

6.3 Participation While Resolving Issues

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Legal References:

- [RCW 74.08A](#)
- [WAC 388-310-1400](#)

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6.3.1 What is supporting participation?

The purpose of WorkFirst is to help WorkFirst families become economically stable through employment as quickly as possible. Many families need support to participate in WorkFirst activities. Supporting participation in job search, employment, and/or issue resolution is fundamental to their success.

The main purposes of the comprehensive evaluation, stacking activities and the social service assessments are:

- Identifying how best to support the participant's self-sufficiency through employment.
- Providing needed supports that meet the participant's identified needs.
- Creating a long-term plan for participants who are exempt and unable to participate.

- Helping participants who cannot participate to stabilize their situation as soon as possible when they can't participate in countable activities so they can progress.
- Addressing issues, increasing participation and transitioning to work or employment readiness activities as soon as possible, to resolve issues like mental health, chemical dependency, family violence, learning disabilities, or working with DVR.

Participants are usually able to participate in other activities while also addressing issues that interfere with full-time employment. See the [Stacking Activities Chart](#) for a list of core and non-core activities that can be added to a participant's IRP and help them progress while meeting WorkFirst participation requirements. Consider adding the following core activities:

- Independent life skills training (code these hours under the **LS** eJAS component code). For more information on independent Life Skills training, please refer to [section 7.3.6 - What is Independent Life Skills Training?](#)
- Community Work, Work Experience or Community Jobs.

Consideration for a full deferment from Career Scope activities should only occur when it isn't possible for the participant to accept employment or participate in at least 20 hours of Career Scope activities. In these cases, the participant may need to participate in issue resolution activities prior to participating in Career Scope.

For example, a participant may need Residential (In-Patient) treatment for alcohol or substance abuse/chemical dependency.

It is necessary to defer job search or other activities while the participant is in residential treatment for a short time (usually 28 days but may require up to 90 days). Depending upon the individual circumstances and treatment plan, the participant can resume participating in job search or other activities while also completing the Outpatient Treatment Plan. Determine if other activities are available if the participant is waiting to enter treatment.

See section [6.6, Disabilities](#) if the participant claims to have a disability or medical issue that limits their ability to work, look for work or prepare for work.

For deferrals, allow 30 days to gather documentation. The [WFPS/WFSSSCase Manager](#) can support the participant to obtain needed evidence such as medical evidence, chart notes, or testing. Beyond 30 days, the participant must provide 'good cause'. For example, the participant must show that the information has been requested but not received within the 30-day time period. If the evidence is not received within 30 days, the [WFPS/WFSSSCase Manager](#) sends an appointment letter to determine if "good-cause" exists and invites the participant in the to discuss participation.

6.3.2 Stacking and Issue Resolution Activities

Participants who are resolving countable "X" code issues, such as mental health (XG) or Family Violence (XF), can stack other activities to increase their hours of participation. Stacking activities is combining other needed WorkFirst activities, such as job search, life skills, unpaid work,

participating, and seeking stable housing with the countable "X" code,. See [section 3.3.2](#), [section 6.6, Disabilities](#), and the [Stacking Activities Chart](#) for more information

Continued communication and monitoring between the [WFPS-WorkFirst Staff](#) or [Case Manager](#)[WFSSS](#) and others who are working with the participant are necessary to ensure:

- Multiple services/referrals are offered to the participant;
- Appropriate information is shared;
- The IRP is amended as appropriate;
- Participation requirements are enforced; and
- The participant receives appropriate support services and child care.

The WorkFirst partner agencies and most contractors normally can tell how many hours a [participant](#) expects to participate in their program activities. The [WFPS or WFSSS Case Manager](#) develops IRPs accordingly. See [section 3.3.2.3](#) and [3.3.2.4](#) for more information about how to meet program/participation goals and build an IRP.

Use the Individual Responsibility Plan (IRP) to clearly state the required participation and the supports available.

Deferrals ("X" codes) taking longer than 90 days require verification and approval by:

- A multi-disciplinary case-staffing;
- Supervisor or higher level authority approval; or
- Documentation provided by a health-care or other professional.

Develop an IRP that specifies the activities the participant is to be taking to resolve the issues and the expected time to resolve the issue. For example, "Follow recommended treatment plan," or "attend all physical therapy sessions as prescribed by physician."

Review the case every 30 days to ensure the participant is making satisfactory progress in resolving the issue unless they're not engaged in activities each month. For example, a participant is ordered 90 days bed rest by their physician. In these cases, review periods can exceed 30 days but require approval by:

- A multi-disciplinary case-staffing;
- Supervisor or higher level authority approval; or
- Documentation provided by a health-care or other professional.

For information on how to treat excused and unexcused absences, please refer to [section 3.7.1.5](#) - How do we treat excused and unexcused absences?

6.3.3 How do we code participation?

Use the appropriate "X" or referral codes in eJAS to identify the participant's issues, authorize support services, and/or make referrals to other resources.

Example: Following 90 days of Intensive In-Patient treatment, the participant must attend 2 AA meetings and 1 group therapy session per week. Transportation to and from meetings or appointments do not count as actual hours of participation.

- The AA meetings last 2 hours each (4 hours total).
- The group therapy session is hours (2 hours total).

The actual number of hours spent in treatment-related activities is 6 hours.

Hours spent in independent life skills activities are coded in eJAS under the component code "LS". The scheduled hours of participation should be as close to 32 to 40 hours per week as possible.

The [WFPS/WFSSSCase Manager](#) develops an IRP that brings the participant up to full-time participation in countable activities as soon as they're able. We also want to make stabilization and issue resolution activities short-term if we can, so the participant can transition into work-focused activities that lead to employment and economic stability.

6.3.4 What are the types of participation while resolving issues?

Described below are various types of stabilization and issue resolution and specific eJAS codes used. More information can be found on each type in other sections of the WorkFirst Handbook.

Types of activities to resolve issues	
XB	Pursuing SSI/L&I/VA or other benefits (not countable) See 6.8 Exemptions section
XC	No child care available or caring for a disabled adult who is in school full time (not countable) See 6.6 Disabilities section or WCCC manual
XD	In a DVR plan (a countable core activity)
XE	Alcohol/substance abuse/chemical dependency Treatment (a countable core activity) See 6.7 Alcohol/substance abuse/Chemical Dependency Section
XF	Family Violence Resolution (a countable core activity) See 2.2 Support Services and 6.5 Family Violence Sections
XG	Mental health treatment or Counseling (a countable core activity)

	See 6.6 Disabilities Section
XH	Resolution of Homelessness (not countable)
XJ	Learning Disabilities Services (a countable core activity) See 6.6 Learning Disabilities
XM	Temporary incapacity undergoing medical treatment (not countable)
XN	Caring for a child with special needs who is in school full time (not countable) See 6.4 Child with Special Needs
XP	Parenting skills, nutrition classes, choosing child care, family planning, participating in home visiting or participant education services. Note: Normally used if pregnant or have child under 12 months of age, but also used for other participants in need of these services. See 5.1 Pregnancy to Employment Pathway

6.3.5 How do we treat participants with medical issues who do not have Washington Apple Health?

Parents who do not have Washington Apple Health due to citizenship verification requirements and who have an activity requirement that is dependent on Washington Apple coverage are not required to participate in these activities until Washington Apple Health eligibility is established. Until Washington Apple Health coverage is established, these participants are coded with the component code 'CV'. This is an indicator code only and has no IRP or monitoring requirements.

However, participants are required to participate in other WorkFirst activities identified as appropriate through the comprehensive evaluation or assessments that are not dependent on Washington Apple Health coverage.

Once citizenship verification requirements are met and Washington Apple Health is approved, the component code 'CV' is removed and participation requirements changed to include appropriate health care services.

For participants with chemical dependency issues, please refer to [section 6.7.4- Who is financially eligible for substance abuse treatment?](#)

6.3.6 Participants with medical issues who do not have Medicaid - Step-by-Step

Participants who are unable to participate in any other activities due to a medical issue.

If a participant has a severe enough medical issue to prevent participation in any other activities:

1. Document in the appropriate eJAS note section the reason the participant is unable to participate
2. Update the eJAS component screen with the indicator component code 'CV'

Participants who are able to participate in other stacked activities

If a participant has a medical issue, but is also able to participate in other activities:

1. Update the eJAS component screen with the indicator 'CV' (in lieu of using component code 'XM' or 'XG' if the participant had Washington Apple Health coverage and was able to seek treatment services)
2. Update the eJAS component screen with the appropriate stackable activities in which the participant is able to participate
3. Develop the IRP for the required activities
4. Document in the appropriate eJAS notes the number of hours per week the participant would normally be expected to participate in medical issue resolution if he/she had Washington Apple Health coverage
5. Document the participant's other required activities in the appropriate eJAS notes

6.3.7 What kinds of documentation/evidence should I request?

See [section 6.6](#), Disabilities, for documentation required for participants with an emotional, mental or physical disorder.

Documentation for a participant caring for a child with special needs (see [6.4 Children: Special Needs](#)) may include health-care professionals as described above in WACs [388-449-0010](#) or [388-447-0005](#) or other documentation provided by:

- Public Health Nurse (PHN)
- The child's school district
- Developmental Disabilities Administration (DDA) Case Manager
- Licensed Child Care provider
- Certified Mental Health Professional (CMHP)
- Certified Mental Retardation Professional (CMRP)

6.3.8 Supporting Participation - Step-by-step guide

1. The [WFPS Case Manager](#) follows the instructions in [Section 6.6](#), Disabilities, for emotional, mental or physical disorders

2. For all other deferrals, the [WFPS-Case Manager](#) consults with the individual and the following participants, as appropriate, to determine the need for issue resolution participation.
 - a. The [WFSSS-Case Manager](#) or a Disability Specialist;
 - b. SSI facilitator;
 - c. Treatment provider; and/or
 - d. Community service provider
3. The [WFPS-Case Manager](#) then:
 - . Enters the appropriate code in eJAS.
 - a. Enters the specific activities, scheduled hours and the expected end date for the activities on the IRP, describing in detail the activities and/or treatment the participant is required to complete, with the exception of drug related issues or other protected information .
 - b. Stacks activities to increase hours of participation to the extent the participant is able, and adds the information to the IRP.
 - c. Authorizes support services needed to complete their IRP requirements.
 - d. Documents the actions in eJAS.
 - e. Monitors participation monthly following the procedures in [Section 3.7.2, Documenting and Reporting Participation](#).
 - f. Gets supervisor or higher approval for issue resolution IRPs that take longer than 90 days.

6.3.9 What is Foundational Community Support (FCS)?

Foundational Community Support (FCS) is a voluntary supported employment and coordinated entry referral program to help individuals on Medicaid who have physical, mental health, and/or housing needs. Once referred [WellPoint](#) conducts a thorough assessment to determine eligibility based on criteria for supported employment and supported housing services.

Who can receive FCS services?

Participants who are in an X component for:

- A chronic or severe physical or mental health issue
- Substance use disorder inpatient/outpatient treatment

What is FCS eligibility criteria?

Supported Employment participants must be [one or more of the following](#):

- Enrolled in Medicaid
- Over the age of 16
- Have a disability, injury, or health issue that keeps them from obtaining and maintaining employment
- Have received substance use treatment in a hospital or facility

Supported Housing participants must be:

- Enrolled in Medicaid
- Over the age of 18
- A history of homelessness
- Lived in a residential or nursing facility
- Multiple or long-term stays in a hospital or prisons
- Ongoing complex health issues
- History of in-home caregivers

Note: The conditions above do not guarantee eligibility. WellPoint determines eligibility and provides a referral to services.

How does a participant enroll in FCS?

- Participants can self-refer by contacting WellPoint directly.
 - If already engaged with FCS, [the WFPS/WFSSS Case Manager](#) adds the appropriate X component activity to the IRP.
- Participants can be referred to WellPoint by [WorkFist staffa-WFPS/WFSSS](#).
 - The [WFPS/WFSSS Case Manager](#) contacts WellPoint via phone on the participant's behalf to set up an intake.
 - Develops an IRP including the participant's scheduled intake date and time.

What services does FCS provide?

WorkFirst participants who are eligible and seeking supportive employment and/or housing and struggling with mental or physical incapacities may receive the following assistance:

- Looking for the right job
- Preparing for interviews
- Focusing on helpful routines and employment related life skills
- Maintaining employment
- Locating safe and affordable housing
- Working with landlords and completing applications

- Learning independent living skills

6.3.10 Foundational Community Support (FCS)- Step-by-Step Guide

~~The WFPS or WFSSS~~ WorkFirst Staff:

1. Provides the participant with information about FCS benefits and:
 - a. WellPoint's contact information for self-referral; or
 - b. Assists the participant with a phone call to WellPoint in a warm-hand-off process to schedule an intake appointment with the participant to determine eligibility for FCS benefits.
2. Obtains a signed DSHS 14-012 Consent Form listing WellPoint to exchange information for service coordination.
3. Develops an IRP for participation in FCS supported employment activities under Special Records.
4. If not engaged in an issue resolution component, add the issue(s) resolution component that best fits the reason for the referral to FCS.
5. If already engaged in an issue resolution activity, add one additional hour to the existing issue resolution component to capture the hour of FCS participation.
6. Authorizes support services needed to complete the participant's IRP requirements.
7. Documents the action in eJAS using the corresponding issue resolution note type.
8. Gives the participant a copy of the eJAS WorkFirst Participation Verification form for actual hour verification and explain the reporting requirements.
9. Monitors participation monthly following the procedures in Section 3.7.2, Documenting and Reporting Participation.