

FSS Goals = MFIP ES Goals

- Reduce barriers.
- Improve family stability.
- Reduce poverty.
- Reduce reliance on welfare as the primary means of family economic support.

- **FSS Goals= MFIP Goals con't**
- **Engagement that leads to Employment**
- **FSS may be the very opportunity to engage at a pace appropriate for the participant.**

What happens when their in non-compliance?

- MFIP participants are not turning in activity logs.
- Not showing up to schedule appointments.
- Not calling us if they are not available for meeting
- Not following activities listed in employment plan
- Failing to create an Employment Plan

Pre-Sanction Policy

FSS Pre-Sanction policy provisions must be followed when:

- A participant has been determined eligible for FSS - whether or not an FSS EP has been developed.
- OR*
- There is “information” a participant may meet FSS eligibility criteria.

Pre-Sanction Policy

Examples of what could constitute “information” include:

- Documentation of a previous mental health diagnosis
- Self-reported attempts to get help.
- Past involvement with other systems/services.
- Documentation of a previously diagnosed chronic health condition.

Pre-Sanction Check List

- Review the most recent employment plan and all case file materials.
- Invite the participant to a face-to-face meeting.
- Schedule a home visit.
- Request a release of information to obtain a current assessment by a behavioral health or medical professional.
- Obtain a current assessment by a behavioral health or medical professional.

Before you Sanction an FSS Participant....

**Review the most recent employment plan
and all case file materials**

- Determine if it is appropriate to the participant's and family's needs.
- Determine whether the participant, in all ways, had the ability to comply, as confirmed by a behavioral health or medical professional.

Before you Sanction an FSS Participant....

Invite the participant to a face-to-face meeting.



§14.24: Case Review Requirements for Occurrences of Sanctions

Before you Sanction an FSS Participant....


Schedule a home visit.



Before you Sanction an FSS Participant....

Request a release of information to obtain a current assessment by a behavioral health or medical professional.

Clear Form

 Minnesota Department of Human Services

016-2243A-ENG 12.10

General Authorization for Release of Information

Date: Case number:

(Name, address, zip code)

To:

Worker name:
Agency name:
Agency address:
City, state, zip code:
Worker phone: Fax:

We need to verify the following information about the person(s) listed below:

Person's name: SSN:
Person's name: SSN:
Person's name: SSN:

Please provide the information requested. **Attach verification documents or record the information on the back of this form and sign where indicated.** Return the form to the requesting agency. On the bottom half of this form is a signed authorization to release information to the human services agency listed above.

Thank you for your cooperation.

Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

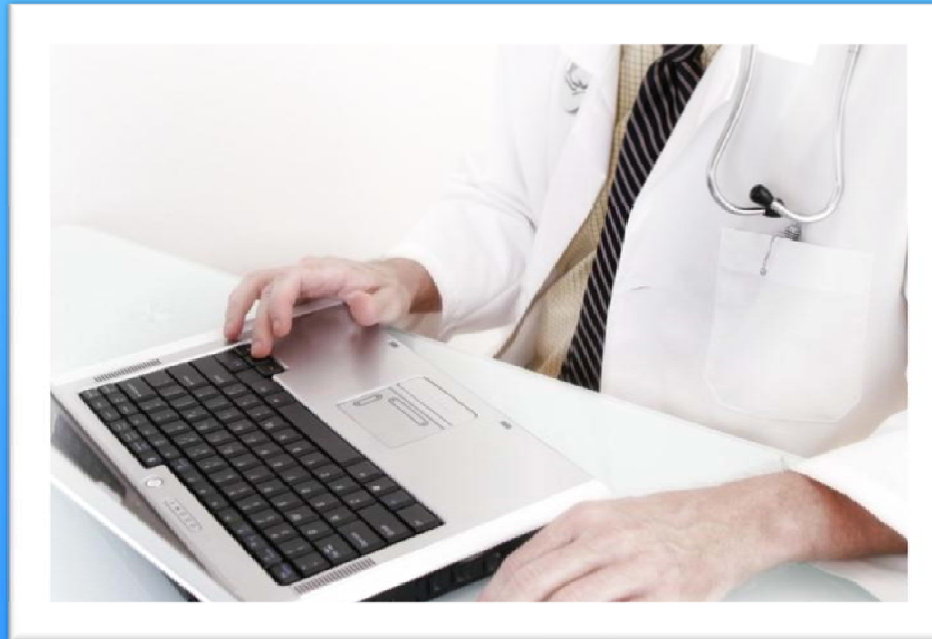
This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	DATE	Original copy for agency
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	Provide copy to client

Over

Before you Sanction an FSS Participant....

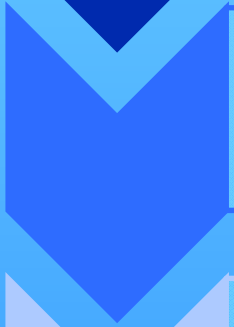
Obtain a current assessment by a behavioral health or medical professional.



FSS-Sanction Procedures



Pre-Sanction Checklist followed/completed.



Send Notice of Intent to Sanction (NOITS). Allow at least 10 days for participant to respond/comply with NOITS).



Send a Status Update to financial worker to impose the sanction.

Any MFIP case that contains a caregiver who qualifies for FSS must be sanctioned under the pre-60 month sanction policy, regardless if it is a pre or post-60 month FSS case.

Remember:

- **Determine if there is Good Cause.**
- **Is the sanction appropriate?**
- **Determine if participant qualifies for FSS.**
- **Clarify EP expectations and requirements. Revise the Employment Plan as needed.**
- **Send NOITS timely. Follow-up with participant.**
- **Send Status Update Form to Sanction timely. Update WF1. Contact participant.**

- **Know your caseload**
- **Sanctions are a tool to engage, not an opportunity for punitive action.**
- **Sanction when you know it's appropriate.**

Working with Financial Workers (FW)

- **A sanction will last a minimum of one month.**
- **FW must lift sanction in the month after the month the participant complies.**
- **FW must apply the sanction for the 1st possible month following the 10-day notice requirement.**