



POLICY CHANGE ALERT #15-037F

TITLE: ABAWD WAIVER EXPIRATION

ISSUE DATE: 11/04/2015

EFFECTIVE DATE: JANUARY 1, 2016

Summary

Programs Impacted: NA

This Policy Change Alert is being issued to inform staff of changes to be implemented due to the 12/31/2015 expiration of statewide ABAWD time limit waivers.

Able bodied adults without dependents (ABAWDs) are considered ABAWD participants. ABAWD participation in NA is limited to three full months in a 36 month period unless the ABAWD meets the ABAWD work requirements or qualifies for an exemption based on specific exemption criteria.

Due to the current unemployment rates, the following counties will no longer be waived from the ABAWD time limit:

- Maricopa County (except Apache Junction)
- Pima County
- Yavapai County

All other counties and Reservations will remain waived for ABAWD requirements through 12/31/2016. The unemployment rates are evaluated each year to determine what areas are eligible to remain waived.

FAA Systems will run a mass change to update the system in order to comply with new ABAWD regulations. ABAWD households affected by the policy changes will be notified automatically through notices sent by AZTECS, which will inform participants of their rights and responsibilities. The tentative date for these notices to be mailed is 12/02/2015. AZTECS will also track whether or not work requirements are met, or if the participant qualifies for an exemption, and will send out notices as required.

Revision Details

The FAA Policy Manual will be updated to include the information in this Policy Change Alert during one of the next bimonthly revisions. Until then, an alert will be placed in each revised section with a link to this document as a reminder of the policy change.

POLICY REFERENCE: FAA2.P10 – NA - ABLE BODIED ADULT WITHOUT DEPENDENTS – OVERVIEW

An able bodied adult without dependents is considered an ABAWD participant. The ABAWD certification must not exceed 3 months unless that person is meeting the [ABAWD work requirements](#) or an ABAWD exemption.

Participants must comply with ABAWD work requirements or meet ABAWD work registration exemptions in order to continue receiving NA.



POLICY CHANGE ALERT #15-037F

The three month time limit does not apply to ABAWD individuals who meet the following criteria:

- under 18 years of age
- 50 years of age or over
- physically or mentally unfit for employment
- responsible for a dependent child
- residing in a household where a household member is under age 18
- pregnant
- exempt from NA work requirements

All other NA participants are considered ABAWDs.

Policy and procedures regarding eligibility determinations for NA ABAWD participants are outlined as follows:

- [ABAWD Work Requirements](#)
- [ABAWD Exemptions](#)
- [ABAWD Countable Months](#)
- [ABAWD PRA](#)
- [ABAWD Extensions](#)

POLICY REFERENCE: FAA2.P10A – ABAWD - WORK REQUIREMENTS

Compliance with ABAWD work requirements means that the participant meets one of the following:

- **Work 20 or more hours per week, averaged monthly**

NOTE The actual, non-converted hours include self employment, volunteer work, and in-kind work.

Key the EM Code in the WERE EXPT RSN FS field.



POLICY CHANGE ALERT #15-037F

- Participate and comply 20 or more hours per week of job search or job search training with one of the following programs:

SNAP Employment and Training (SNA E&T)

Workforce Innovation and Opportunity Act (WIOA)

Trade Adjustment Assistance Act (TAA).

NOTE Telephone the [TAA Central office](#) to verify participation.

Key the PC Code in the WERE EXPT RSN FS field.

- Refugees participating in approved training programs offered by the [Refugee Resettlement Program](#) (RRP) service providers. The approved training programs are as follows:

English Speakers of Other Languages (ESOL)

Vocational training

Job training

Community service

Volunteer work experience

Key RF in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B – ABAWD - EXEMPTIONS

ABAWD participants are not subject to a three month time limit when any of the following work registration exemptions apply:

- **Age**
- **Residing with a minor child**
- **Physical or mental disability**
- **Geographically exempt area**
- **Caretaker for an individual with a disability**
- **Participation in a drug or rehabilitation program**
- **Pregnant**
- **Student**



POLICY CHANGE ALERT #15-037F

- Receipt of Unemployment Insurance
- Mandatory Jobs or Tribal NEW Referral
- Transitional Benefit Assistance (TBA)

Consider an entire month exempt when an exemption occurs any time during the month.

An ABAWD participant may be determined to have more than one ABAWD exemption. When this occurs, apply the exemption reason that allows the participant an exemption for the longest period of time first. (See [Example ABAWD Exemptions](#))

When an ABAWD participant does not meet any of the previously listed ABAWD exemptions, key NE (No Exemption) in the WERE EXPT RSN FS field.

POLICY REFERENCE: FAA2.P10B.01 – AGE ABAWD EXEMPTION

Participants are exempt from [ABAWD work requirements](#) when they meet either of the following:

- Under 18 years of age
The 18-year old is exempt through the month in which they turn 18.
- Age 50 and over
The 50-year old becomes exempt the month in which they turn 50.

Keying a WERE EXEMPTION REASON Code is not required. AZTECS allows the age exemption based on the participant's identified age.

Key AG in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.02 – RESIDING WITH A MINOR CHILD (UNDER AGE 18) EXEMPTION

Participants who reside with a minor are exempt from [ABAWD work requirements](#). The minor participant is not required to be eligible for NA benefits but is required to be included in the same budgetary unit to qualify for this exemption.



POLICY CHANGE ALERT #15-037F

When there is at least one minor in the home, adult participants may qualify for this exemption. This exemption applies through the month in which the minor turns 18.

Key CH in the WERE EXPT RSN FS field.

POLICY REFERENCE: FAA2.P10B.03 – DISABILITY EXEMPTION

Participants who have a physical or mental disability and are incapable of working are exempt from the [ABAWD work requirements](#).

Verification sources include, but are not limited to, the following:

- An obvious disability, documented by FAA staff
- Receipt of SSI, SSDI, or Worker's Compensation
- Completed Verification of Disability (FAA-1249A) form
- Receipt of VA disability benefits

NOTE Only Veterans rated or paid as totally disabled qualify for this exemption.

A disabled participant may not be receiving a disability benefit, and the disability may not be obvious. When this occurs, obtain a written statement that supports the extent and anticipated length of the disability from a [medically qualified source\(g\)](#).

Document CADO and the [case file\(g\)](#) with the reason verification of the claimed disability was requested. When the disability is evident, adequate documentation must support the determination.

Key DI in the WERE EXPT RSN FS field.

Key DI in the WORW PAR/EXEM FS Field.



POLICY CHANGE ALERT #15-037F

POLICY REFERENCE: FAA2.P10B.04 – GEOGRAPHICALLY EXEMPT AREA EXEMPTION

Participants who reside in a geographically exempt area are exempt from the ABAWD work requirements. This applies to participants who reside in the following geographically exempt areas:

- All American Indian Reservations
- All Arizona counties EXCEPT Maricopa, Pima and Yavapai
- Apache Junction

Key GE in the WERE EXPT RSN FS field.

Key GE in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.05 – CARETAKER FOR INCAPACITATED PERSON EXEMPTION

Participants who provide care for an incapacitated person for at least 20 hours per week are exempt from ABAWD work requirements. The person needing care is not required to reside with the participant.

The participant is not required to verify the person's need for care unless it is questionable.

Key NC in the WERE EXPT RSN FS field.

Key NC in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.06 – PARTICIPATION IN A DRUG & ALCOHOL PROGRAM EXEMPTION

Participants who are receiving treatment as an inpatient or outpatient in a drug or alcohol treatment or rehabilitation program are exempt from the [ABAWD work requirements](#).

Contact the center to verify the anticipated length of participation in the program. From their response, determine the length of the exemption from ABAWD work requirements.

Key DR in the WERE EXPT RSN FS field.

Key DR in the WORW PAR/EXEM FS Field.



POLICY CHANGE ALERT #15-037F

POLICY REFERENCE: FAA2.P10B.07 – PREGNANCY EXEMPTION

Participants who are pregnant, in any trimester, are exempt from ABAWD work requirements.

The participant is not required to verify the pregnancy unless it is questionable.

Key PG in the WERE EXPT RSN FS field.

Key PG in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.08 – STUDENT EXEMPTION

Participants who attend a school, training program or college at least half time are exempt from ABAWD work requirements.

Half-time attendance in high school or college is defined by the institution. Half-time attendance in trade or technical schools involving shop is 15 hours a week. A program without shop practice is 12.5 hours a week.

Verification of attendance at least half-time may be obtained as follows:

- **Collateral contact documentation that includes the date of contact, name and title of the informant.**
- **Completion by the institution of the Verification of School Registration (FA-075) form.**
- **Completion by the institution of the [C014 notice](#) sent to the participant.**

Key ST in the WERE EXPT RSN FS field.

Key ST in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.09 – RECEIPT OF UNEMPLOYMENT INSURANCE EXEMPTION

Participants who have applied for, or are receiving, Unemployment Insurance (UI), are exempt from ABAWD work requirements.



POLICY CHANGE ALERT #15-037F

Participants who have applied for UI, and whose application is in pending or appeal status, are required to register for work with the Employment Service Program office as part of the UI application process.

Key UI in the WERE EXPT RSN FS field.

Key UI in the WORW PAR/EXEM FS Field.

POLICY REFERENCE: FAA2.P10B.10 – MANDATORY JOBS OR TRIBAL NEW EXEMPTION

CA participants who are mandatory [Jobs](#) or [Tribal NEW](#) referrals are exempt from [ABAWD work requirements](#).

Participants are exempt due to meeting the Jobs or Tribal NEW work program requirements.

Key WN in the WERE EXPT RSN FS field.

POLICY REFERENCE: FAA2.P10B.11 – NA TRANSITIONAL BENEFIT ASSISTANCE (TBA) EXEMPTION

Participants who are receiving NA [TBA](#) benefits are exempt from [ABAWD work requirements](#).

Key TB in the WERE EXPT RSN FS field.

NOTE In AZTECS, this field will automatically update based upon input in WERE, and the exemption will be applied.

POLICY REFERENCE: FAA2.P10C – ABAWD - COUNTABLE MONTHS

An ABAWD participant may receive only [three countable months](#) in the 36-month period. A countable month occurs when an ABAWD participant receives NA from any State and either of the following apply:

- The participant did not meet an ABAWD exemption
- The month was not an ABAWD extension month

Contact the state agency that provided NA services when the budgetary unit includes an ABAWD participant who received NA in another state. (See [State Contacts](#))



POLICY CHANGE ALERT #15-037F

ABAWD work requirements apply to participants who DO NOT meet an ABAWD exemption. Key NE in the WERE EXPT RSN FS field on WERE. Key RA in the WORW PAR/EXEM FS Field.

AZTECS displays the benefit indicators on CODF depending on the Exemption Code keyed in the WERE EXEMPT RSN field. CODF summarizes the months of benefits received by each participant as follows:

- X displays when the month is countable
- E displays when the ABAWD participant has met an ABAWD exemption
- O displays when the month is not countable due to the following reasons:

NA benefits were prorated

The participant received terminated income

AZTECS deauthorizes NA and sets an ACTS alert when the three countable months limit is reached. When a review determines that the budgetary unit does not qualify for an ABAWD extension or exemption, complete one of the following:

- Stop NA using the AB Denial or Closure Reason Code when the NA budgetary unit includes ONLY an ABAWD participant.
- Change the PT field on SEPA from IN to DI to disqualify the ABAWD participant when the budgetary unit includes non-ABAWD participants.

Complete the following at each interview or reported change to determine whether the participant received three countable months of NA in a 36-month period:

- Key Y in the WERE TIME LIMIT DISPL FS column.
Press ENTER to access CODF. Review CODF to determine the COUNTABLE months.



POLICY CHANGE ALERT #15-037F

- Count backward to 01/16 beginning with the month before the month for which NA benefits are being determined. DO NOT include months before 01/16.
- Select one of the following for procedures:
 - [No Countable Months](#) since 01/01/16
 - [Three Countable Months](#) since 01/01/16

POLICY REFERENCE: FAA2.P10C.01 – NO COUNTABLE MONTHS

Complete the following when the participant has no Xs displayed on CODF since 01/01/16, and the participant is otherwise eligible:

- Review the TI-BEGIN field, when it does not contain a month and year, key the month and year that the first FULL month of NA will be issued.

NOTE AZTECS updates the TIME-LTD MONTHS USED field and updates the Xs and Os.

- Process the eligibility determination through **FSAD** and authorize as applicable. The approval period of nonexempt ABAWD participants must be limited to separate eligibility periods of three full months.
- Send an appropriate [approval notice](#).

POLICY REFERENCE: FAA2.P10C.02 – THREE COUNTABLE MONTHS

Complete the following when the participant has a total of THREE countable months displayed on **CODF** for any months since 01/01/16:

- Determine whether the participant meets an [ABAWD Exemption](#) for any of the months. Ensure CODF reflects countable or not countable coding correctly.



POLICY CHANGE ALERT #15-037F

- When the participant meets any of the following, the participant is eligible for any remaining months:
HAS NOT received three full months of NA
Meets exemptions
Has not had months counted correctly

NOTE Approve the NA benefits for remaining months and assign the applicable approval period, depending on the circumstances of the case.
- When the participant HAS received three full months, see [ABAWD Extensions](#) when one of the following is reported:
Loss of employment
Loss of participation in a work program

Complete the following when the participant has a total of three Xs displayed on CODF and does not meet ABAWD Exemptions or qualify for an ABAWD extension:

- Inform the PI of [ABAWD work requirements](#) and the importance of maintaining compliance to be eligible for NA.
- Ask the PI to review and sign the ABAWD Personal Responsibility Agreement (PRA) (FAA-1029A) form.

NOTE Completing and signing the [ABAWD PRA](#) is NOT an eligibility requirement.
- Key RA in the PAR/EXEM field on **WORW** next to any ABAWD participant who does not meet an exemption.
- Provide the original copy of the ABAWD PRA to the PI and advise the PI to take the ABAWD PRA to the nearest SNA E&T office.

NOTE Advise the ABAWD participant of the importance of presenting the ABAWD PRA to the SNA E&T office within 5 days. When the ABAWD participant does not go to the SNA E&T office, compliance becomes the responsibility of the participant.



POLICY CHANGE ALERT #15-037F

- Place a copy of the ABAWD PRA in the [case file\(g\)](#).
- Send the [F001 notice](#) to the PI. The F001 informs the PI of the following:
 - The three month ABAWD time limit
 - The ABAWD 80 hour work or training requirement
 - Where to receive assistance to complete the 80 hour requirement for continuing NA eligibility

Participants must be given the opportunity to comply with ABAWD work requirements with the Supplemental Nutrition Assistance Employment & Training (SNA E&T) program. SNA E&T staff will notify FAA of the ABAWD participant's compliance within 30 days of the ABAWD participant's application. SNA E&T staff notifies FAA of compliance status via alerts in ACTS. The two available alerts are as follows:

- ABAWD WORK REQ MET
- ABAWD WORK REQ NOT MET

NOTE When the participant does not contact the SNA E&T program, the participant assumes the responsibility to notify FAA that they are meeting ABAWD work requirements.

Complete the following when the local office receives notification that the ABAWD work requirement is met:

- Key PC for the participant in the WERE EXEM RSN FS field on **WERE**.
- Key RA in the FS PAR/EXEM field as applicable on WORW.
- Process the determination through **FSAD** and authorize approval when the participant is otherwise eligible.
- Send the appropriate approval notice.



POLICY CHANGE ALERT #15-037F

Complete the following when the local office receives notice that the ABAWD work requirement is not met:

- When the budgetary unit is limited to the noncompliant ABAWD participant, deny the application or close the case by keying the AB Denial or Closure Reason Code.
- When the budgetary unit is not limited to the ABAWD participant, disqualify the participant by changing the Participation Code from IN to DI on **SEPA**.
- Send the [appropriate notice](#) allowing for [NOAA](#).

POLICY REFERENCE: FAA2.P10D – ABAWD - PERSONAL RESPONSIBILITY AGREEMENT (PRA)

The ABAWD PRA (FAA-1029A form or FXXX notice) is used to introduce the ABAWD participant to the Supplemental Nutrition Assistance Employment & Training (SNA E&T) staff. SNA E&T staff may assist the ABAWD participant in meeting the ABAWD work requirements. The ABAWD PRA informs the ABAWD participant of the following:

- The ABAWD time limited eligibility period is three full months.
- Eligibility may extend beyond the three month time limit. Continuing eligibility is granted to ABAWD participants who complete 80 hours of employment or 80 hours of approved training within 30 days of their NA application date. (See [ABAWD Work Requirements](#))
- The SNA E&T office is ready to help participants satisfy the ABAWD work requirement.

The ABAWD PRA is provided to all NA participants for whom all of the following apply:

- Meet the [ABAWD](#) definition
- Do not qualify for an ABAWD work exemption

NOTE Provide the ABAWD PRA to all nonexempt ABAWD participants at every new or renewal application. When used as a voluntary referral form, the ABAWD PRA expedites satisfaction of the 80 hour requirement for participants who have received three countable months.



POLICY CHANGE ALERT #15-037F

Once the ABAWD PRA has been explained, signing the ABAWD PRA is NOT an eligibility requirement. When the ABAWD participant is unwilling to sign the ABAWD PRA, document the unsigned copy that ABAWD requirements were explained. Place in the [case file\(q\)](#).

An ABAWD participant who has previously received three full months of NA benefits may decide NOT to go to an SNA E&T office for their assistance. Compliance is voluntary so that the participant can meet ABAWD work requirements and continue to receive NA benefits.

Failure to comply with ABAWD work requirements results in NA ineligibility for the ABAWD participant.

POLICY REFERENCE: FAA2.P10E – ABAWD - EXTENSION PERIOD

The three month extension is allowed only ONE TIME in a 36-month period. The extension is a three CONSECUTIVE month period.

Policy and procedures regarding NA Able bodied Extension are outlined as follows:

- [NA ABAWD Extension Requirements](#)
- [NA ABAWD Extension Authorization](#)

POLICY REFERENCE: FAA2.P10E.01 – EXTENSION PERIOD REQUIREMENTS

Able bodied participants may be eligible for an additional three months of NA benefits when all of the following apply:

- They became ineligible due to receiving three countable months of NA in a 36-month period.
- They reestablished NA eligibility after being closed for not meeting [ABAWD work requirements](#).
- They report a loss of employment or training.



POLICY CHANGE ALERT #15-037F

Complete the following when the participant reports loss of employment or training:

- Determine whether the loss due to [voluntary quit](#).
- Determine whether good cause exists for voluntary quit when this is the case. (See [VQ Good Cause](#))
- Impose a mandatory disqualification period when the participant voluntarily quit or reduced work efforts without good cause.

NOTE Consider extension months used when the participant is ineligible due to disqualification. Document the Case File History (FA-015) form and CADO to indicate the one time extension has been used.

When the loss of employment or training is not a result of voluntary quit, document CADO and determine the extension months.

POLICY REFERENCE: FAA2.P10.02 – EXTENSION AUTHORIZATION

Complete the following when it has been determined the participant meets the ABAWD extension requirements:

- Review WERE for each participant to determine whether the time limit counter displays three full months of NA benefits paid.

NOTE Determine and process each participant individually when the budgetary unit contains more than one participant.

- Determine the first eligible extension month.
- Regardless of the date the change is reported, the first eligible month of the extension period is the first month NA benefits are issued after the loss of employment or training.



POLICY CHANGE ALERT #15-037F

- **Key LE (loss of employment) or LP (loss of participation in training) in the FS EXT RSN/LENGTH field and press ENTER.**
When LE or LP is keyed, AZTECS completes the following:
 - **Displays 3 in the LENGTH field and advances to the CODF screen for that participant.**
 - **Displays E in the PAYMENT INDICATOR field on CODF when NA are issued in up to three of the following months.**
- **Process the determination through FSAD and approve NA.**
- **Send an NA approval notice to the PI indicating the extension has been approved.**
- **Document CADO with the reasons for approval.**

NOTE AZTECS displays the edit message **INVALID TIME LIMITED REQUIREMENT - CHECK WERE/CODF** when the participant's three extension months have expired and they are still coded **IN** on SEPA. **NEXT** to SEPA and change the Participation Code to **DI** before authorizing benefits.

Key the AB Denial or Closure Reason Code when the budgetary unit is limited to only the ABAWD participant.

When a loss of employment or a loss of participation in a training program is discovered, determine any eligible extension months as follows:

- **Review CODF to see whether three full months of NA benefits were paid for months in which the participant did not meet [ABAWD work requirements](#). (See [ABAWD Countable Months](#))**
- **Determine the number of full months of NA benefits paid when a total of three Xs are displayed on CODF when the participant failed to report and they no longer met the ABAWD work requirements.**
- **Update CODF with the E Code for each month the participant received a full month of NA benefits that should have been countable as ABAWD extension months.**



POLICY CHANGE ALERT #15-037F

Complete the following when the participant has received the additional three months extension:

- Close the case using the AB Denial or Closure Reason Code when the only participant is an ABAWD. When the budgetary unit includes other non-ABAWD participants, disqualify the ABAWD participant by changing the Participation Code on SEPA from IN to DI.
- Send an [NOAA](#).

NOTE An overpayment exists when a participant does not meet the ABAWD Work Requirements or [ABAWD Exemptions](#) and receives NA more months than they were eligible to receive.

When the approval period ends before the participant's or budgetary unit's third full benefit month, an application must be turned in for the remaining months of the extension.

Please contact the FAA Policy Support Team by phone at (602) 774-5523 or by e-mail at FAAPolicyMgmt@azdes.gov with any questions or concerns regarding this broadcast.

Please consider the environment before printing this broadcast.

(15-2044)