

SNAP Employment & Training 50% Onboarding Guide

The purpose of this guide is to provide third-party providers, including community-based organizations (CBOs) and Hennepin County internal partners, an overall orientation to the SNAP E&T 50% program and to partnering with the Hennepin County Workforce Development. This guide is designed to be part of an in-person training session.

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Last updated: 3/30/2020

****This guide references and uses material created by USDA FNS and Minnesota DHS****

Icons used in this guide:



Handout: will include the title and location (p.#) of the handout



Activity: will include the title of a group activity



Best practice: notes practices that have been shown to be accurate and most effective



Designates time for hands-on practice in Workforce One (WF1)

Welcome

Welcome

Greetings, we are excited to have you as a SNAP Employment and Training provider – and partner!

Hennepin County's goal is to expand and grow our SNAP E&T 50% program through innovative and collaborative partnerships – to help people receiving food benefits to gain skills, training or experience, leading to self-sufficiency and career advancement, while also working to reduce the employment and income disparities that exist in our state.

Our success depends on the success of our partners, so this onboarding guide was created to get you started on the right foot – reviewing roles, responsibilities and expectations for:

- Building collaborative partnerships
- Reducing employment disparities
- Enrolling people in SNAP E&T
- Ongoing case management
- Billing
- Evaluation and monitoring

Guiding Principles for Partnership

How do we achieve the results we want to see in our communities? By working together, leveraging each other's strengths and building authentic sustainable partnerships.



Guiding Principles for Partnerships; see p. 23.

Disparity reduction

Hennepin County is committed to reducing disparities and making a long-term impact by focusing on outcomes in the following areas or domains: education, employment, health, housing, income, justice, and transportation.

Reducing any individual disparity can leverage positive change and help reduce disparities in other areas. If one gear turns, they all move. These seven domains are interconnected and integral to reducing disparities. Hennepin County is committed to re-focusing and optimizing the way we work in order to improve the lives of Hennepin residents and employees.



What happens when one gear turns?

SNAP E&T is part of the county's strategy for achieving equity in the employment domain; with outcomes including: an increase in residents hired and retained by employers, residents being better off economically, the elimination of racial disparities within the unemployment rate, labor force participation rate, and hiring, retention, and advancement of residents who are black, Indigenous, and other people of color.

Roles and Expectations

We have found that having a clear understanding of roles and expectations – including that they will most likely change – is critical to a successful program and partnership. Let's start with a "who's who" at each organization. Below is a list of the current county contacts for SNAP E&T 50%.

| SNAP E&T 50%: county roles | | |
|--|--|--|
| Title and who's currently in this role | When to contact | Contact information |
| Program Coordinators <ul style="list-style-type: none"> Colleen Dufek Neng Vang | First point of contact for questions regarding the SNAP E&T program, including eligibility, WF1, and technical assistance. | Colleen Dufek 612-543-5159 colleen.dufek@hennepin.us Neng Vang 612-396-2190 neng.vang@hennepin.us |
| Expansion Coordinator Christine Crook-Nash | | Christine Crook-Nash 612-919-6386 Christine.crook-nash@hennepin.us |
| Program Manager Kari Berg | | Kari Berg 612-558-9459 kari.berg@hennepin.us |
| Program Director Nola Speiser | | Nola Speiser 612-382-2884 Nola.speiser@hennepin.us |
| Senior Contract Manager John Suhr | First point of contact for questions regarding contracts and billing. | John Suhr 612-432-6148 john.suhr@hennepin.us |

Let's now review your completed, "Program Implementation Scoping Document".



Potential Provider Partner Checklist; see p. 24-26.



Who to Contact When?

Definitions: Terms You Need to Understand

Just like any other government program, SNAP E&T 50% has its own language and terminology. Let's start with six terms that are critical to understand as they are key program categories that will be monitored – by Hennepin County, DHS and USDA FNS.

Intentionality and data matching: As a third-party provider, you are responsible for providing SNAP E&T services to people who are receiving SNAP, and people must participate in SNAP E&T knowingly. It is also your responsibility to create a process for documenting intentionality. When program intentionality is not documented, this might be considered data matching. Data matching occurs when a provider reviews their organization's non-federally funded programming, looking for people receiving SNAP, and then considers the SNAP recipients to be SNAP E&T participants.

- **Example of intentionality:** Having a conversation with a participant about enrolling in SNAP E&T and documenting the conversation with a case note in WF1.
- **Example of data matching:** Provider 1-20 participants were enrolled in training program in 09/2019. Provider ran through the list to determine who's receiving SNAP benefits and then claimed reimbursement for those participants.



Create a process for documenting intentionality. Intentionality can be documented in several ways. *For example: including an additional statement on your existing enrollment form; having a conversation with an individual about enrollment in SNAP E&T and documenting this conversation in Workforce One (WF1) via a case note.*

Supplant versus supplement: "Supplant" meant to "replace" or "take the place of"; "supplement" means to "build upon" or "add to". Federal law prohibits recipients of federal funds from replacing state, local or agency funds with federal funds. On the other hand, federal agencies encourage supplementing – that is, adding federal funds to what is available in state, local or agency funds.

- **Example of supplant:** Charging educational activities and services that are provided at no cost to the general public to SNAP E&T.
- **Example of supplement:** CBO offers adult basic education and used charitable donations to fund these activities. The CBO would also need to figure out the per student cost of this educational activity and allocate costs to E&T accordingly

Reasonable and necessary: To be eligible for reimbursement, program costs must be reasonable and necessary. Per USDA FNS:

A cost is **REASONABLE** if, in its nature and amount, it does not exceed that which a prudent person would pay under the circumstances prevailing at the time the decision was made to incur this cost. **NECESSARY** costs are incurred to carry out essential functions, cannot be avoided without adversely affecting program operation, and do not duplicate existing efforts.

- **Example of reasonable & necessary:** Cost of uniforms needed to participate in an E&T component
- **Example of unreasonable or unnecessary:** Cost of drug and alcohol treatment

| Term | Definition and examples |
|-----------------------|--|
| <i>Intentionality</i> | Individuals must participate in SNAP E&T knowingly. Participants must be aware of their enrollment and services available to them. To prevent data matching, a process for documenting program intentionality must be in place during the assessment or enrollment process. |
| <i>Data matching</i> | To look at all previous and/or current participants receiving services who also received SNAP benefits and then claim them for reimbursements, without the participants' knowledge of enrolling in the program. Data matching is prohibited. |
| <i>Supplant</i> | Federal law prohibits recipients of federal funds from <i>replacing or taking the place of</i> state, local, or agency funds with federal funds. Example: Educational activities and services that are provided at no cost to the general public cannot be charged to the SNAP E&T program. |
| <i>Supplement</i> | Reimbursement funds can be used to <i>add or build upon</i> the current funds (state, local, or agency funds) to expand the program services. |
| <i>Reasonable</i> | A cost is reasonable if, in its nature and amount, it does not exceed that which a prudent person would pay under the circumstances prevailing at the time the decision was made to incur this cost. |
| <i>Necessary</i> | Necessary costs are incurred to carry out essential functions, cannot be avoided without adversely affecting program operation, and do not duplicate existing efforts. |



Which is it?

Activity: Your notes

Work Plans and Budgets



Work plan and Budget Templates; see pp. 28-29.

As a third-party provider, it is your responsibility for annually completing a work plan and a budget. It is important to provide as much detail as possible on the work plan and budget templates because Hennepin County Workforce Development uses this information to write our annual local area plan (which DHS uses to write the state's plan which is then submitted to FNS) and for future monitoring activities.

Some of the items we ask for in the work plan include services and activities to be provided; description of the program(s) participants who will be enrolled in SNAP E&T; estimated costs; budget summaries; and funding sources for the federal fiscal year.



Create a realistic budget. It is expected that you do not exceed the budget you set at the beginning of the federal fiscal year. However, if at any time during the federal fiscal year you think your organization may exceed its budget, contact the contract manager so we can work with your organization and DHS to try and obtain the maximum allowable reimbursement; no guarantees, though.



Start small. Over the past two years, we have found that it can take a while – at least a year – to implement a SNAP E&T program because of the complexity of the program and the administrative demands. You may want to consider starting with a lower number of participants you anticipate serving in the first year, and then adjusting in the second year based on your experience in year one. For example: If you normally serve 100 participants in your programs each year, an anticipated number of participants for your first year of SNAP E&T might be 25 participants and consider increasing in year two.

Systems: Workforce One (WF1) and MAXIS

Some staff who will work directly with the SNAP E&T program will be granted access to Workforce One (WF1). This is the main system for case management; tracking participant progress, activities, case notes and support services. Providers may have their own system for managing participant data but WF1 is a required system for SNAP E&T. Providers are suggested to copy necessary data from their own system to WF1.



MAXIS is a State of Minnesota system used to determine eligibility and distribute benefits for public assistance programs like SNAP and MFIP (Minnesota Family Investment Program). MAXIS is used by Hennepin County program coordinators to verify SNAP benefits. Provider staff will not get access to MAXIS.

Requesting and maintaining WF1 access

Prior to requesting WF1 system access, complete the State's, "Handling MN Information Securely" training course. There are seven modules, with corresponding assessments, that need to be completed. Once you have completed the training, take a screen shot of your training transcript confirming completion of all required modules and assessments. You will need to submit this to the program coordinator per the instructions below.



Instructions for completing data practices training; see p.30.

The manager of the staff who need WF1 system access must complete, and e-mail, the following to the program coordinator:

1. WF1 Access Form; see below
2. SNAP E&T Provider Request for System Access Form; see p. 31.
3. Screen shot of training transcript confirming completion of "Handling MN Information Securely".

Steps for completing the WF1 Access Form in WF1:

- Click on the "Serve customers" and "I know the access group" options. Click Next

WORKFORCE ONE

Username: Password: [LOG IN](#)

[Forgot Username/Password](#) [Help](#)

Security Access Form

When all fields have been completed, click the Next button to continue. Go to Help on the top menu for further information.

***I am requesting new (or revised) access to:**

☒ Serve customers, enter data, or monitor cases (most common)

☐ Give staff access to WF1 (security administrator)

***I need access for Vocational Rehabilitation Services:**

***I need access for State Services for the Blind:**

***Access Group**

☒ I know the access group that I want to request.

☐ I want help determining which access group to request.

[Next](#)

©2020 MN DEED For login issues, call 651-355-0500. For all other WF1 issues, submit a [WF1 help desk ticket](#). 4

- Complete the form with staff information and mark the options as shown. Click Next.

WORKFORCE ONE

Username: Password: [LOG IN](#)

[Forgot Username/Password](#) [Help](#)

Security Access Form

When all fields have been completed, click the Next button to continue. Go to Help on the top menu for further information.

[Change Request Type](#)

***Last Name** ***First Name** ☒ HI

***Work E-mail**

Job Title

***Last Six Digits of Your SSN**

***Phone** **Ext.** ***Phone Type** ☒ Primary ☐ None Selected **If other, please specify:** **TTY Video** ☐ TTY ☐ Video

NOTE: Phone number(s) entered may print on notices and other documents generated in WF1.

***I need access to:**

☐ Agency Level Data (Most Common)

☒ COFFR Level Data (Does Not Carry Caseload)

☐ State Level Data (Non-Trade Adjustment Assistance)

☐ State Level Data (Trade Adjustment Assistance)

Agency (provider)

***COFFR**

***Access Group**

***Caseload**

☒ I manage a caseload.

☐ I do not manage a caseload.

SWIFT Buyer ID

SWIFT Payer ID

Job Duties

Describe your job duties as they relate to Workforce One. If your access should mirror that of another user, include that in your description.

Comments

[Next](#)

When all fields have been completed, click the Next button to continue.

©2020 MN DEED For login issues, call 651-355-0500. For all other WF1 issues, submit a [WF1 help desk ticket](#). 4

- Review information. Print this page out. Check "Add" box for the SNAP ET program and complete the "user signature" and manager information. E-mail this completed form to the program coordinator.

| WORKFORCE ONE | | Security Access Form | | Date | | 01/22/2020 | | |
|--|--|----------------------|--------------------------|------------|--------|--------------------------|-----|--------|
| Name | Rogers, Steve | Work E-mail | SRogers@provider.org | | | | | |
| Username | | Job Title | Data Analyst | | | | | |
| Last six digits of SSN | 123456 | Phone(s) | (995) 456-1236 (Primary) | | | | | |
| SWIFT Buyer ID | | SWIFT Payer ID | | | | | | |
| Access Level Needed | COFFR Level Data (Does Not Carry Caseload) | | | | | | | |
| Access Group | Case Management 2 - DHS | | | | | | | |
| Manage a Caseload | Yes | | | | | | | |
| COFFR | Hennepin/Carver ETC - LWDA 09 | | | | | | | |
| Job Duties | enter job duties related to SNAP E&T program here. | | | | | | | |
| Program(s): Check all to which the user should have access. | | | | | | | | |
| Program | Add | Remove | Program | Add | Remove | Program | Add | Remove |
| Adult | | | Adult Career Pathways | | | Adult Career Pathways | | |
| Custom Program | | | Dislocated Worker | | | Dislocated Worker | | |
| Diversionary Work | | | MFIP | | | MFIP | | |
| Minnesota Youth | | | SNAP ET | | | SNAP ET | | |
| WIA Older Youth | | | WIA Younger Youth | | | WIA Younger Youth | | |
| WIOA In-School Youth | | | WIOA Out-of-School Youth | | | WIOA Out-of-School Youth | | |
| Youth at Work | | | | | | | | |
| | | | | Add | Remove | | | |
| This user is allowed to set the privacy level for cases within the agency/COFFR. (This access is currently only granted to the WF1 project team staff.) | | | | | | | | |
| This user is allowed to view private data for cases that s/he does not manage. (This access is usually only needed by users in a monitoring or supervisory role.) | | | | | | | | |
| This DEED user is allowed to view Unemployment Insurance Data. (This access is only granted to DEED WorkForce Center or agency staff.) | | | | | | | | |
| Comments | | | | | | | | |
| <p>I understand that this WF1 user account and the private or non-public data I will have access to is provided for the purpose of performing my job as an employee or contractor of DEED or one of its partners or subcontractors in the administration or delivery of one or more of the programs selected. I am responsible for protecting these access privileges and the data contained in WF1 in accordance with the Minnesota Government Data Practices Act MS Chapter 13, MS§ 116J.401, MS§ 116L.86, MS§ 268A.05, MS§ 268.19, and other applicable law. Any use of this access or data for purposes other than those authorized in connection with these duties may be cause for sanctions specified in statute.</p> <p>User signature _____ Date _____</p> <p>As the Manager of the above named requestor, I am aware of the responsibilities being assigned and request that access be provided. I have checked the necessary COFFR, location and program access boxes on the form to eliminate delays in processing.</p> <p>Manager name (please print) _____</p> <p>Manager e-mail _____</p> <p>Manager signature _____ Date _____</p> <p>Deliver to your Local Security Administrator or Mail to WF1 Service Desk, MN Dept of Employment and Economic Development, 332 Minnesota Street, Suite E200, St. Paul, MN 55101-1551 or Fax to 651-282-6160 or Scan and e-mail to workforceone.deed@state.mn.us</p> <p>You will be given login information once forms are processed. In order for new users to receive this information promptly, please do not block e-mails from @state.mn.us addresses.</p> | | | | | | | | |
| Security Administrator Information | | | | | | | | |
| As the Security Administrator, I have reviewed this access request and verified that the requestor has administrative responsibility for the access identified above. | | | | | | | | |
| Security Administrator signature _____ | | | | Date _____ | | | | |
| Security Administrator: Please indicate the assigned username above. | | | | | | | | |
| WF1 Security Access Form | | | Page 1 of 1 | | | Rogers, Steve | | |

Roles and responsibilities for WF1 access:

| Role | Responsibilities |
|--|---|
| Employment Services Agency Manager | <ul style="list-style-type: none"> • Complete and send all forms, required training records and prerequisites for each staff to SNAP E&T Program Coordinator. • Coordinate DHS Data Privacy Training and WF1 Training with agency staff. • Inform Hennepin County when staff leave agency or no longer need SNAP E&T access. • Report data breach or improper use of WF1 access to SNAP E&T Program Coordinator right away. |
| Employment Services Staff/WF1 Users | <ul style="list-style-type: none"> • Complete DHS Data Privacy Training (using Hennepin County Affiliation) and send records of completion to manager. • Complete WF1 system training (if needed). • Adhere to all data use agreements. |



Maintain system access. Log in to WF1 at least monthly to main system access. Access will be de-activated if there is no activity for 45 days.

Case Reviews and Monitoring

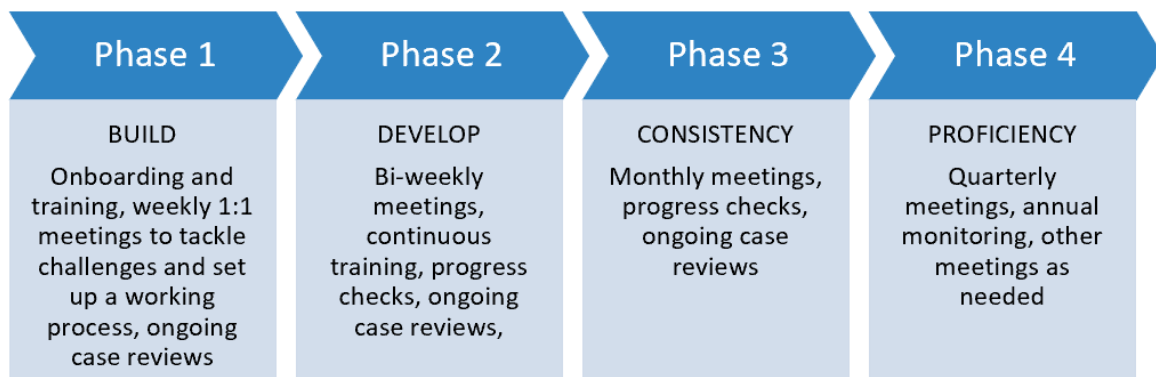
Hennepin County is committed to providing the support and guidance needed for providers to run a successful SNAP E&T program. In order to determine what kind of support and guidance is needed, and to ensure program integrity, we will conduct case reviews (see *Four Phases of Review & Support*) and an annual monitoring site visit.

We will announce when the annual monitoring site visit will happen a couple months in advance to allow everyone time to prepare for the visit.

- Data entry for the previous month is expected to be complete in WF1 by the 10th of each new month
- Program Coordinator will conduct case reviews on a percentage of your caseload monthly
- On-site monitoring will occur annually and scheduled in advance

Four Phases of Review and Support

Using the Guiding Principles and feedback from current providers, we have created a structure for getting new providers off to a good start and on the path to success and independence. We refer to this structure as the “four phases of review and support”.



Regular meetings, training, Q&A, and case reviews with feedback

We designed the four phases to be flexible and to meet your needs. There is no set time for each phase; your progress through each phase is based on your needs. For example, we could spend 3 to 6 months in phase 1 – based upon a combination of your expressed needs and the results of the case reviews – and a couple weeks in phase 2. Our goal is to get you to the point of independence where the annual monitoring visit is the only time we need to review your cases to give you feedback.



Four Phases; see p. 32.

Takeaways

- Critical concepts: disparity reduction and partnership
- Critical terms: intentionality, data matching, supplement and supplant
- Encourage all your participants to apply for SNAP
- Document in WF1 regularly – at a minimum, monthly; system access will be de-activated if there is no activity for 45 days

Enrollment

SNAP Benefits: How to Apply



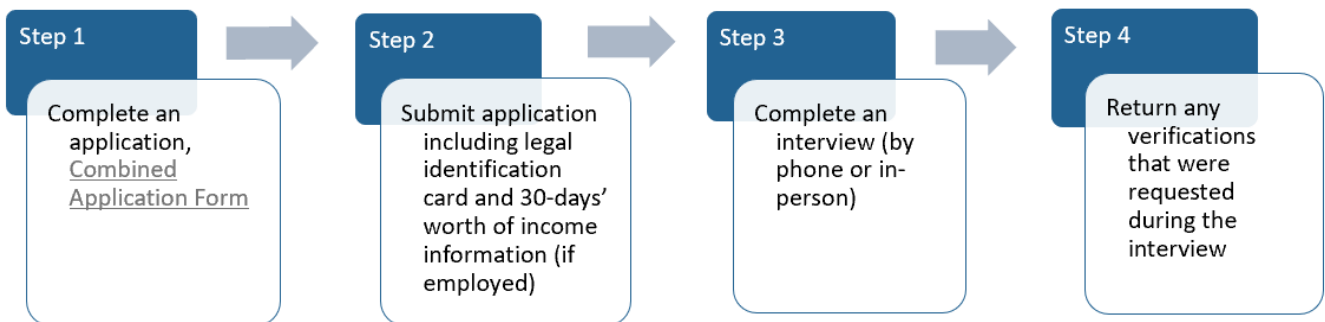
SNAP E&T: Who's an Eligible Participant?

Activity: Your notes

SNAP eligibility depends on the household income. Most types of income are counted. There are many deductions from income that are allowed under SNAP. The amount of benefits received is based on income, expenses and the number of people in your household.



Encourage all your participants to apply for SNAP



Steps to apply for SNAP

Steps to apply for SNAP: Your notes

Enrollment: Roles and Responsibilities

Here are the required steps for enrolling in a SNAP E&T program:

1. Attend a program orientation given by community-based organization (CBO) or agency.

The purpose of an orientation is to explain participant requirements, describe available services, explain how SNAP E&T can help meet eligibility and work requirements, and encourage the participant to move toward self-sufficiency through employment. Orientations may be provided individually or in a group setting and can be combined with a provider's existing program orientation(s).

2. Complete an assessment and employment plan (EP).

A participant must be assessed prior to placement in a SNAP E&T component. An assessment is to include: an in-depth evaluation of employability skills coupled with counseling on how and where to search for employment. The assessment is an allowable SNAP E&T expense but is not a SNAP E&T component.

An assessment can be completed in a variety of ways; providers can use existing assessment tools. The following is a list of skills and knowledge that might be examined with suggested assessment tools:

- **Literacy level** - Standardized tests, one-on-one interview/observations (i.e. participant's ability to read and complete forms in case file);
- **Communication skills (including English proficiency)** - Standardized test, one-on-one interview;
- **Education** - Questionnaire, resume or one-on-one interview;
- **Employment history** - Questionnaire, resume or one-on-one interview;
- **Employment related skills, abilities, and interests** - Questionnaire, one-on-one interview, or online assessment;
- **Employment Barriers and Steps Necessary to Overcome Barriers** - Questionnaire or one-on-one interview.

Providers must complete an employment plan (EP) for each participant. The purpose of the employment plan is to bring together the results of the assessment and identify steps to help the participant overcome identified barriers while supporting the participant's strengths and goals. SNAP E&T providers can use their existing employment plan template (upon approval from your program coordinator) or use the [DHS employment plan template](#).

At a minimum, an employment plan must include:

- Date the plan was created;
- Proposed employment and training activities;
- Any assessed employment barriers;
- Employment goal(s);
- Referrals, if any, made to other service providers;
- Participant signature; and
- Any other information relevant to employment and training.

The employment plan must be updated and revised as the participant's circumstances change but not less than once per year.

3. **WF1 data entry:** Once you've confirmed SNAP eligibility and completed the orientation, assessment, and employment plan, email the release of information and pre-enrollment forms to your program coordinator, who is responsible for finalizing the enrollment in WF1. After enrollment is completed in WF1, you can enter data in participants' cases.

What is an able bodied adults without dependents (ABAWDs)

Able-bodied adults without dependents (ABAWDs) are applicants/recipients without dependents and between the ages of 18 and 50 who must meet work requirements in order to receive SNAP benefits. Unless an ABAWD meets mandatory work provisions, regains eligibility, or meets an exemption listed below, they are eligible for SNAP for only 3 months in a 36-month period. ABAWDs are also known as "time-limited participants".

A person meeting any of the following exemptions is not subject to the 3-month limit:

- Receiving cash assistance
- Under age 18, or age 50 or older
- Responsible for a dependent child or residing in a household where a household member is under age 18
- Medically certified as pregnant
- Exempt from SNAP work requirements
- Currently homeless; specifically defined for this purpose as:
 - Lacking a fixed and regular nighttime residence, including temporary housing situations – *and*
 - Lacking access to work-related necessities (i.e. shower or laundry facilities, etc.)
- People with a statement from a qualified professional which indicates inability to work at least 20 hours per week due to a mental or physical illness, injury or incapacity
- Lives in any of the counties or Indian reservations where all participants are exempt from ABAWD provisions

Working with ABAWDs

Your program coordinator will let you know if any of your SNAP E&T participants are ABAWDs.

Program orientations for ABAWDs (time-limited participants) must be offered within 30 days of SNAP benefit approval and inform the participant of:

- The work or work program activities that may enable ABAWDs to receive more than three-months of benefits in a 36-month period;
- Name and phone numbers of the SNAP E&T service provider;
- Services, including support services, available through SNAP E&T;
- Date, time and location to report for SNAP E&T services;
- Encouragement to view public assistance as a temporary means of supplementing the person's needs as they move toward self-sufficiency through employment

Employment plans for ABAWDs need to outline how a participant can meet the work requirements to gain additional months of benefits.

ABAWDs can meet the work requirement by:

- Working 20 hours or more per week in paid employment, averaged monthly (80 hours per month). This includes in-kind or unpaid work; or
- Participating in and complying with the requirements of a work program for 20 or more hours per week; or
- Participating in and complying with the requirements of a workfare program

As of December 1, 2018, Minnesota operates a voluntary SNAP E&T program. In a voluntary program, time-limited participants (ABAWDs) are not sanctioned if they choose not to participate in employment and training activities during their three counted months of SNAP eligibility. These time-limited individuals, however, must work or participate in employment and training activities for at least 20 hours per week to maintain their benefits beyond the three counted months.

ABAWDs subject to the three-month time limit must be closely tracked. Notify your program coordinator if an ABAWD is meeting the work requirement hours and wants to earn additional month(s) of SNAP.

Co-enrollment

Co-enrollment is enrolling your participants in multiple programs – either for other programs offered by your organization or for other programs not offered by your organization and via collaboration with another third-party provider (who is either contracting with the county or DHS) – to help participants achieve their goals.

Example of co-enrollment at your organization: discussion

Example of co-enrollment via collaboration with another provider: A client nears the end of their vocational training goals. The organization may refer the client to another organization to provide job search if the organization does not have adequate job search assistance available. It is the responsibility of the providers to coordinate services for co-enrolled participants to prevent duplication of services. Each partner serving the E&T participant can receive 50 percent reimbursement for allowable expenditures that are not duplicate.



Co-enrollment: Offers a holistic approach to services that benefits both the participant and the provider

Co-enrollment: Your notes

Participation requirements

Participants must make satisfactory progress toward their overall employment goals and on the activities that lead toward those goals. The employment goal, activities, and standards for satisfactory progress should all be specified in the participant's employment plan (EP).

Participants are expected to participate in and complete the activities specified in their EP. Participants must also be receiving SNAP benefits in order to continue services in the program.

Exit the participant's SNAP E&T record in Workforce One within 30 days of non-engagement or SNAP benefit end date and enter a corresponding exit date.

If the participant is time-limited or is a SNAP eligible student based on enrollment in SNAP E&T, the employment service provider must also communicate this with the county by contacting your program coordinator and the Human Services Representative (HSR).



Your Role in Keeping a Participant's SNAP E&T Active

1. Enter case notes and track participant's activities in WF1 regularly; a minimum of once per month
2. Document participant's progress according to their employment plan
3. Document changes, and close cases if the participant no longer participates

FYI: If you don't case note once every 45 days, or have an open activity for 45 days, the SNAP E&T case will close in WF1.

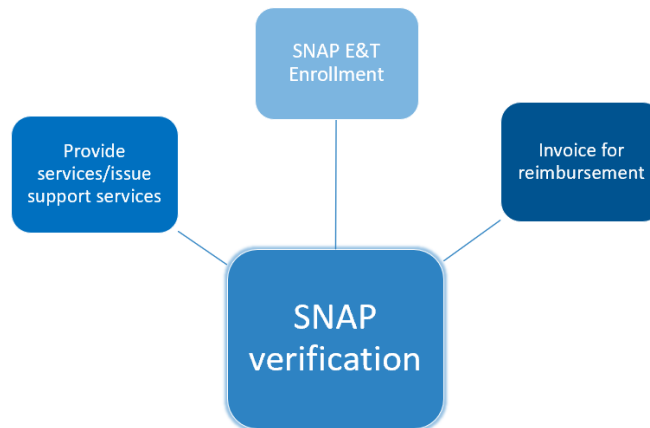


Practice 1: WF1 Navigation: accessing and using the SNAP E&T WF1 user guide and managing your caseload.

Ongoing SNAP Verification

Each month, program coordinators will send providers a list that shows SNAP statuses for participants they currently have enrolled in SNAP E&T. A participant must be on SNAP at the time the cost incurred, regardless of when billing for the service took place. Providers should be mindful that participants who are eligible at any time in a month, are eligible for that entire month. It is the provider's responsibility to keep track of each participants' SNAP status.

For example, a provider wants to claim reimbursement for five participants for the cost of bus cards issued on July 8. The provider received SNAP statuses and learned that only three of the participants received SNAP in July; two of the participants did not get their SNAP benefit approved until July 25. The provider can only claim reimbursement for the cost of bus cards for three participants; not all five.



SNAP eligibility verification is required prior to providing services; enrolling in SNAP E&T; and billing for reimbursement

Takeaways

- Providers are required to complete an orientation, assessment and employment plan for each participant
- ABAWDs, also known as time-limited participants, require additional attention and your program coordinator is available to aid and support
- Document participant progress in WF1 regularly – at a minimum, monthly
- If you don't case note once every 45 days, the SNAP E&T case will close

Case management & documentation

Responsibilities for Ongoing Case Management

A provider must document all activities and services provided to a participant in WF1. Files must be kept for all SNAP E&T participants. The files may be kept in paper or electronic formats and are reviewed as part of the annual monitoring visit. Files should be organized according to the provider's standard but at a minimum must contain information about the assessment; release of information/consent form (if applicable); eligibility verification; employment plan; participant progress; and participant reimbursements.

Participant files must contain progress information, which includes the activity the participant is engaged in, the dates of participation in that activity, regular program progress notes, credential and certificate attainment, employment, wages and retention information.

Document the following in WF1 for each participant:

1. Open and close activities including dates of participation. There is a lag time to getting participants into WF1 which will impact the start dates of these activities. Therefore, entering a case note that clearly indicates the start/end dates of the activity is required.
2. Enter case notes: it is expected that each case in WF1 will have one or more case notes each month.
3. Documentation is to be written in an objective and fact-based manner with the understanding that case notes may be reviewed and used by other providers and professionals.
4. Credential and certificate attainment: document credentials and certificates earned by participants
5. Employment attainment or changes, wages and retention information: document when participants start/stop employment, wages, employer and hours (if applicable), and any retention services provided.
6. Record support services provided: document support services received in the Support Service tab and case noted in WF1; physical documentation should also be retained.
7. Review case for exiting: case note date and reason for exit.

Once the SNAP E&T case is closed, you cannot revise the details of the activity or open new activities for the case.



SNAP E&T Checklist for Case File Review; see p. 34.

SNAP E&T Components and Activities

SNAP E&T services are designed to help participants prepare for and move into employment. Providers are not required to deliver all these services; in partnership with the participant, select the services that will best address barriers, support strengths and help the participant reach their goal(s).

The term "component" is the federal term for what we often think of as an "activity".



SNAP E&T Components & Activities; see p. 35.



Choose 3-5 activities that best fit the program services your organization provides to ensure staff at your organization are using the same activity codes.



Always review the activities in WF1 to make sure they align with a participant's employment plan.



When in doubt, case note

Let's briefly look at the most common activities you'll be managing in WF1. We'll spend more time on each of these during the next WF1 practice session.

Adding an Activity

Activities reflect the participant's SNAP E&T progress or steps toward a goal. States are required to submit E&T program activity reports to FNS that provide actual counts of E&T participation. Therefore, an activity should **only** be opened when a participant is actively engaged in that activity, not just assigned to it; include start date and other details as applicable. Close the activity once the participant successfully completes the activity or is no longer engaged.

Case Notes

At a minimum add one monthly case note about participant's status in the program, current activities, changes and whether SNAP has been verified that month. Case notes should contain the following date of event; type of contact (in person, over phone, etc.); and purpose of contact (orientation, employment plan meeting, monthly check-in, etc.). Examples of case notes:

- Pepper is receiving job readiness services and enrolled in nursing trainnig program, classes are from 8/1-19-12/20/19, M-TH, 8am-6pm. Counselor met with Pepper and discussed job search activities and training progress. Their SNAP benefit status has been verified as active for this month.
- Jane Doe is receiving job readiness services and enrolled in IT training program classes from 11/15/19 - 1/15/20. Their SNAP benefit has been verified as active for this month.

Documenting Credential Attainment

Enter a credential obtained through the program before or after you close the person's case.

Documenting Employment Attainment

Document employment information in WF1; including employer name, start date, hourly wage and occupation title.

Support Services

A support service is different than an activity. Support services are used to record instances when participants receive monetary supports through the program. If support services are being paid for by a separate program tracked in WF1, but you hope to claim the cost in SNAP E&T, record the support services in both in that program and in the SNAP E&T program sequence.

Support services (for example dependent care and transportation) can provide a strong incentive for participants. If a participant wants to participate in a job search training class, but lacks the means to get to the class, he or she may decide to skip it. Questions to consider:

- What are appropriate supportive services for my E&T activities?
- What is the target client demographic for my E&T activity and what are appropriate support services to accommodate this demographic?
- What support services are most appealing to participants?
- Do we have the capacity to provide these support services? Do we need to cap services?

Support Services must be directly supporting an approved E&T component and must:

- Be allowable, necessary and reasonable
- Not be available through another government program or at no cost
- Be for employment related to a SNAP E&T component



Guidance on Costs and Reimbursements; see p. 37.

Case Closure: Exiting a Person from the Program

Send request to program coordinator to close the person's SNAP E & T case in WF1 after their SNAP benefit case has been closed for 30 days or more unless they are receiving retention services (participants may remain enrolled in SNAP E&T and receive services up to 90 days).

Monitor participants and close the case(s) if:

- Participant is no longer receiving SNAP
- Obtained/maintained employment: include employer name, job title, hourly wage and hours per week in email to program coordinator
- No longer engaging in program activities
- Voluntarily opting out
- Cannot locate

FYI: If a case closes, a participant must be re-enrolled for you to continue to receive reimbursement for them.

Two steps for case closure:

1. Add a case note about case closure
2. Send participant information to the program coordinator, include name, WF1 record ID, exist date and exist reason.

WF1 exit reasons:

- Cannot locate
- Entered unsubsidized employment
- Exhausted ABAWD months
- Failure to provide verification
- Found exempt
- Moved from area
- Other termination
- Referred to MFIP/DWP
- Sanction
- Third party exit
- Voluntary separation



Practice 2: WF1 Navigation: focus on accessing and using the SNAP E&T WF1 user guide,

including:

- adding activities see pp. 24-31
- case notes see pp. 59 and 17
- credential and employment attainment see p. 44
- support services see pp. 41-44
- case closure starting on p. 45

Takeaways

- Documentation of participant progress must be in WF1.
- To be eligible for reimbursement, expenses must be reasonable, necessary and directly related to participation in an employment and training component.

Billing

Monthly billing basics

We have worked to make invoicing for reimbursement as easy as possible. There are basically three steps for a provider to complete to submit a monthly invoice for reimbursement:

1. Provide ongoing case management to eligible participants; includes ensuring WF1 client data is updated and current for any given month by the 10th of the following month
2. By the 15th of the month, submit invoice for previous month's eligible expenses and list of eligible participants who received SNAP services in the previous month to the contract manager and program coordinator.

As a reminder, Hennepin County submits billing quarterly to the State of Minnesota.

We just covered ongoing case management and documentation, so let's look at eligible participants and invoicing.

List of eligible participants

The list of eligible participants is made up of the participants you expect to claim reimbursement for. This list is generated by you and based on the work you've been doing with your participants. Review your list and ensure accuracy before submission to the program coordinator:

- Participants still enrolled and participating in the program
- WF1 must be up to date: case notes, activities and support services
- Verify the SNAP status of the participants is active; unless in retention. Retention activity status must be clearly documented in case note and activity section of WF1.
- If it's not in WF1, it didn't happen – and you can't bill for it.



Use secure email to send confidential or private participant data.

Invoicing



SNAP Invoice template; see p. 39.



SNAP E&T Invoice Process Map; see p. 38.

It's your responsibility to ensure the list of participants and the invoice are accurate.

Takeaways

- Invoices are submitted monthly.
- To avoid delays in payment: maintain monthly WF1 documentation, open communication with program coordinator and contract manager, ensure list and invoice are accurate and submitted on time.

Program evaluation

Program evaluation

Program evaluation is required and needed to ensure program compliance, to identify and provide needed support to partners, to identify areas for improvement and to ensure we're meeting our goals. Our current program evaluation consists of these components:

- Contract evaluation language
- Annual on-site monitoring visit: The monitoring visit serves three general purposes: to foster a partnership approach to the monitoring process through an open discussion between Hennepin County staff and the grantee staff, to gain a general overview, or "big picture," of the grantee's work, and to verify compliance with funding source rules and regulations.
- Annual narrative report: Contract requirement; provider's duties include providing an annual narrative report to the County as to how reimbursement of SNAP E&T services are used. This report is due within 30 days of the end of the federal fiscal year (October 30).
- Four phases of review and support are also a way for the Program Coordinators to evaluate how you're doing

Takeaways

- Striving for creativity to exceed expectations and advance outcomes.

Contact information

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Telephone: 612-543-5159

Fax: 612-632-8483

colleen.dufek@hennepin.us

Neng Vang, SNAP E&T Program Coordinator

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Fax: 612-632-8483

neng.vang@hennepin.us

Handouts

Guiding Principles of Partnership



Guiding Principles for Partnership

Person-Centered

Treat the people we work with – agencies, community-based organizations (CBOs), participants, employers – as equal partners. Relationship focused being open, honest, respectful and ethical; trust building; acknowledging of history; committed to mutual learning and sharing credit in our work together.

Equity and access

Acknowledge and affirm diverse cultures, identities and experiences to build relationships. Promote equity and access to services by focusing on residents who are black, Indigenous and other people of color who face barriers to employment; and by reducing employment and income disparities.

Alignment and collaboration

Recognize systems achieve better outcomes when they operate collaboratively. With our partners, create an interconnected set of solutions to meet the needs of workers and employers. Closing the skills gap; preparing people experiencing barriers to self-sustaining employment for promising career paths and connecting employers to a diverse pool of well-trained candidates to meet regional workforce needs.

Innovation and continuous improvement

Use creativity, problem-solving and problem prevention for personal and organizational progress. Support innovation and continuous improvement by identifying: existing resources (both people and funding), policies, practices and capabilities that partners bring to the table; activities that represent specific workforce development strategies; results (performance measures?); indicators of success; and long-term results that can be anticipated and measured by our work.

Transformative Experiences

Transformation that occurs at multiple levels, including:

- Personal transformation (e.g. employment with self-sustaining wages; career path)
- Institutional transformation (e.g. reduced employment and income disparities)
- Community transformation (e.g. reduced unemployment; create pipeline of qualified workers for employers; increased community wellness)

Citation: CCPH Board of Directors. Position Statement on Authentic Partnerships. Community-Campus Partnerships for Health, 2013.

Potential Partner Capacity Checklist

| POTENTIAL PARTNER CAPACITY CHECKLIST | | |
|--------------------------------------|--|-------------|
| Done | Action Item | Notes/Links |
| <input type="checkbox"/> | Right participants | |
| | <p>Your organization serves eligible program participants:</p> <ul style="list-style-type: none"> ▪ Age 16 or older (there are additional requirements to service 16-17-year-olds); and ▪ Have the physical and mental ability* to work at least 20 hours per week, or able to do so within the next year; and ▪ Can participant in SNAP E&T immediately; and ▪ Do not receive MFIP cash assistance <p>* For clients with a verified disability, such as active Supplemental Security Income recipients or temporary works compensation recipients, client statement or client-provided documentation can be used to determine SNAP E&T eligibility</p> | |
| <input type="checkbox"/> | Right services | |
| | <ul style="list-style-type: none"> ▪ Does your agency offer appropriate and allowable employment and training activities and/or related support services listed in the "Services and activities a Provider could offer" section, or will it have to create new activities for SNAP E&T clients? If yes, how many years has your agency offered these services? ▪ Does your agency subcontract or pay other agencies/non-employees to provide services? ▪ Are your agency's services open to all individuals who are legally entitled to work in the United States without regard to race, religion, sexual orientation or gender? ▪ Is your agency able to recruit and assess its own participants? (Service providers may partner with another agency that will provide referrals for support services.) ▪ Does your agency market to specific demographics (i.e., limited-English speakers, homeless, minorities, etc.)? ▪ What percent (approximately) of your current and potential clients are SNAP recipients or households with low incomes potentially eligible for SNAP? ▪ What geographical areas of Minnesota does your agency market to and provide services? ▪ Is your agency aligned with local labor market and employers needs leading to living-wage employment? (Living-wage typically means not having to rely on public benefits.) ▪ Does your agency have the ability to assess potential participants and place them in appropriate and allowable activities? | |
| <input type="checkbox"/> | Right funds | |
| | <ul style="list-style-type: none"> ▪ Does your agency have funding available for employment and training services that are: <ul style="list-style-type: none"> ○ Nonfederal | |

| | | |
|--------------------------|---|--|
| | <ul style="list-style-type: none"> ○ Not committed as a match for other federally funded programs ○ Available throughout the federal fiscal year (Oct. 1 through Sept. 30)? <ul style="list-style-type: none"> ▪ Does your agency have the cash flow for upfront costs to support a SNAP E&T program? Will your agency be able to handle delays between outlays and reimbursement? (Contractors must pay for services first then bill the department for 50 percent reimbursement of incurred expenses.) ▪ Does your agency have experience with federal grants? Will it be able to track federal funds and guarantee that the source of matching funds is nonfederal and allowable? ▪ Can your agency store records for up to seven years (or as mandated by law) for audits, monitoring and review by state and/or federal agencies? ▪ As all SNAP E&T funds are federal sub-recipient awards, are you willing to participate in any required federal audits, visits or other mandated reporting requirements? ▪ Does your agency already allocate costs to other federal, state or local grants? ▪ Does your agency's cost allocation plan charge all grants consistently? What is the cost allocation method your agency uses or would use for SNAP E&T? ▪ Can your agency track costs and appropriately allocate expenses? ▪ Does your agency have the capacity to track and invoice for staff time spent on the SNAP E&T program? (Partner agencies must keep time records in order to bill for staff.) ▪ SNAP E&T Prospective provider packet 12 ▪ Does your agency have the capacity to prepare and submit monthly or quarterly invoices based on SNAP E&T participation and program expenditure data? What procedures/policies are in place for invoicing? | |
| <input type="checkbox"/> | <p>Right capacity</p> <ul style="list-style-type: none"> ▪ Does your agency have the legal right to conduct business with the state of Minnesota or the federal government? (This includes having a current business license, valid DUNS number and not having a prohibition/restriction to contract with government.) ▪ Has your agency had any lawsuits filed or pending investigations against it in the last 10 years? ▪ Has your agency failed to complete a contractual obligation, received a termination of contract for default, or been the recipient of a tax lien by either the federal government or state of Minnesota in the past 10 years? ▪ Has your agency assessed risks (i.e. staff criminal background checks, violent offenders, physical office/learning conditions) related to providing services, and what safety procedures has your agency put in place? ▪ What partnerships does your agency have with current SNAP E&T providers or agencies that provide related services? ▪ Do agency staff, directly serving clients, have certifications or accreditations related to their position? | |

| | | |
|--|---|--|
| | <ul style="list-style-type: none">▪ Does your agency have procedures and safeguards in place to protect confidential information?▪ Does your agency have the capacity to communicate electronically, including using the WorkForce One (WF1) system and secure email?▪ Does your agency have a database where you track participant information, program participation and services, and employment outcomes? If yes, is your agency able to add fields and design custom reports in your participant database?▪ Does your agency have the staff resources to regularly enter data into the WF1 system, including monthly case notes that report participant progress? | |
|--|---|--|

Program Implementation Scoping Document

Congratulations on being selected as a SNAP E&T provider! This document will assist you as you plan, develop and implement your E&T program as well as guide the check-in meetings with your Program Coordinator. This document is designed to help you further refine and “scope out” your program.

Agency Information

| | |
|---|--|
| Agency | |
| Primary Program Contact(s) (first and last name) | |
| Title(s) | |
| Email(s) | |
| Phone(s) | |

Program Organizational Chart

Please list out the E&T program staff, their titles as well as the overall organizational structure of the E&T program at your agency.

Project Overview

Please provide a description of the E&T program at your agency. This should include: funding sources, the components (activities) offered such as training, job search, etc. as well as support services you will be providing participants (this information can be taken from the RFP application).

Support Needed

Please list the support needed from Hennepin County as you plan, develop and implement the SNAP E&T program at your agency. Is there information you would like from other SNAP E&T providers?

Project Milestones

Establish project milestones that will guide you as you implement your program. A milestone is a key progress point that must be reached in order to successfully execute the program. Ex. Staffing, marketing, participants enrolled, etc.

Please add additional rows to the table if needed.

| # | Milestone | Target Date |
|---|-----------|-------------|
| | | |
| | | |

Budgets and Work Plan templates

The SNAP Program Budget document is an EXCEL document with three sheets: SNAP Program Budget, Budget Substantiation and Salaries.

| | | | | | | |
|---|----------------------------|---|--------------------|-------------------------|-----------------------|---------------------|
| SNAP PROGRAM BUDGET: | | | | | | |
| PROGRAM BUDGET: October 1, 2018 - September 30, 2019 | | Source of Reimbursement Funding (insert revenue sources for where reimbursement funding came from; add additional columns if needed) | | | | |
| Grant Category | SNAP Eligible Costs | Foundation Grant | State Grant | Business Revenue | County Funding | Fund Raising |
| Direct Program Costs | | | | | | |
| Salaries | \$0.00 | | | | | |
| Fringe | \$0.00 | | | | | |
| Travel | \$0.00 | | | | | |
| Office Supplies | \$0.00 | | | | | |
| Equipment | \$0.00 | | | | | |
| Postage | \$0.00 | | | | | |
| Printing and Copying | \$0.00 | | | | | |
| Cell Phone | \$0.00 | | | | | |
| Staff Training | \$0.00 | | | | | |
| Meeting Expense | \$0.00 | | | | | |
| Telephone | \$0.00 | | | | | |
| | \$0.00 | | | | | |
| | \$0.00 | | | | | |
| TOTAL PROGRAM COSTS | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Budget Substantiation

| Line Item | Describe Line Item and Content | Method of Calculation for Distribution | Other Comments |
|----------------------------|---------------------------------------|---|-----------------------|
| Salaries | | | |
| Fringe | | | |
| Travel | | | |
| Office Supplies | | | |
| Equipment | | | |
| Postage | | | |
| Printing and Copying | | | |
| Cell Phone | | | |
| Staff Training | | | |
| Meeting Expense | | | |
| Telephone | | | |
| TOTAL PROGRAM COSTS | | | |

Position Schedule

| Position Title | Percentage % | Current Salary | Proposed Contract Salary | Notes |
|-----------------------|---------------------|-----------------------|---------------------------------|--------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |

The Work Plan is a template from the Department of Human Services (DHS)

WORK PLAN

Contract Period October 1, 2019—September 30, 2020

Minnesota Department of Human Services
Economic Assistance and Employment Supports Division

Organization

Legal Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Zip +4: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Grantee Web Site URL: [Click here to enter text.](#)

Congressional District(s): [Click here to enter text.](#)

Counties/Area Served: **Hennepin**

State Legislative District(s): [Click here to enter text.](#)

Contacts

Executive Director's Name: [Click here to enter text.](#)

Telephone: : [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Fiscal Director's Name: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Project/Site Manager Contact's Name: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

By completing the SNAP E&T FFY2019 Work Plan, your agency certifies the following:

- a). All activities authorized by this Work Plan are in accordance with SNAP Employment and Training (E&T) regulations.
- b). Staff administering the program that are competent, professional, ethical, and qualified for the position held, and have a firm understanding of the pertinent rules and regulations.

Instructions for Completing Required DHS Data Practices and Security Training

Any staff who request access to a state system must complete the DHS data practices and security training before DHS will grant the system access request. The suite of courses is called, "Handling MN Information Securely".

1. Navigate to the training
2. The first time you access the courses, you will need to register.
3. There are 7 modules – and corresponding assessments – that need to be completed.
4. Take a screen shot of your training transcript and send it to the program coordinator; see below.

Skip to main content

Handling MN Information Securely

Login

Enter email address to login

Login

Haven't logged in yet? [Register](#)

Otherwise you can [Login As Guest](#). The "Guest" feature does not retain any training records.

| Required | Course Name | Assessment Link | Last Assessment | Passed | Next Assessment |
|-------------------------------------|--|--|----------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | Data Security and Privacy (15 Minutes) - Course | Data Security and Privacy (15 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | How to Protect Information (35 Minutes) - Course | How to Protect Information (35 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | Managing Security Information Problems (15 Minutes) - Course | Managing Security Information Problems (15 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | Federal Tax Information (10 Minutes) - Course | Federal Tax Information (10 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | Social Security Administration Information (15 Minutes) - Course | Social Security Administration Information (15 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | Protected Health Information (PHI) (15 Minutes) - Course | Protected Health Information (PHI) (15 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |
| <input checked="" type="checkbox"/> | Data Security for County Staff and Assisters (10 Minutes) - Course | Data Security for County Staff and Assisters (10 Minutes) - Assessment | 04/22/2019 | <input checked="" type="checkbox"/> | 04/21/2020 |

SNAP E&T Employment Service Provider Request for System Access form

SNAP E&T Employment Services Provider Request to System Access Form

Current Date: Click here to enter a date.

Date Access is requested: Click here to enter a date.

Agency Information

| |
|---|
| Agency Name: Click here to enter text. |
| Agency Supervisor/Manager making request: Click here to enter text. |
| Phone Number: Click here to enter text. |

Information about New Staff Requesting WF1 Access

| |
|--|
| Staff Name (First, Last): Click here to enter text. |
| Job Title: Click here to enter text. |
| E-mail Address: Click here to enter text. |
| Worksite Location: Click here to enter text. |
| Phone Number: Click here to enter text. |
| Brief Description of Job Duties and type of data the staff member will be accessing in WF1: Click here to enter text. |

| |
|---|
| Describe business reason for staff access to WF1 system: Click here to enter text. |
|---|

Is this staff member replacing someone whose system access needs to be terminated?

(Indicate with an "x" next to the options)

☐ Yes: Name of the staff whose system access will be terminated: Click here to enter name here.

☐ No: ☐ Newly created job position for your agency, **OR** ☐ staff added to an existing job position

| |
|--|
| List the other WF1 systems this staff person currently has access to within agency: Click here to enter text. |
|--|

Form and Training Required

| |
|--|
| Complete: WF1 Access Form at www.mnworkforceone.com/FormsLetters Request for Hennepin/Carver ETC – WDA 09 as COFFR, add SNAP ET under Program, choose from Case Management 1 or 2 with –DHS, ALL, or ETP (see WF1 for definitions). |
| Complete: DHS Data Privacy Trainings at data-securitytraining.dhs.mn.gov . Login/register as a county worker and complete all 7 courses and their assessments. |

***Save this completed form to your computer for your records. Send this form, the WF1 Access form, and a transcript of the completed DHS Data Privacy trainings as an attachment via e-mail to Neng.Vang@Hennepin.us. Use e-mail subject: SNAP E&T Request for System Access.**

Four Phases of Review and Support

Four Phases of Review and Support

**DEVELOP**

Growing knowledge of SNAP E&T program and partnerships with program coordinator (PC) and contract manager (CM)

With weekly support from PC and CM, develop program knowledge & skills to:

- Meet assigned deadlines
- On-time and accurate submission of billing
- Less than 10% case management errors

1

**BUILD**

Constructing SNAP E&T program knowledge and partnerships with PC and CM to build organization's capacity to implement program

With biweekly support from PC and CM, build program knowledge and skills to:

- Accurate and on-time submission of billing
- Less than 5% of case management errors

2

**CONTINUOUS**

Ongoing effort to improve SNAP E&T program knowledge and partnerships with PC and CM

With monthly support from PC and CM, continue improving program knowledge and skills to:

- Timely communication
- Consistent accurate submission of billing by the 15th of each month
- No case management errors

3

**PROFICIENCY**

Operates independently and with confidence; requests help from PC and CM as needed.

With quarterly support from PC and CM, consistently and accurately meets expectations, including submission of billing by the 15th of each month

4

DHS Employment Plan Template



**DEPARTMENT OF
HUMAN SERVICES**



DHS-6020-ENG
1-19

Supplemental Nutrition Assistance Program (SNAP) Employment and Training Plan

DATE
1/27/2020

***IMPORTANT:** If you are not able to complete this form online,
click Print Blank Form to print the form and complete it by hand.

Print Blank Form

Case Information

Participant Information

| | | | |
|------------|----|-----------|--------------|
| FIRST NAME | MI | LAST NAME | MAXIS NUMBER |
|------------|----|-----------|--------------|

Eligibility Worker Agency Information

| | |
|---------------------------------|--------------------------|
| ELIGIBILITY WORKER NAME OR TEAM | ELIGIBILITY WORKER PHONE |
|---------------------------------|--------------------------|

Employment Counselor Information

| | | |
|-----------------------|-----------------|-------------------------|
| COUNSELOR NAME | COUNSELOR PHONE | COUNSELOR EMAIL ADDRESS |
| AGENCY NAME | | AGENCY PHONE |
| AGENCY STREET ADDRESS | CITY | STATE MN |
| | | ZIP CODE |

Plan Dates

| | |
|----------------|-------------|
| EFFECTIVE DATE | REVIEW DATE |
|----------------|-------------|

Participation Requirements

☐ Not subject to the time limit
☐ Subject to the time limit

Let your Employment Counselor know if you have a medical, or other, reason making you unable to participate in work activities.

Participant Strengths and Employment Goals

Job Search

☐ Display the Job Search section

Page 1 of 5

SNAP E&T Checklist for Case File Review

| Name: | | <input type="checkbox"/> ABAWD Participant | |
|--------------------|--|---|-------|
| MAXIS Case # | | <input type="checkbox"/> Exempt Participant | |
| WF1 Record ID: | | | |
| Task | | Supporting Document(s) | Notes |
| INITIAL | <input type="checkbox"/> Verify participant is receiving SNAP Date verified: _____ | | |
| | <input type="checkbox"/> Complete Orientation All participants require an orientation to SNAP E&T. Orientation for time-limited participants** must include additional information specific to their work requirements. Program intentionality must be case noted in WF1. | | |
| | <input type="checkbox"/> Complete Assessment | | |
| | <input type="checkbox"/> Forms sent to HC Program Coordinator to enroll participant in WF1 | <input type="checkbox"/> Pre-enrollment Form <input type="checkbox"/> Release of Information | |
| | <input type="checkbox"/> Complete Employment Plan Contents of Plan must include: Date the plan was created; proposed employment and training activities; assessed employment barriers; referrals, if any, made to other service providers; participant signature; and hours required per activity if applicable If a completed plan is not in system, indicate in WF1 if a paper plan was completed. | <input type="checkbox"/> Plan date <input type="checkbox"/> Activities listed <input type="checkbox"/> Participant signature & date | |
| | <input type="checkbox"/> Create participant file containing the following documents: (may be paper or electronic) <input type="checkbox"/> Assessment <input type="checkbox"/> Employment Plan <input type="checkbox"/> Release of Information* | | |
| ONGOING MANAGEMENT | <input type="checkbox"/> Verify participant is receiving SNAP and case note (at least monthly) | | |
| | <input type="checkbox"/> Document Activities Open activities in WF1 only after participant engages in them | | |
| | <input type="checkbox"/> Document participation hours for time-limited participants** | | |
| | <input type="checkbox"/> Communicate participation hours for time-limited participants** to the HPC | | |
| | <input type="checkbox"/> Document support services provided This should be entered in the Support Service tab and Case Noted in WF1. Physical documentation should also be retained | | |
| | <input type="checkbox"/> Document credential and certificate attainment | | |
| | <input type="checkbox"/> Document employment information This should include wage, employer and hours If applicable, document retention services provided | | |
| | <input type="checkbox"/> Exit participant from SNAP E&T program Communicate case closure to HPC with exit reason, and any other relevant information | | |

*Not requirement per policy but Hennepin County need it for record keeping purposes

**Time Limited Participants are also known as Able Bodied Adults Without Dependents (ABAWDs) or, before December 1, 2018, as Mandatory Participants

Note: Information from original has been modified to match Hennepin County SNAP E&T process with providers

SNAP E&T Components and Activities



SNAP EMPLOYMENT AND TRAINING

Updated: 9-27-2019

SNAP E&T Components and Activities

| Component | Definition and Corresponding Workforce One (WF1) Activity(ies) |
|--------------------------------|--|
| Supervised Job Search | <p>A component in which the participant is primarily engaged in actively applying for work, building connections with prospective employers, and/or attending hiring events and other networking opportunities. Participants may conduct these activities at any location appropriate to the activity, including, but not limited to their home, job sites, public facilities, or their SNAP E&T provider locations. However, participants must report activities and hours through sign-in sheets, e-mail records, phone, mobile app, or another state-approved method at least once per week. Providers must retain a record of dates and hours of job search activity as well as a summary of job search activities performed (including the date, time, activity type, positions applied for (if any), and any application barriers that may have arisen).</p> <p>Providers must establish, in consultation with the participant, individual goals for the number of applications or contacts made each month. This standard should take into account the participant's location and barriers. Providers must demonstrate through case notes or other means that they have engaged in regular meaningful communication with the participant about their job search.</p> <p>Supervised Job Search focuses on searching for and applying for jobs with direct supervision.</p> <p>NOTE: For a time-limited ABAWD, participation in Supervised Job Search is not a countable activity unless it makes up less than 50% of the required 80 hours per month, or the participant is co-enrolled in the Workforce Innovation and Opportunity Act (WIOA).</p> <p>WF1 Activity(ies): Supervised Job Search</p> |
| Supervised Job Search Training | <p>A component that strives to enhance the job search skills of participants by providing instruction and high-touch mentoring in job seeking techniques, increasing motivation and self-confidence for work, and understanding employer needs. The component may consist of employability assessments, job placement services, one-on-one case management to reduce employment barriers, high-touch application assistance, and training in aspects of the job search process including resume writing, interviewing, appropriate dress, social skills, and using job search technology.</p> <p>NOTE: For a time-limited ABAWD, participation in Supervised Job Search Training is not a countable activity unless it makes up less than 50% of the required 80 hours per month, or the participant is co-enrolled in the Workforce Innovation and Opportunity Act (WIOA).</p> <p>WF1 Activity(ies): Supervised Job Search Training</p> |

DEED Component to Activity Crosswalk

| Federal Component Name | Workforce One (WF1) Activity Name |
|--|---|
| Supervised Job Search | Supervised Job Search |
| Supervised Job Search Training | Supervised Job Search Training |
| Workfare | Workfare |
| sWork Experience | Uncompensated Work Experience |
| <ul style="list-style-type: none"> • Work Based Learning • On the Job Training (OJT) • Pre-Apprenticeship/Apprenticeship • Subsidized Employment • Internship | OJT Apprenticeship Subsidized Employment |
| Educational Programs <ul style="list-style-type: none"> • Basic/Foundational Skills Instruction • Career/Technical Education Programs or Other Vocational Training • English Language Acquisition • Integrated Education and Training (IET)/Bridge Programs • Work Readiness Training | Adult Basic Education GED Training Adult Diploma Program Credentialed Training ESL/ELL Training Integrated Education and Training (IET)/Bridge Programs Non-Credentialed Training |
| Self-Employment Training | Self-Employment Training |
| Job Retention | Retention |
| | |
| Other Activities | |
| Reimbursable Activities | Assessment |
| | Orientation |
| Non-Reimbursable Activities | Social Services |
| | Employed Full-Time |
| | Employed Part-Time |
| | Holding |
| | Local Flag |
| | Satisfactory Progress |

Guidance on cost and reimbursements



Guidance on Costs and Reimbursements

Cost Category

Administrative Costs—Supports Overall Operations of SNAP E&T

- Accounting services
- Human Resource Management
- Financial management
- Reporting
- Marketing the E&T program

Program Costs—directly related to providing SNAP E&T Services

- Costs attributable to participants
- Staff salary, benefits, training, travel (attributed to staff who market, recruit, train, place, support, coordinate or supervise participants, or who develop materials used in such activities)
- Case management

Support Services—participant reimbursements directly supporting an approved SNAP E&T component

- Must be allowable, necessary and reasonable
- Must not be available through another government program or at no cost
- Must be for employment related to an E&T component

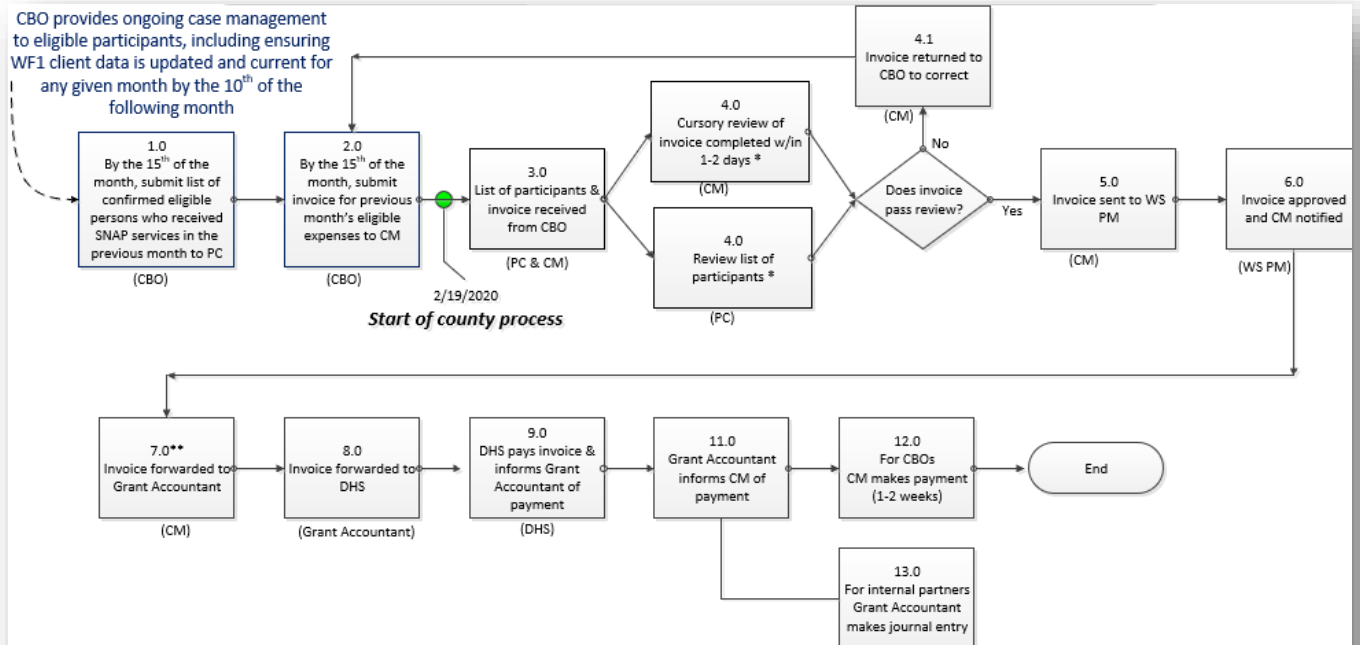
ALMOST ALWAYS ALLOWABLE

- | | |
|--|--|
| • Books ¹ | • Licensing and bonding fees for work experience/placement |
| • Clothing for job interviews ¹ | • Personal safety items ¹ |
| • Course registration fees | • Training materials ¹ |
| • Dependent care costs | • Transportation expenses |
| • Gasoline | • Uniforms ¹ |
| • Housing—Participant rent/utilities up to two months per program year ¹⁰ | • Driver's License |

SOMETIMES ALLOWABLE

- | | |
|--|--------------------------------------|
| • Automobile repairs ² | • Minor dental work such as cleaning |
| • Background checks ³ | • Drug tests ³ |
| • Clothing required for a job ⁴ | • Equipment ⁵ |
| | • Fingerprinting ³ |

Invoice process map



* If DHS needs to be consulted, approval process will most likely take longer

**To meet DHS deadlines, invoice needs to be to Grant Accountant by a week before the end of the month

Key

CBO: Community Based Organization

PC: Program Coordinator

CM: Contract Manager

WS PM: Work Services Program Manager

WD: Workforce Development

DHS: Department of Human Services

Invoice Template

| | | | | | |
|--|-------------------------------------|--|---|--------------------------------|------------------------|
| Vendor Name | Avivo | | | | |
| HC Manager Name | John Suhr | | | | |
| Contract Number | HS00000493 | | | | |
| PO Number | | | | | |
| Program Name | SNAP Employment & Training Services | | | | |
| Invoice Month: | | | | | |
| Invoice Amount: | \$0 | | | | |
| TOTAL participants receiving services (includes new and current) | X | | | | |
| Of these total participants, how many are new? | X | | | | |
| Grant Category | SNAP Eligible Costs | Source of Reimbursement Funding | Previous TOTAL Expenditures Reported | Cumulative Expenditures | Budgeted Amount |
| Admin Costs* (see "Description of Activities" sheet) | \$0.00 | | | \$0.00 | \$10,489 |

| | |
|--|---|
| SNAP E&T Eligible Activities (click to go to DHS site) | |
| Admin | Accounting services Human Resource Management Financial management Reporting |
| Direct Program Costs | Costs attributable to participants Staff salary, benefits, training, travel (attributed to staff who recruit, train, |

Participant Expense Tracking

Enter **direct participant training** and **support services** provided to each participant per month. Training and services provided are reimbursable IFF participant was active on SNAP benefits w
List all participants claimed and services provided. Enter a "0" amount if direct training or support services was not issued. If the cost is a result of an ongoing component, determine the exa

Please see [Guidance on Costs](#) for more information.

| Provider Name: | | Report Month: | | | | | | |
|----------------|------------|-----------------|--------------------------|--------------------|------------------------|--------------|---------------------------------------|--|
| Last Name | First Name | WF1 Record ID # | SNAP E&T Enrollment Date | SNAP Benefit Dates | Date Cost was Incurred | Expense Type | Total Amount of Training/Service Paid | Total 50% Reimbursement Request Through SNAP E&T |
| Example | Example | 123456789 | 2/15/2019 | 2/1/19 - current | 2/18/2019 | Bus Card | \$ 30.00 | \$ 15.00 |
| Example | Example | 101123456 | 2/15/2019 | 2/1/19 - 2/28/19 | | | \$ - | \$ - |
| | | | | | | | | |
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