

The following is a list of questions received by SBCTC from the system concerning ABAWD Navigation.

1. How can we connect ABAWDS with immediate engagement activities that are funded through other programs and/or aren't [on] the list of approved activities?

ABAWD Clients should not be referred to programs that are not on the list unless they are directly job related or other resources to overcome barriers (such as housing, etc).

2. How does an LEP program become an approved "LEP pathway program"?

Programs seeking to become an LEP Pathway provider must go through a Request For Proposal contracts process through the [Office of Refugee and Immigrant Assistance](#).

3. Is any information going out to ABAWDS from DSHS before Nov 1st?

ABAWDs who are identified as non-exempt receive the [11-034b](#) describing their work requirements. However no information about the referral process will go out to clients prior to DSHS staff training.

4. Can you explain when it is appropriate to refer a client to DVR and what that check-in will look like? Will it be our responsibility to make sure they have found an activity, or is that then DVR's role?

DVR will work with clients who are in need of training to reenter the workforce. Currently DVR is only working with level one and level two clients, which is determined after an intensive assessment. Go to <https://www.dshs.wa.gov/office-of-the-secretary/division-vocational-rehabilitation> to see DVR process. If they are able to work 20 hours a week we would want to look at options for meeting work requirements with a BFET provider who could suite their needs.

If an ABAWD Navigator and the client believe DVR is the right pathway for the client, they can do a warm handoff for services. If the client is accepted as a level one or level two client, ESD is no longer responsible for tracking activities. It is the clients' responsibility to report the changes to DSHS to update their requirements.

5. Does being on the waitlist for DVR count as meeting the work activity requirement?

Simply being on the DVR waitlist does not count as meeting the work requirement. The client must have an active employment plan and be working with a counselor. We would suggest the client use Workfare or a BFET provider who would suit their needs as their activity in the meantime.

6. My supervisor and I were discussing the possibility of an emergent disability occurring with one of my ABAWD clients during the course of my contact with them. My course of action in that case would be to refer them back to DSHS to allow the case worker to make the appropriate determination. Will there be a way (or can we create one) for Navigators to make direct "reverse" referrals back to DSHS? For example, if DSHS sends us a list every week (or however long is determined) of ABAWD individuals referred to us,

DSHS Questions for Follow-Up

November 2019

can we create the same sort of system of referral back to DSHS? As always, time will be of the essence for these individuals.

Before referring back to DSHS consider, is it possible for the client to be successful with some additional community services, or is the disability so sever it would prevent them from meeting requirements with additional support? If referring back to DSHS we would suggest one of the following actions:

1. Does the client have a Client Benefit Account through [WACON](#) where they can report changes? Navigators could help clients put into words the reason they are not able to work 80 hours a month; or
2. Call into the Customer Service Contact Center (1-877-501-2233) to assist the client navigate the questions from the DSHS worker and provide information from the assessment on why the client cannot work 20 hours a week (this would take some time); or
2. Download form: [14-541 ABAWD Requirements: Medical Report](#) and assist the client in retrieving collateral contact from medical personal of their condition. The form lists the acceptable medical personnel who are able to complete the form.

We hope the Navigators' assessment and warm referrals to community resources will assist the client to reduce their barriers and to progress to self-sufficiency and employment readiness.

7. Is WIOA already approved as provider, if so, only certain programs? What about Strategies for Success?

If an ABAWD client is participating in employment and training activities provided by a WIOA partner, these activities count. The client will need to meet the 80 hours a month work while in these programs. Note: All job search hours in WIOA count (the less than 50% rule does not apply).

8. Can we get a more defined list of state approved work activities for ABAWDs? I am familiar with the ABAWD website and the list of activities on that site. The links lead to a pretty comprehensive list of activities, except for the WIOA link. As far as I can see, there is not a comprehensive list of WIOA providers or services. This will make referring to approved programs very, very difficult. What are WIOA approved activities?

What we have on the website is the only information we have right now. We are trying to work with our partners to get a list of all WIOA programs. <https://www.dshs.wa.gov/esa/community-services-offices/state-approved-programs>. Please check back to the web site for updates.

We will also be creating a pathway to have other outside programs approved as activities as soon as possible. We will release that information when we have the process in place.

9. Can Workfare hours be combined with any other work activity hours? During my research I have come across some things saying it can combine with other activities and others say that it cannot (this may be an issue of when information was initially released). In my mind, Workfare is its own separate program from other work activities since the number of required hours is calculated differently.

Workfare hours cannot be combined with any other hours. Washington State received clarification from Food and Nutrition Services that Workfare is a stand-alone activity. That is why you may have seen conflicting information from the past, but it is no longer the case.

Employment and E&T hours may be combined.

10. The consent Form: During our next check-in halfway through this month, could we get walked through how to complete the DSHS consent form as it relates to ABAWD Navigation? I am unsure with this form how we would list ourselves, i.e. as Navigators do we list ourselves as our college, SBCTC, ABAWD Navigation? Which boxes should clients check in order for us to best serve them? I just want to make sure we cover all our bases with consent.

That is a great idea. We will create a desk aid for the use of the consent form and hopefully present at your next meeting, time willing. In the meantime please familiarize yourself with [this form](#) and refer to the instructions included on page two.

11. For those of us taking on an ABAWD only BFET caseload, I need clarification on how exemptions impact whether or not they would be on a Navigator's caseload. I understand that if a client's only ABAWD work requirement exemption is that they are a student enrolled at our college then I can take them on my ABAWD only BFET caseload. The place where I get confused is if/when a client has another exemption, such as pregnant or applying for unemployment. If the client has multiple exemptions from ABAWD work requirements, would they be on my caseload or would they then go on the BFET Advisor's caseload? Also, how would one screen for multiple exemptions in eJAS? From what my BFET coworker with eJAS access can see, the system only displays one ABAWD exemption and not multiple so it would be difficult to parse out whether they would be on the Navigator's caseload. I can also see this getting tricky if a client has to switch caseworkers partway through their time at the college when a certain exemption no longer applies to them. So, I would just appreciate some clarification on the process and qualifications for a Navigator's BFET caseload.

This is an internal question you will need to determine for yourselves. It was brought up at the training and I think a possible solution is that if the person was an ABAWD at the time they enrolled in BFET at the college that they remain on the ABAWD caseload. If you decide to change that based on the exemptions the client has, I would maybe weigh the "risk of them becoming an ABAWD again". For example, if an ABAWD is not exempt because they are in school, they are still at risk for becoming an ABAWD again if they stop school for any reason. However, if an ABAWD woman becomes pregnant (assuming she will have the child on the caseload in the future) then she may be lower risk for becoming an ABAWD again.

We do not record multiple exemptions in our system. The rule of thumb is to "use whatever exemption lasts the longest" but that may not always be the case and there are sometimes more than one right answer.

Again, this will have to be internal to the college how they decide to split up the ABAWD BFET caseload.