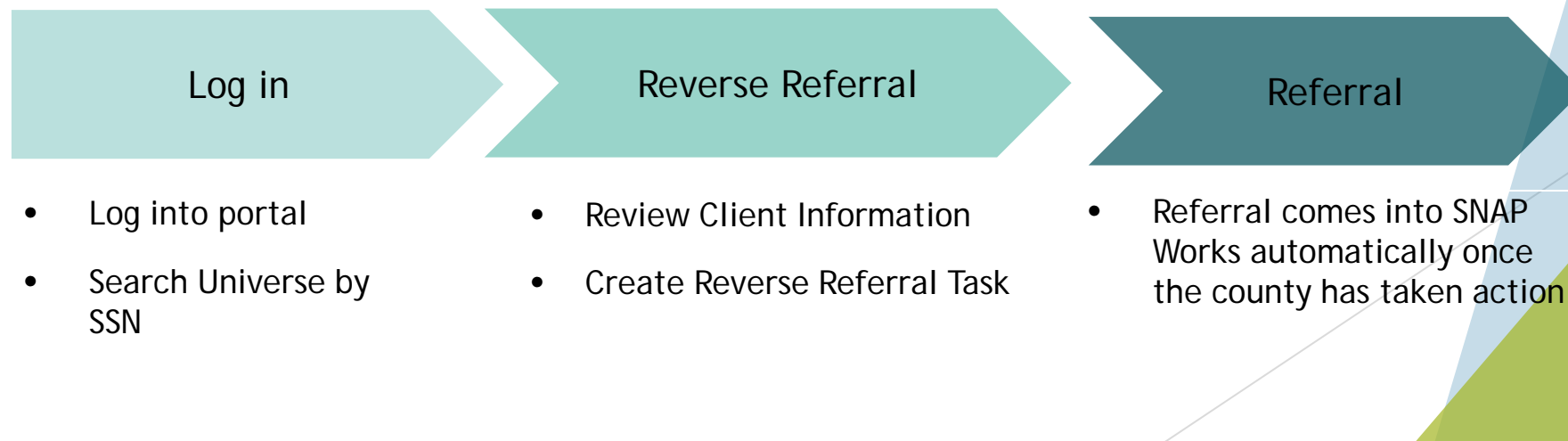
# Scenario 4 (Good cause)

- ▶ Brittany is an E&T program participant, and is not participating in her components. The Provider contacted the client and found out that Brittany was in a car accident in October. The Provider requests good cause for the month and enters the non-compliance and narrates this information in case notes.



# Scenario 5 (Reverse referral)

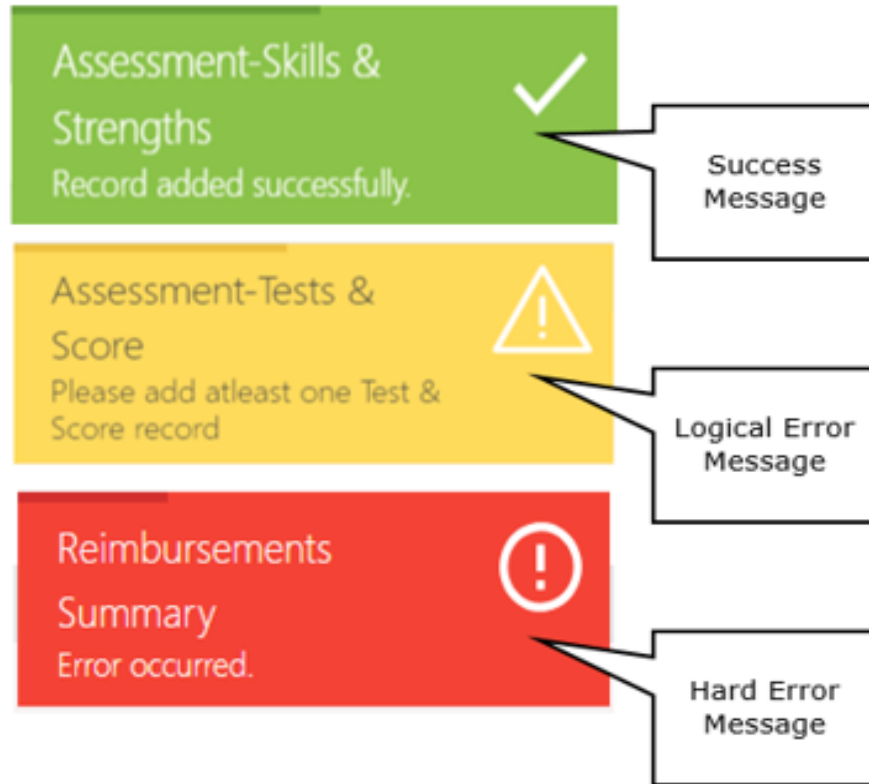
- ▶ Rennick is an Arkansas resident who is receiving SNAP benefits and is exempt from the E&T program. He learns from a neighbor about the E&T program, and goes to a provider to get more information. The provider discusses the E&T program with Rennick, and Rennick decides to join. The provider performs a reverse referral, and the County Staff approves the referral. Rennick can then start participating in the E&T program as a volunteer.



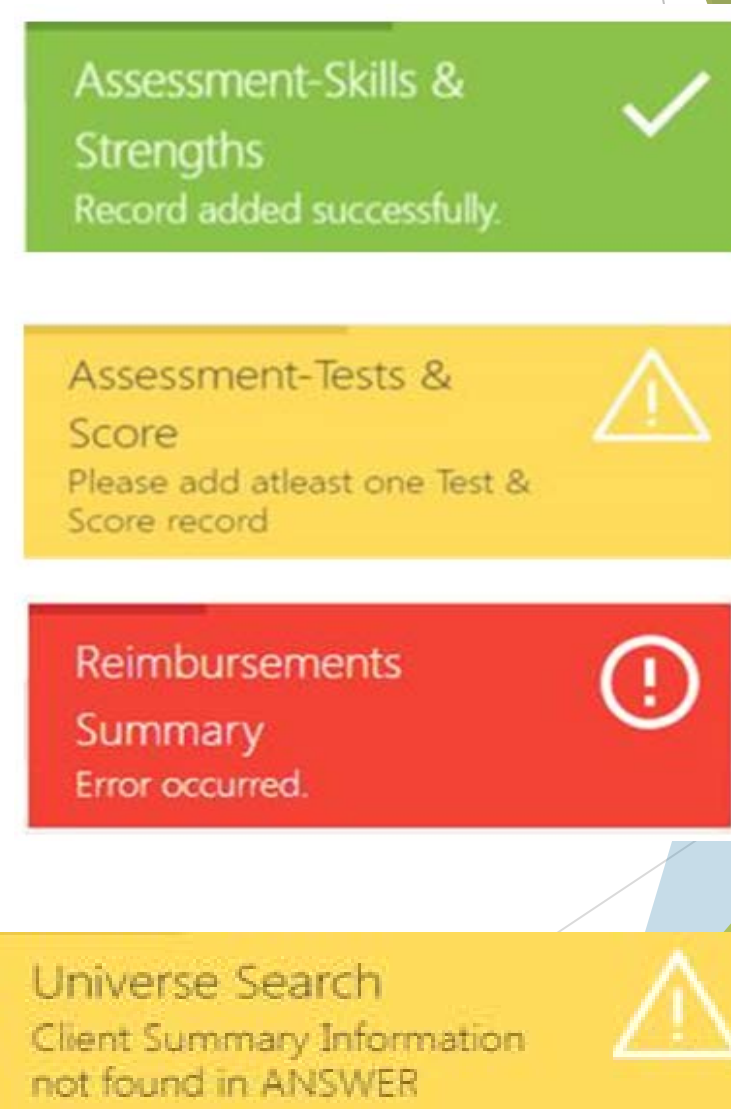
# Reverse referral continued..

- ▶ If a provider completes a reverse referral and the participant does not show up to participate, first attempt another reverse referral. A “Red” toast message will show, indicating that the client is already open in SNAP Works. If that happens, send an email with a screen shot to [snapet@dhs.arkansas.gov](mailto:snapet@dhs.arkansas.gov) and request the client be assigned to your facility. The E&T Unit will reassign the client to the correct provider.
- ▶ The same procedures should be followed when a client lives in one county but decides to participate with a provider in another county. If the client does not show in SNAP Works, attempt to complete another reverse referral, and if red toast message appears, send an email to have the client reassigned.

# Toast Messages



Most common error message- most times the SNAP case is closed.





# Virtual Services

Virtual case management services are allowed in rural counties that have been identified as having a low number of able-bodied adults through WebEx

## Process

- ▶ The provider schedules an appointment with the client. (Same process as face-to-face interviews.)
- ▶ The client reports to the DHS County Office, and county office staff assists the client in joining the online WebEx session. During the session, the client and provider will have face-to-face contact to complete the initial assessment and employment plan.
- ▶ The provider emails required documents to the County Office Staff to be printed and given to the client to sign.
- ▶ Once all needed documentation is signed, the County Office Staff scans and emails them back to the provider.
- ▶ The client is referred to resources within their community for services just as they would be in an in-person setting.

# Reminders

Remember to use Google Chrome to access SNAP Works.

- Be sure to disable pop-up blockers in order to print.



Central office staff cannot reset user passwords.



If the yellow toast message "client not found in ANSWER/ARIES," appears when searching for a client, it is likely that the SNAP case is closed.




Only DHS staff will be able to edit the non-compliance page once the record is created. The pencil icon will only be enabled while a decision is pending. Once a decision is made, the page will be read-only for all users. ( page 96 SNAP Works Provider User Guide)

# Reminders


Clients do not have to sign release of information forms in order to be compliant. This is not a requirement for SNAP E&T.




Instructions per tab are explained in detail beginning on page 31 of the provider user guide, ending on page 112.



Appointment tasks cannot be closed manually. Marking the appointment as "show/ no show" will close the task.



All case management should be documented in the client's case notes.

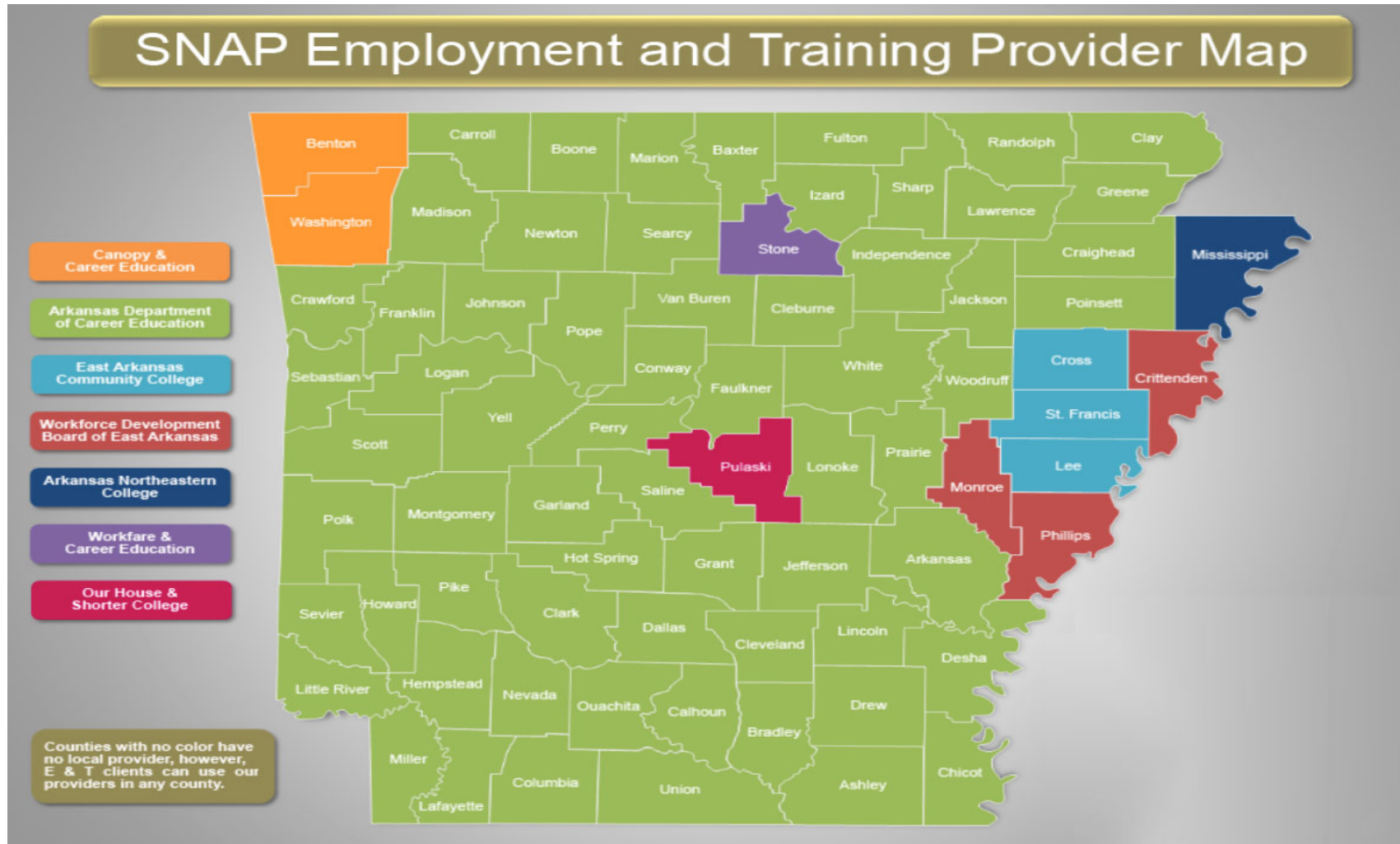


Please send all questions to [snapet@dhs.arkansas.gov](mailto:snapet@dhs.arkansas.gov). Provide screenshots.

DATE	EVENT
MAY 11	PHE ENDS
JULY 1	NON- COMPLIANCE & TIME LIMITS REINSTATED
JULY 1	ABAWD REQUIREMENT

# IMPORTANT DATES

# E&T Coverage Map



REAPPLY FOR SNAP: <https://access.arkansas.gov/Learn/Home>

HELP DESK: [snapet@dhs.arkansas.gov](mailto:snapet@dhs.arkansas.gov)

Scholarships: [SNAPFinancials@dhs.arkansas.gov](mailto:SNAPFinancials@dhs.arkansas.gov)

Questions?