

Provider Notification
**You Can Help Low-Income Single Adults
Keep their Food Benefits**

SNAP benefits (formerly food stamps) allow low-income people to buy the food they need to stay healthy. Many patients and CeltiCare Health members (single adults ages 18-50) are considered Able-bodied Adults Without Dependents (ABAWDs). **They are at risk of losing their SNAP benefits** (food stamps) because of a reinstated federal rule that goes into effect on January 1, 2016. The rule limits SNAP benefits to 3 months in a 3 year period - unless your patient meets an exemption or certain work rules.

With just a few minutes of your time, we can easily help. Many ABAWDs may be homeless, lacking regular health care, disabled or unable to work. If you are working with a patient who fits this description, you can easily help him or her in the following ways:

- If the patient is **homeless**, you can help the patient call the Department of Transitional Assistance (DTA) at 1-888-483-0255. DTA will ask the homeless person certain questions to decide if he or she should be exempt from the 3-month rule, such as being chronically unemployed or lacking regular health care.
- If the patient is not homeless but has **a physical or mental impairment or illness**, you can help. A social worker, a nurse or other medical provider can help the patient keep access to SNAP by filling out and signing the attached *ABAWD Work Program Medical Report*. Please fax the form to DTA at: (617) 887-8765.
 - Your patients can qualify for an exemption from the new rule if they have a medical condition that *reduces* their ability to work a full-time regular job.
 - This standard is *much less strict* than the Social Security standard.
 - You will *not* be asked to provide medical records or other documentation.
- If the patient is participating in **substance abuse or mental health treatment**, he or she is also exempt from the 3-month rule.
- If the patient is **able to work a full-time job without any limitations**, he or she should contact DTA directly for a work or training referral. The ABAWD may also meet other exemptions to the 3-month limit. You can help the patient fill out the *Request for ABAWD Work Program Exemption Form* that can be found at: <http://www.mass.gov/eohhs/gov/departments/dta/abawd-work-program.html>

Thank you for helping low-income patients keep access to food and stay healthy.

*Celticare Health is not responsible for this program and is disseminating this information to you for the benefit of our members and your patients. For more information, see the attached information or go to the DTA ABAWD webpage: <http://www.mass.gov/eohhs/gov/departments/dta/abawd-work-program.html>

CeltiCare Health thanks you for being a part of our network.

SNAP Time Limit for ABAWDs: What Community Groups Should Know



The federal SNAP (food stamp) time limits for able-bodied adults without dependents (ABAWDs) go back into effect January 1, 2016 in Massachusetts. This is a federal law that was suspended for many years. Individuals considered “ABAWDs” may only receive SNAP benefits for a total of 3 full months within a 36 month period—unless the person meets an “exemption” or complies with certain work requirements.

Who is an ABAWD?

An ABAWD is an able-bodied adult between 18 and 49 years old who is not disabled, pregnant, or living in a household with minor children. Persons under age 18 or age 50 or older are not subject to this rule.

Who is exempt from the time limit?

The 3 month SNAP limit does not apply if the ABAWD meets any of the following:

- Working 20 hours or more per week, including self-employment or in-kind work
- Receiving a disability-based benefit (SSI, VA pension, EAEDC, Worker Comp)
- Certified as physically or mentally “unfit” for regular employment by a health professional
DTA has a special ABAWD Medical Report Form that can be signed by a wide range of health care providers including psychologists, nurses, nurse practitioners, LICSWs, etc.
- Has been homeless for a period of time and meets other DTA criteria (see below)
- Participating in a drug or alcohol treatment program or a mental health treatment program
- Receiving—or has applied for— Unemployment Insurance (UI)
- Is a student enrolled at least 1/2 time in a high school or college (special rules may apply)
- Lives in a household with any child under 18—does not need to be child of the ABAWD
- Is pregnant—at any stage of pregnancy
- Is providing care for a disabled person or a frail elder **OR**
- Lives in Hampden, Berkshire, Dukes Counties; or lives in Lowell, Lawrence, Gloucester, New Bedford, Fall River, Southbridge, Orange, Athol, upper Cape Cod and other cities and towns approved by USDA as exempt from the ABAWD time limit. Go to www.mass.gov/DTA for a full list of exempt locations.

What if my client is homeless or appears unable to work?

- DTA is implementing a policy to exempt individuals who are “chronically homeless” and are unemployed or under-employed. Have your client contact DTA at 1-888-483-0255 if homeless.
- If your clients appear to have a physical or mental impairment that reduces the hours they can work — even if not homeless—your clients can ask for an ABAWD “exemption” any time. Have your client bring DTA’s “ABAWD Work Program Requirement Medical Report” to his or her health care provider to sign. Remember, an ABAWD does not need to receive a disability benefit, nor meet the SSI or EAEDC disability standards to qualify as “exempt” and SNAP eligible.

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How can an ABAWD meet the work requirements?

If not exempt, there are three ways an ABAWD may be able to meet the SNAP work requirements including:

1. Working for pay at least 80 hours/month - roughly 20 hours/week
2. Participating in an eligible work training program for at least 20 hours/week **OR**
3. Volunteering with a non-profit organization a few hours a week to “work for benefits.”

For a list of SNAP Employment and Training Programs that may be available, visit www.mass.gov/dta or call 1-888-483-0255

What is “community service” and how many hours are required?

- Community service is unpaid or volunteer work at a non-profit or religious organization. An ABAWD may qualify for SNAP if performing enough hours of volunteer work each month to qualify. Note that federal SNAP law does not require state agencies (DTA) to find local community service placements.
- The number of volunteer hours required is based on the ABAWD’s monthly SNAP benefit divided by the state minimum wage — \$10.00/hour as of January 2016 in Massachusetts. For example, an ABAWD receiving \$194 in SNAP per month must volunteer 19 hours/month –or about 5 hours/week.
- The community organization needs to sign the ABAWD Work Program Participation Form for the client.

What if my client had a good reason for missing work?

- An ABAWD can claim “good cause” for not meeting the work or community service hours if he or she was sick, transportation broke down or there was bad weather that shut down the workplace. As long as the ABAWD has a job or community service slot but missed work hours for reasons “beyond his or her control,” DTA should accept this as “good cause” and not terminate the SNAP benefits.

What else should I know?

- After receiving the initial 3 months worth of SNAP benefits, an ABAWD may qualify for a second 3-month period of SNAP. The ABAWD must meet certain criteria, such as having worked 80 hours for one month or moving from a waived area, for this one-time extra 3 months of SNAP benefits.
- Call 1-888-483-0255 to speak with a DTA SNAP ABAWD specialist. They can answer questions about the exemptions, work requirements and send copies of the DTA ABAWD forms. More information is available at: www.mass.gov/eohhs/gov/departments/dta/abawd-work-program.html

Are there appeal rights?

- YES! Every SNAP applicant or recipient has the right to ask for a fair hearing to challenge any DTA decision he or she disagrees with. That includes if DTA denies or terminates SNAP benefits for alleged failure to meet an ABAWD exemption, a work or volunteer requirement. Contact a local Legal Services Office if SNAP benefits are incorrectly terminated or denied. Go to www.masslegalhelp.org

For more Information and updates: <http://www.masslegalservices.org/ABAWD>



Massachusetts Department of Transitional Assistance
 Supplemental Nutrition Assistance Program
ABAWD Work Program
Requirement Medical Report

Give this form to DTA

- By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Patient/Participant Name _____

Address _____

The above listed individual requests verification of their physical or mental condition and/or participation in your program. Please complete this form. You or the patient/participant should return it to the DTA address listed above:

Patient/participant's authorization

I hereby authorize the release of medical information and/or rehabilitation participation requested to the Department of Transitional Assistance.

Signature _____ Date ___/___/_____

Agency ID or Last 4 digits of SSN: _____

Please answer **one** or **more** of the following questions in the box below. Please sign and date this form including your profession or position in your agency.**

- 1) Is this individual pregnant? yes no unknown If yes, due date? ___/___/_____
- 2) Is individual a **participant in a vocational rehabilitation program, a mental health counseling program, or a drug or alcohol treatment or counseling program**? ___yes ___no
 If yes, anticipated program end date: _____
- 3) Does this patient have a **mental and/or physical illness or disability, temporary or permanent**, which reduces his or her ability to financially support him or herself? ___yes ___no
 If yes, please indicate the **duration** of the patient's illness/disability

<input type="checkbox"/> less than 30 days	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3-6 months
<input type="checkbox"/> 6 -9 months	<input type="checkbox"/> 9-12 months	<input type="checkbox"/> more than 12 months/or indefinite

I certify that the information provided above is true and accurate.

 Name (please print)

 Title/profession**

_____/_____/_____
 Date form signed

 Signature

 Address

 Phone

** This form may be signed by any of the following: physician, physician's assistant, designated representative of the physician's office, nurse practitioner, osteopath, licensed or certified psychologist, drug and alcohol abuse counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying an individual's participation in a rehab or counseling program (question #2), the director of the program or the individual's counselor may also sign this statement.