

DSS ADMINISTRATIVE LETTER NO. ECONOMIC AND FAMILY SERVICES 4-2016
Able-Bodied Adults without Dependents (ABAWD) Policy Clarifications and
Procedural Requirements
(March 18, 2016)

(Food and Nutrition Services (FNS))

TO: County Directors of Social Services

ATTENTION: FNS Administrators, Managers, Supervisors and Program Integrity Supervisors

DATE: March 18, 2016

SUBJECT: FNS ABAWD Policy Clarifications and Procedural Requirements for ABAWDs in ongoing cases and recertifications

EFFECTIVE: Upon receipt

I. GENERAL INFORMATION

The purpose of this letter is to provide additional policy clarifications and procedures regarding ongoing cases and recertifications of Potential ABAWD assessments for exemptions and work requirements.

As previously instructed, a thorough assessment is required on all ABAWDs to determine if they meet any ABAWD or Work Requirement exemptions prior to terminating his/her assistance for exhausting his/her three months.

Application and Recertification forms used prior to March 21, 2016 did not gather enough information to make an adequate assessment.

Any recertification, containing a potential ABAWD that have not been previously evaluated as instructed, processed between March 1, 2016 and the issuance of this letter, must be reevaluated under the new guidelines.

II. POLICY PROCEDURES

****This information applies to the 23 ABAWD Counties****

Alamance, Alexander, Buncombe, Cabarrus, Catawba, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, Lincoln, Mecklenburg, New Hanover, Orange, Randolph, Union, Wake, Watauga, and Yadkin.

A. ABAWD QUESTIONNAIRE

The ABAWD Questionnaire will be mailed to all FNS households containing a potential ABAWD that has used his/her three free months effective March, 2016. The ABAWD Questionnaire will be generated and mailed to the FNS households by Friday, March 18, 2016.

1. Households are asked to do one of the following:
 - a) Complete and sign the form and mail it to the County DSS.
 - b) Provide a phone number and best time of day to be called by the county if assistance is needed with the form.
 - c) Call the EBT Call Center.
 - If the household contacts the EBT call center, the ABAWD Questionnaire will be completed by the operator and faxed to the appropriate County DSS.
 - In addition, the EBT Call Center will be attempting to contact the Households directly to complete the questionnaire. The call center will fax the ABAWD questionnaire in batches twice daily when:
 - The household has been contacted and completed the questionnaire.
 - The household has been contacted and the household cannot or refuses to complete the questionnaire.
 - The household has not been contacted and three attempts have been made
 - Please complete the attached County Contact for ABAWD form and email to robert.butler@dhhs.nc.gov no later than March 22, 2016.

Note: Households are not required to answer any questions, or return the form during the certification period. Do not reduce or terminate FNS benefits for failure to complete the ABAWD questionnaire.

2. When the worker receives the completed ABAWD Questionnaire:
 - Accept the household's statement as verification.
 - Do not request additional verifications.
 - Document the household's statement as best available information.
 - Update appropriate evidence(s) and document the record by maintaining a copy of the completed ABAWD Questionnaire.Maintain the ABAWD Questionnaire in one of the following methods.
 - Electronic: If your county has the ability to scan documents or create electronic versions, attach a copy of the completed form to the Income Support → Case Details tab → Attachments → New
 - Paper: Maintain a copy of the completed form in the case file.
3. After the initial run is completed by Friday March 18, 2016, there will be subsequent mailings in:

- April 2016: The ABAWD Questionnaire will be mailed to all FNS households containing a potential ABAWD that has used his/her 3 free months effective April, 2016 **AND** the certification through date is May, 2016 or later.
- May 2016: The ABAWD Questionnaire will be mailed to all FNS households containing a potential ABAWD that has used his/her 3 free months effective May, 2016 **AND** the certification through date is June, 2016 or later.
- June 2016: The ABAWD Questionnaire will be mailed to all FNS households containing a potential ABAWD that has used his/her 3 free months effective June, 2016 **AND** the certification through date is July, 2016 or later.

The reports will be named “Potential ABAWD households mailed Questionnaire” and placed in Fast Help. A notification will be sent from NC Fast when the report is available.

Follow the guidelines provided in this letter for each subsequent batch listed above.

B. Transitional Assessment Indicator

To ensure that no potential ABAWD is terminated without an adequate assessment NC FAST will run an update on March 19, 2016. This update will automatically enter a Transitional Assessment indicator to every potential ABAWD whose three free months are exhausted March, 2016.

The Transitional Assessment indicator will be located under the Work Non-Participation evidence located on the Income Support Case evidence dashboard. The Transitional Assessment indicator will prevent NC FAST from automatically terminating any individual prior to the caseworker completing the ABAWD Questionnaire and completing an assessment.

There will be two groups of individuals that will have the Transitional Assessment indicator inserted.

1. Group 1

Any ABAWD where his/her three ABAWD months are exhausted effective March, 2016 who has Medical Disability, MPW, or earned income equal to Minimum wage times 80 hours per month. This group will not be sent an ABAWD Questionnaire. NC FAST will post two reports in FAST Help titled:

- ABAWDs with Medical Evidence
- ABAWDs with Earned income >\$532

Actions to take on these reports:

- Update Work Registration, Work non-participation, Disability, or other relevant evidence to exempt these ABAWDS.
 - Accept the household’s statement as verification.

- Do not request additional verifications.
- Document the current information in the system as best available information.

2. Group 2

Any ABAWD where his/her three ABAWD months are exhausted effective March, 2016 who does not meet the criteria in group 1.

a) **If Contact is made with the FNS household and the ABAWD Questionnaire is completed:**

- 1) Client meets a Work Registration exemption:
 - Update (do not delete) the Transitional Assessment indicator to indicate the correct Work Non-Participation reason and start period.
 - Document in the comments section of the evidence the reason for the update.
 - Apply and accept changes as appropriate.
- 2) Client meets an ABAWD exemption:
 - Update/Enter the appropriate evidences such as pregnancy, disability, etc.
 - Change (do not delete) the Work Non-Participation Reason from “Transitional Assessment” to “Transitional Assessment Completed”.
 - Document in the comments section of the evidence the reason for the update.
 - Apply and accept changes as appropriate.
- 3) Client does not meet any ABAWD or Work Registration exemption:
 - Update (do not delete) the Work Non-Participation Reason from “Transitional Assessment” to “Transitional Assessment Completed”.
 - Document in the comments section of the evidence with the reason for the update.
 - Apply and accept changes as appropriate.
 - Refer potential overpayments as appropriate.

b) **No contact is made with the FNS household and/or the ABAWD Questionnaire is not complete:**

- The Transitional Assessment indicator must remain on the potential ABAWD until the ABAWD Questionnaire is completed and a thorough assessment is completed or the end of the certification period, whichever comes first.
- If the ABAWD Questionnaire is incomplete, do not attempt to contact the household. Gather additional information at next contact or recertification.

- Incomplete ABAWD Questionnaire is any questionnaire that the household left any question blank and there are no exemptions indicated on the questionnaire.
- The ABAWD Questionnaire does not take the place of or supersede any other program requirements. Example: Household is due for recertification and does not return a recertification form. The household must terminate regardless of the ABAWD status.

c) After the initial run on March 19, 2016 subsequent updates will be done:

- April 2016: The Transitional Assessment indicator will be added to all FNS households containing a potential ABAWD that has used his/her 3 free months effective April, 2016 **AND** the certification through date is May, 2016 or later.
- May 2016: The Transitional Assessment indicator will be added to all FNS households containing a potential ABAWD that has used his/her 3 free months effective May, 2016 **AND** the certification through date is June, 2016 or later.
- June 2016: The Transitional Assessment indicator will be added to all FNS households containing a potential ABAWD that has used his/her 3 free months effective June, 2016 **AND** the certification through date is July, 2016 or later.

C. Recertifications:

1. All recertifications processed for benefits effective April, 2016 through July, 2016 must have the ABAWD questionnaire completed on any potential ABAWD in the FNS unit.
2. Evaluate each of the previous months to determine if the potential ABAWD met an exemption in any prior month.
3. Complete the ABAWD questionnaire
 - Recertifications that require an interview: complete the ABAWD Questionnaire as part of the interview process.
 - Recertifications that do not require an interview: complete the ABAWD Questionnaire by phone, mail, or in person.
 - Recertifications that are closed for reasons unrelated to ABAWD requirements (for example, failure to return recertification) must have the ABAWD Questionnaire completed at the next reapplication to determine if the potential ABAWD met any exemptions in prior months.
4. ABAWD requirements must be explained to all households containing a potential ABAWD at recertification. Households must be told that the failure to report a change in ABAWD status may result in the termination of benefits. In addition,

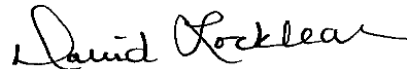
the attached ABAWD Requirements form must be mailed along with the DSS-8550 Change Report form upon approval of all recertifications.

Follow the guidelines provided above for each subsequent batch.

Upon completion of the June, 2016 batch the ABAWD questionnaire will have been addressed with all potential ABAWDs in ongoing FNS households. This Administrative Letter will be obsolete effective August 31, 2016.

Submit any questions regarding this policy to the DHHS Operational Support Team (OST) at ost.policy.questions@dhhs.nc.gov.

Sincerely,

A handwritten signature in black ink that reads "David Locklear". The signature is written in a cursive style with a long, sweeping underline.

David Locklear, Chief
Economic and Family Services Section

Attachments: (5):

[April ABAWD Questionnaire](#)

[April ABAWD Questionnaire \(SP\)](#)

[County Contact for ABAWD](#)

[ABAWD Requirements](#)

[ABAWD Requirements \(SP\)](#)