

**103 - PERSONAL RESPONSIBILITY**

Change # 5-2010

August 1, 2010

**I. PERSONAL RESPONSIBILITY**

Work First requires caretakers to be responsible for themselves and the well-being of their children. Every Work First family must develop a Mutual Responsibility Agreement (MRA) which describes the caretaker's and the agency's responsibilities in helping the family achieve self- sufficiency.

**NOTE:** For Work First, a caretaker is defined as a parent, an adult with legal custody or guardianship of children in the household, other relatives, or a protective payee.

**II. THE MUTUAL RESPONSIBILITY AGREEMENT**

The Mutual Responsibility Agreement outlines and describes the caretaker's specific Work First responsibilities and how the agency will provide assistance to the family. It includes the Core Requirements (DSS-6963a), and the MRA -Plan of Action (DSS-6963b). These documents are developed jointly by the caretaker and the Work First caseworker.

During the development of the MRA, the caseworker should discuss with the caretaker any issues such as school attendance or immunizations that could become a source of non-compliance at a later date. If appropriate, the caseworker should help the caretaker in identifying local agencies and community resources that may be able to provide assistance.

All caretakers, including those who are not yet subject to the 24-month time clock, are encouraged to look for work and plan for how they will become self sufficient.

**A. MRA Core Requirements for all Families:**

1. All children who receive assistance must receive their immunizations and have regular health screenings;
2. All children who receive assistance must attend school according to school attendance policy;
3. Minor parents must live with a parent or an approved adult and attend school according to school attendance policy;
4. Caretakers must cooperate with Child Support Enforcement in the establishment, enforcement and modification of support orders for all children in their care, who receive assistance;
5. Caretakers must keep all scheduled appointments with their Work First caseworker(s); and
6. Caretakers must contact the Work First caseworker if a change occurs in their situation within 10 calendar days of knowing of the change.

**B. MRA Plan of Action Requirements**

The Plan of Action is used for any Work First requirements that are not part of the Core Requirements. This includes, for example, keeping an appointment with a Qualified Professional in Substance Abuse (QPSA) because of a positive screen on the AUDIT/DAST-10 and or the Substance Abuse Behavioral Indicator Checklist, job search, financial counseling, other types of counseling, keeping appointments with and participation in vocational rehabilitation activities, etc.

The goal of the MRA Plan of Action (DSS-6963b) is to ensure the caretaker understands Work First requirements and their responsibilities. The MRA Plan of Action is the caretaker's individualized plan to achieve self sufficiency and eliminate the need for Work First cash assistance. The information and goals from the assessment(s) are used to develop the MRA Plan of Action. (See Section 117, Ongoing Assessment and Services)

The MRA Plan of Action includes:

1. Employment goals;
2. A description of a plan for participating in work activities designed to achieve the stated goals;
3. A description of the case management and support services that will be provided to help the family become self-sufficient within two years; and
4. A description of the number of hours, types of activities and reasonable accommodations needed for individuals with a disability.

In addition to the above, the caseworker must explain to the family:

- The prior notification requirement (advance notice must be given by the participant for missed appointments and agreed upon activities);
- The Job Quit penalty;
- Failure to comply with the MRA Plan of Action without good cause will result in a check not being issued for the month; and
- The work registration requirement for all work eligible participants who are ready to engage in job search.

The caretaker(s) must sign the MRA to be eligible for and receive Work First. The caretaker or payee must sign the MRA at application, which indicates the family's agreement to comply with program requirements. Both caretakers in a two-parent family must sign the MRA. If only one parent comes in to apply, give the parent the MRA for the second parent to sign, and establish a deadline of at least 10 calendar days for its return. If it is not signed by the second parent by the deadline, deny the application. Evaluate the family members for Medicaid.

Re-evaluate, sign, and date the MRA Core Requirements (DSS-6963a) at each review and change in the family's circumstances. Families are responsible for providing information to substantiate compliance with their MRA. The MRA Plan of Action may be updated or revised as often as appropriate but no less frequently than every 12 weeks. Frequent review of the MRA Plan of Action is encouraged.

**C. Failure to Sign the MRA**

Signing the MRA, including updates and revisions is an eligibility requirement for Work First. A family is not eligible for Work First cash assistance unless the caretaker(s) signs the MRA.

**1. At Application**

If a caretaker does not sign the MRA at application, deny the application and evaluate the family members for Medicaid.

**2. Ongoing Cases**

**a. Payment Type 1 (Child Only) cases** – If a caretaker in a Child Only case fails, without good cause, to sign the MRA, the family is ineligible for WFFA for at least one month. A timely notice is required. If the caretaker signs the MRA before the timely notice expires, there is not a penalty. Once the timely notice expires, the family must reapply if they wish to receive WFFA. Upon reapplication, the caseworker must verify that the family missed at least one WFFA payment. The family can not receive WFFA for the month following the last month in which they received a WFFA payment.

**b. Payment Type 2 (Work First Benefits) cases** – If the caretaker fails to sign the MRA without good cause, the family is ineligible for WFFA. The caseworker will not issue the payment for the month in which the caretaker failed to sign the MRA. Evaluate and transfer the case to Medicaid. The family may re-apply for WFFA at any time but may not be approved until the month following the missed payment.

When terminating the WFFA payment for failure to sign the MRA, authorize the children in the case for Medicaid for the remainder of their 12 months of continuous eligibility. If there are no other known changes that affect eligibility, authorize the caretaker for MAF-C for the remainder of the payment review period or two months whichever is greater.

**3. At Review**

If the caretaker does not sign the MRA in the last month of the review period and the review was completed, transfer the case to MAF-C for the remainder of the payment review period or 2 months whichever is greater.

If the review was not completed, transfer the children to MIC and evaluate the caretaker for ongoing Medicaid.

If the children's 12 months have expired, and/or if eligibility cannot be determined for either the children or the caretaker, transfer for one month to MAF-C.

**D. Failure to Meet the Requirements of the MRA**

When a family fails, without good cause, to comply with the terms and conditions of their MRA, a penalty is applied to their Work First case.

1. Payment Type 1 (Child Only) cases – If a caretaker in a Child Only case fails, without good cause, to comply with the MRA (either Core Requirements or Plan of Action, as appropriate), the family is ineligible for WFFA, for at least one month. Refer to [Section 120](#) for further information.
2. Payment Type 2 (Work First Benefits) cases – If a caretaker fails to comply with requirements of their MRA, the caseworker will evaluate if there is good cause. If the caseworker determines there is good cause for failure to meet the MRA requirements, including hours of participation, the caseworker will issue the Work First payment. If there is not good cause, the payment will not be issued. The caseworker is to evaluate and transfer the case to Medicaid after the first month of non-compliance.

The participant is responsible for providing documentation supporting the reasons for failure to comply with their MRA.

### **III. THE WORK REQUIREMENTS**

Work eligible individuals must participate in work activities. Full-time participation is defined as at least 30 hours per week in countable work activities. While some MRA plans may not include 30 hours per week, work eligible individuals are expected to increase in participation over time.

**Note:** Single parents of children under 6 years of age (work registration code “L”) count in the participation rate if they complete an average of at least 20 hours per week of federal countable activities. Two parent families, where both parents are work eligible count in the participation rate if they complete an average of 35 hours per week (55 hours if receiving federally funded childcare) in federal countable activities.

An MRA- Plan of Action may reflect fewer hours due to a lack of available appropriate activities, limited supportive services, or personal limitations of the participant. Work First staff is responsible for balancing these limitations against the expectation of full time participation and the requirement to meet the Work Participation Rate. All work eligible individuals are expected to strive and make progress toward their stated goals.

Title II of the American with Disabilities Act (ADA) prohibits discrimination against any individual with a disability. When a participant reports a disability, the Work First caseworker must get medical documentation from the participant or licensed healthcare provider to support the disability claim. If the documentation from the participant is questionable, contact the licensed healthcare provider. Ensure that a valid consent form is signed by the participant prior to contacting the licensed healthcare provider. The healthcare provider may limit the participant’s work activities to less than 30 hours a week. If this happens, the MRA Plan of Action should reflect the activities the healthcare provider verified as within the capabilities of the participant. Follow up with the participant and provider to ensure the participant’s success in increasing participation over time.

Individuals with a disability must be afforded the opportunity to participate in or benefit from services in the Work First Program. Individuals with disabilities must be afforded the opportunity to receive an individualized assessment of their skills, which must guide the development of the MRA Plan of Action. The MRA Plan of Action must reflect the reasonable accommodations made to support the individual in job placement, education, skills training, employment, or other activities. Agencies must take steps to ensure that individuals with disabilities can participate in all programs and services and not those designed solely for individuals with disabilities.

**A. Work Eligible Individuals**

While all adults are encouraged to look for work and maintain employment, most adults receiving Work First Family Assistance are subject to the work requirements. These individuals are referred to as “work eligible individuals” and **mandatory** for Employment Services and are included in the work participation rate. The following individuals are **exempt** from the work requirement:

1. Adults receiving cash assistance for a child only (Not included in the case):
  - a. A non-recipient relative, other than a parent, living with a child receiving assistance,
  - b. An immigrant who is ineligible for Work First Family Assistance due to immigration status,
  - c. A Supplemental Security Income (SSI) recipient.
2. Single custodial parents with a child under 12 months of age. (This exemption is limited to 12 months lifetime. Counties may further limit this exemption as specified in their County Work First Plan/Checklist);
3. Individuals with “child” family status (youth up to age 18 and not an emancipated minor); and
4. A parent providing care for a disabled family member living in the home.

A family member is defined as an individual that is related to the work eligible participant. The family member must have a mental, physical or emotional disability that substantially reduces the individual's ability to care for himself. This circumstance must be documented by a written statement from a licensed health care provider which substantiates the need for the disabled individual to be cared for in the home.

The statement should include an indication of the length of time that the condition requiring care in the home is expected to last. The worker must reassess the situation at the end of the time indicated by the healthcare provider or at a minimum of every three months. The information must be documented in the case file. When it is determined that the work eligible individual is no longer needed in the home to care for the family member, the individual resumes “work eligible” status.

Document each individual's work registration code to indicate whether they are subject to the work requirement. Refer to the [Work First User Manual](#) for instructions on coding individuals in EIS.

Use the Income Maintenance Transmittal Form (DSS-8194) to communicate information regarding Work First participants to other departments within the county agency. Maintain a copy of the DSS-8194 in the case file.

**B. Monitoring Compliance with the Work Requirements**

Participants' attendance information must be collected and reviewed as instructed in [Section 118](#). The caseworker is responsible for monitoring the participant's supervision and documentation requirements for participation in the work activities. In addition, caseworkers are expected to monitor participants' compliance on a monthly basis.

**C. Failure to Meet the Work Requirements**

If the caretaker in a Work First Benefits (Payment Type 2) case fails to meet their work requirements, the caseworker will evaluate if there is good cause. If the caseworker determines there is good cause for failure to meet the requirements, the caseworker will issue the Work First payment. If there is not good cause, the payment will not be issued. The caseworker is to evaluate and transfer the case to Medicaid after the first month of non-compliance.

The participant is responsible for providing documentation supporting the reasons for failure to comply.

**IV. THE CHILD SUPPORT REQUIREMENT**

The caretaker must cooperate with Child Support Enforcement to establish paternity, if necessary, and to secure child support for the children, receiving assistance, in their care or to update prior child support cases. This includes giving all information known about an absent parent and going to the Child Support Office or court, if necessary, to give information or sign papers related to securing child support. Child support is a source of income and possibly health insurance for children. To emphasize the importance and to speed the process of securing support, the caseworker may complete the Affidavit of Parentage at application. Refer to [Section 116](#), Child Support Services, for instructions on completing the Affidavit of Parentage.

**A. Monitoring Child Support Cooperation**

Child Support Enforcement workers are responsible for determining cooperation with this requirement. At a minimum, however, the caseworker should discuss this requirement and its importance with the family at application, each review, and any time a child is born or moves into the home.

**B. Penalty for Non-Cooperation with Child Support**

When the caretaker does not cooperate with Child Support, the entire family will be ineligible for a Work First Family Assistance (WFFA) payment for one month or until compliance, whichever is greater. The children will remain eligible for Medicaid. The caretaker loses Medicaid (unless pregnant) until they cooperate. Refer to [Section 120](#), Sanctions, for further instructions.

**V. THE IMMUNIZATION AND HEALTH SCREENING REQUIREMENT**

The caretaker is responsible for obtaining immunizations and health screenings for children, receiving assistance, in their care unless the caretaker has good cause. The goal of this requirement is for children to receive proper medical care and to be as healthy as possible. Children's health has a direct impact on their ability to learn in school. Also, preventing childhood illnesses through immunizations and health screenings reduces the amount of time a family member must take off work for an ill child and, therefore, reduces the risk of losing employment due to absenteeism.

**A. Immunization Schedule**

The following chart lists the recommended immunizations and the recommended ages at which each immunization should be given. However, a child's healthcare provider determines the age and frequency at which a particular immunization is appropriate.

<b><i>TYPE OF SHOT</i></b>	<b><i>DOSE</i></b>	<b><i>RECOMMENDED AT</i></b>
<b><i>Polio</i></b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	2 months 4 months 6-18 months Before starting school (4-6 years)
<b><i>DTaP (diphtheria, Tetanus, and Acellular Pertussis)</i></b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	2 months 4 months 6 months 15-18 months Before starting school (4-6 years)
<b><i>MMR (measles, mumps, and rubella)</i></b>	1 <sup>st</sup> 2 <sup>nd</sup>	12-15 months Before starting school (4-6 years)
<b><i>Hib (bacterial meningitis)</i></b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	2 months 4 months 6 months 12-15 months
<b><i>Hepatitis B</i></b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	At birth 1-4 months 6-18 months
<b><i>Varicella (chicken pox)</i></b>	1 <sup>st</sup>	12-18 months

\*Children born prior to April 1, 2001 are not required to have the varicella immunization. Also, if a child has had chicken pox, the child is not required to get the varicella immunization. Accept the statement of the healthcare provider or the caretaker as verification that the child had chicken pox.

#### **B. HEALTH SCREENINGS**

The following schedule outlines the recommended frequency of Health Check screenings.

- Within the first month
- 2 months
- 4 months
- 6 months
- 12 months
- 15 months\*
- 18 months
- 2 years
- 3 years and above (annual screening)

\*This screening may be done at 9 months of age instead of 15 months.

#### **C. Monitoring Compliance for Immunizations and Health Screenings**

The caretaker is responsible for providing documentation at each review that the children in their care, who receive assistance, are receiving the required immunizations and health screenings. If documentation does not clearly indicate compliance, additional documentation from the caretaker is required. The caretaker may need to contact the children's healthcare provider for the additional documentation. Work First caseworkers should not contact the health care provider directly, except upon special request of the caretaker. The final responsibility remains with the caretaker.

Once a child has entered a public, private or religious school, it is no longer necessary to monitor the immunization requirement. Children must receive all the required immunizations to enter school and stay current on immunizations to remain enrolled in school.

There are two exemptions to the immunization requirement: medical and religious. For medical exemptions, the caretaker must provide a medical exemption form certified by their healthcare provider or a State Health Director Exemption document. The caretaker may receive the religious exemption, if the caretaker submits a written statement of the bona fide religious beliefs and opposition to the immunization requirements. A statement of the personal belief or philosophy of the caretaker not founded upon a religious belief will not qualify for the religious exemption.

**D. Failure to Comply with the Immunization and Health Screening Requirements**

Unless there is good cause, such as the previously mentioned exemptions, for not getting the children their immunizations or health screenings, a sanction is applied. For Payment Type 1 cases refer to [Section 120](#) for instructions regarding sanctions.

If the caretaker in a Work First Benefits (WFB) case fails to comply with the requirement, the caseworker will evaluate whether there is good cause. If there is good cause, the caseworker will issue the Work First payment. If there is not good cause, the payment will not be issued. The caseworker will evaluate and transfer the case to Medicaid after the first month of non-compliance.

**VI. THE SCHOOL ATTENDANCE REQUIREMENT**

Caretakers are responsible for ensuring that the children (including minor parents) in their care, who receive assistance, are enrolled in and regularly attending school unless there is good cause. Minor parents may be eligible for Child Care Services; which can support the minor parent's ability to regularly attend school. Refer the family to the Child Care Services agency within the dss agency or local community. Regular school attendance increases the likelihood that the child will graduate and find and maintain employment.

Explain to the caretakers the importance of being involved with their children's education and that this can be achieved in several ways, including participation in parent/teacher organizations, attending meetings with teachers or guidance counselors, and helping children with their homework. Even if the caretaker is unable to help with the child's homework, expressing an interest in the assignments and complimenting the child's efforts can positively impact the child's performance.

**A. Regular School Attendance**

A child is expected to attend an elementary school, a secondary school (public or private), an approved home school, a vocational or technical training program which is equivalent to high school or a specialized dual track program that provides secondary education and technical training (example, NC Earn and Learn).

Home schools for children age 7 through 15 must be registered with the Department of Administration, Division of Non-Public Education. To verify whether the home school is operating legally, ask the caretaker to provide a copy of the "Notice of Intent to Operate a

Home School" card issued by the Division of Non-Public Education. If the caretaker does not have a card, call the Division of Non-Public Education at (919) 733-4276 to verify the registration of a home school.

The caseworker must assist the caretaker in finding an educational, training, or work activity for a child who has completed high school, received a GED, or is suspended or expelled from school. This assistance may include providing the caretaker with referrals to or information about community agencies or other local resources.

Enrollment in and regular attendance (defined by the school or institution) at one of these alternative arrangements meets the school attendance requirement. Children who receive an out of school suspension are expected to return to school at the end of the suspension period.

**B. Monitoring School Attendance**

State law requires children to attend school (or be registered as home schooled) through age 16. The caretaker is required to report, to the county department of social services, if a child has stopped attending school.

For children ages 16 through 18, including minor parents, the caretaker is responsible for verifying school attendance. For Payment Type 1 cases, the caretaker is responsible for verifying school attendance via the Work First Family Assistance Report which is sent to the caretaker once every three months. For Payment Type 2 (WFB) cases, address school attendance with the caretaker at a minimum of every 12 weeks.

If at any time the information is questionable, the caseworker may ask the caretaker or payee to provide a statement from the school (or other source if the child is meeting the school requirement in a setting other than the traditional public school) that the child is enrolled and attending school. Accept the school's definition of regular attendance.

The caseworker may use other means to verify school attendance. For example, some counties have established electronic means of verification of school attendance with local school systems.

**C. Failure to Meet the School Attendance Requirement**

The goal is to assist the caretaker with ensuring that the children return to or regularly attend school. However, unless the caretaker has good cause, apply a sanction for a child not being in school. Although the Work First case is sanctioned when a child in the case does not attend school, the goal is to help educate the child and prepare the child for employment. See [Section 120](#) for instructions regarding sanctions.

When a caretaker in a Child Only case fails to comply with the requirement of their Mutual Responsibility Agreement (MRA), the entire case is sanctioned and will be ineligible for a Work First Family Assistance (WFFA) payment for one month or until compliance. The family remains eligible for Medicaid under the Work First Program.

If the caretaker in a Work First Benefits case fails to comply with the requirement and there is not good cause, the caseworker will not issue the Work First payment. The caseworker is to evaluate and transfer the case to Medicaid after the first month of non-compliance.

**Note:** County departments of social services have broad discretion in deciding when to apply a sanction. There will be situations where the caretaker is not able, in spite of their best efforts, to compel a child to attend school. If, in the judgment of the agency, the adult has made, and continues to make, their best efforts in this regard, the agency is not required to impose a sanction.

## **VII. MINOR PARENT REQUIREMENTS**

**NOTE:** A minor parent is under age 18. The rules in these instructions do not apply to an emancipated minor. Emancipation occurs when a dependent child marries, becomes a member of the U. S. Armed Forces, or is declared emancipated by a court. **An emancipated minor parent is treated as an adult caretaker.**

To qualify for and receive Work First Family Assistance, a minor parent must live with a parent, legal guardian, or in an adult-supervised setting. Refer to Section 107, Minor Parent Rules, for further information about this requirement.

Minor parents are by definition, dependent children. Living with an appropriate adult should help provide the support the minor needs to finish school, learn appropriate parenting skills, and give the minor and their child greater opportunities to achieve self-sufficiency.

The caretaker must provide proof that the minor parent is living with an adult caretaker at application and each review. Refer to Section 112 Kinship and Living with Requirement for verification instructions. When the caretaker signs the Mutual Responsibility Agreement, the caretaker agrees to notify the case worker, within 10 calendar days, if the minor parent leaves the home. Child Only Cases (Payment Type 1) will also receive a Work First Family Assistance Report once every three months on which the caretaker must report if the minor has moved out of the home.

When a minor parent moves out of the home, the caseworker must terminate assistance or remove the minor (and their child, if appropriate) from the Work First payment. A sanction is applied to the caretaker's Work First payment **unless**:

- A.** One of the exceptions in the Minor Parent Requirement Section applies; **or**
- B.** The minor parent becomes emancipated.

For Payment Type 1 Cases (Child Only), the family must be ineligible for a minimum of one month for failure to comply with their Mutual Responsibility Agreement. If the minor parent has not returned home during the first month of non-compliance do not continue to sanction the entire family unit. Evaluate the family for WFFA eligibility for the month following the month of non-compliance minus the needs of the minor parent and his/her child, if appropriate. It is the caretaker's responsibility to report these changes within 10 days.

For Payment Type 2 Cases (WFB), the caseworker will not issue the Work First payment for the month in which the minor parent left the home. The caseworker is to evaluate and transfer the case to Medicaid after the first month of non-compliance. The family may re-apply for WFFA at any time but may not be approved until the month after the missed payment.

**VIII. THE WORK FIRST REPORTING REQUIREMENTS**

Along with the responsibilities outlined in the MRA, the family is expected to report all information and family circumstances accurately and timely. This includes reporting all relevant information at application and review. **The family must report all changes in situation within 10 calendar days of knowing of the change.**

If a family does not report all information accurately or timely, and receives more Work First cash or supportive services than they are eligible for, they are expected to repay any overpayments.

**NOTE:** The sanctions described in [Section 120](#) do not apply to the reporting requirements. Refer to policy on fraud and overpayments ([Section 263](#)).

**IX. THE AGENCY'S RESPONSIBILITIES**

The agency must assist the family to accomplish the goals of Work First and to meet the requirements of the family's Mutual Responsibility Agreement. Case management services will vary according to the family's employment status and needs.

The agency must provide or make available the following services:

- Assessment
- A monthly Work First payment
- Medicaid
- Food and Nutrition Services
- Child support services
- Help finding a job
- Information on skills training or education offered in the community
- Child care to support employment, school for a minor parent, and training for employment
- Transportation assistance for employment-related medical and other appointments
- Referral to other services offered by Social Services and the community