



SNAP WORKS PROGRAM PROVIDER HANDBOOK

Revised 7.2023



**Georgia's
SNAP Employment &
Training Program**

**Georgia Department
of Human Services
Division of Family &
Children Services**

Atlanta, Georgia



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Disclaimer

This Handbook supersedes all previous versions of the SNAP Works Program Provider Handbook. This Handbook is updated on a periodic basis to include new information released by the State and Food and Nutrition Service (FNS) that is relevant to the implementation of the SNAP Works Program.

Acronyms & Terms Defined

ABAWD – Able Bodied Adults Without Dependents

CEU – Community Engagement Unit

DFCS – Department of Family and Children Services

DHS – Department of Human Services

DOL – Department of Labor

E&T – Employment and Training

FFY – Federal Fiscal Year (runs October 1st through September 30th)

FNS – Food and Nutrition Service

IEP – Individualized Employment Plan

iWORC – Interagency Workforce Opportunities Resource Committee

ME – Management Evaluation

MPR – Monthly Participation Report

OPC – Office of Procurement and Contracts

PHI – Protected Health Information

PII – Personal Identifiable Information

PPP – Potential Provider Proposals

RR – Reverse Referral

SAC – SNAP Works Advisory Council

SNAP – Supplemental Nutrition Assistance Program (aka Food Stamps)

SNAP E&T Program – SNAP Employment and Training Program

SNAP Works Program – Georgia's SNAP Employment and Training Program

SOP – Standard of Promptness

STEP Portal– SNAP To Employment Pathways Portal

TA – Technical Assistance

USDA – United States Department of Agriculture

SNAP Works Program Contacts

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Please note that policy questions should be emailed to the GASNAPET.Providers@dhs.ga.gov mailbox.

What is the SNAP Works Program?

Georgia's SNAP Employment & Training (E&T) Program is referred to as the SNAP Works Program.

The SNAP Works Program's goal is to provide participants with opportunities and resources to gain skills to improve their employment prospects and reduce reliance on public assistance programs.

SNAP Works is a voluntary E&T program that provides SNAP (formerly known as food stamps) recipients opportunities to obtain marketable and in-demand skills, training and/or experience that will improve their ability to attain stable employment or entrepreneurship opportunities and decrease their dependency on public assistance programs.

The SNAP Works Program seeks to provide SNAP recipients with short term industry-driven training, skills, education, tools, participant support services and access to career pathways that lead to sustainable jobs.

SNAP Works Program participants include able-bodied adults without dependents (ABAWDs), single parents, families, senior citizens, homeless, students, veterans (not receiving disability), returning citizens (aka: ex- offenders), underemployed, unemployed, and individuals with disabilities.

The program's services are delivered through a network of community partners, some operating under an intermediary. The program's services are available statewide and include supports to help participants to participate. The State evaluates and contracts with new partners to expand the network of services available throughout the State. This handbook is meant to help to educate partners on program policies, processes, and changes. Each section of the handbook will address specific policies and processes that providers will have to adhere to.

Georgia's SNAP Works Program implements a third-party reimbursement model that leverages non-federal funds used for employment, training, and participant support services to SNAP Works participants. This model promotes growth, expansion, and sustainability of much-needed services and programs for SNAP recipients in Georgia.

Note: *Participation or non-participation in the SNAP Works Program does not affect a customer's SNAP benefits.*

SNAP Works Program Vision

SNAP Works is your pathway to employment.

SNAP Works Program Mission

Connect citizens to employment by increasing their access to short-term, industry-driven job training.

SNAP Works Program Purpose

SNAP Works participants can gain the needed skills, training, and industry recognized credentials to improve their employment prospects by participating in the SNAP Works Program.

What are the State's responsibilities?

SNAP Works is administered by the State of Georgia DFCS according to federal regulations and State policy. DFCS sets the goals and direction of the program in partnership with its Providers. Services are delivered through contracts with community organizations and this section will outline the roles and responsibilities of the State and SNAP Works Providers.

The State's responsibilities include but are not limited to:

- Determine SNAP eligibility and to screen individuals to determine if it is appropriate to refer them to SNAP Works.
- Confirm continued SNAP E&T eligibility.
- Administer the SNAP Works Program according to federal regulations and state policy.
- Submit all required federal reporting using the State's Management Information System.
- Conduct regular program compliance oversight through program management evaluations.
- Communicate policy and process changes to providers.
- Provide training to providers on policy and process changes.
- Participate in federal management evaluations.
- Provide participant support services.
- Conducts data driven program performance evaluations, to continually improve program services and outcomes.

What are the Responsibilities of a SNAP Works Provider?

The Provider is responsible for operating an E&T Program according to federal and State laws and regulations. To help Providers tasks to become more streamlined, DFCS has developed an automation system called SNAP to Employment Pathways Portal (STEP Portal). STEP is designed to help providers to navigate, deliver services, track participation, and administer the program. Details about the STEP Portal and its functionality, processes and training is included in the "STEP Portal" section of this handbook.

The SNAP Works Provider responsibilities include but are not limited to:

- Adheres to the SNAP Works Program policy as outlined in the Provider Handbook.
- Recruit eligible customers.
- Input customer data into the STEP Portal for SNAP E&T eligibility determination.
- Deliver SNAP Works Program services to participants deemed eligible by DFCS SNAP Works Staff. Deliverables include but are not limited to:
 - Orientation via STEP Portal
 - Assessment via STEP Portal
 - Individual Employment Plan (IEP) via STEP Portal
 - Enroll participant in SNAP Works allowable components via STEP Portal
 - Enroll participant in allowable activities via STEP Portal
 - Provide Participant Support Services
- Monitor participant participation.
- Responsible for disenrolling participants upon completion of the program or non-participation.
- Maintain SNAP Works participant case file (i.e., case notes, case narrative record, certificates, timesheets, etc.).
- Provide case management to all SNAP Works Program participants.
- Wherever possible, establish relationships/agreements with other employer-driven agencies, providers and/or partners to provide job placement services once a participant has completed educational or training services.
- Administer the SNAP Works Program in accordance with State and FNS guidelines.
- Track costs and maintain financial records according to federal and state regulations.
- Participate in Management Evaluations.

SNAP to Employment Pathways Portal

Georgia's SNAP Works web-based application is called the SNAP to Employment Pathways (STEP) Portal. DFCS will set up access for designated users and provide instructions for logging in. All clients must be entered into the STEP portal to check real-time eligibility, have a completed assessment and an individual employment plan. The STEP portal will check real time eligibility against Georgia Gateway system to determine if a participant is SNAP E&T eligible. To determine eligibility the provider must enter the client's first name, last name, and date of birth into the STEP Portal. The data entered in the STEP portal is important for reporting purposes.

The link to the STEP portal site is: <https://step.dhs.ga.gov/>.

Provider SharePoint

The State has chosen to use SharePoint as its means of a secure channel for transferring identifying information among its providers. Once a provider's contract has been fully executed, the DFCS SNAP Works Staff will set up a SharePoint for the provider to use.

A Provider's SharePoint will be used for SNAP Works resources, management evaluations, communication etc.

The Provider's SharePoint contains standardized forms and templates that may be used when completing reports and billing documents for the SNAP Works Program. The Provider's SharePoint contains forms and templates that are to be used for areas of the STEP Portal that are currently not functioning.

Providers must send an email notification to the DFCS SNAP Works Staff listed on each document, of any completed or added reports and billing documents.

Note: *Emails that contain participant information must be sent via encrypted email.*

SharePoint Access Instructions:

- Open the email notification that you have been added to the SharePoint which has been created by DFCS SNAP Works Staff.
- Click on "View Group in Outlook".
- Click on "add to the team site".
- Click "Follow" on the top right of the page.
- Add the site to your internet favorites for easier access in the future.
- Click on "Documents" located on the left of the page.
- Click on the pre-made designated folders to complete required reports and/or billing.
- Send an email notification each time you have uploaded required billing documents or added a new entry to any of the documents on the SharePoint site.

SNAP Works Program Participants

Providers will serve SNAP Works eligible participants who have been identified through their outreach efforts and enrolled through the reverse referral process or referred by DFCS and determined appropriate for their services. In order to receive SNAP Works services, individuals must be eligible for and receiving SNAP, and be screened and referred to SNAP Works by DFCS.

SNAP recipients who meet the following criteria may be eligible to participate in the SNAP Works Program:

- Are not receiving TANF benefits
- Are fit for employment
- Are at least 18 years of age
- Voluntarily enrolled in the SNAP Works Program

Note: *To be considered a voluntary participant, an individual must knowingly volunteer for the SNAP Works Program, be screened by the State to determine if the individual meets State-specific criteria for voluntary participation, be referred by the State to a Provider and be provided appropriate participant reimbursements. These requirements also apply to participants who have been reverse referred to the State by a third-party provider.*

SNAP Works Program Referrals

There is no wrong door for a SNAP Works Program referral. Georgia utilizes two types of referral methods; Direct Referrals, which come from DFCS Eligibility Staff, and Reverse Referrals, where the Provider initiates engagement with the Customer.

DFCS Direct Referral

Upon application or recertification for SNAP benefits, DFCS Eligibility Staff will screen customers to determine suitability for a referral to the SNAP Works Program.

If the customer is appropriate and would like to be referred to the SNAP Works Program, DFCS Eligibility Staff initiates direct referral requests which notify the DFCS SNAP Works Staff the customer has agreed to be a SNAP Works participant. DFCS SNAP Works Staff communicates the referral information via the STEP Portal to the Provider.

When a provider logs into the STEP Portal, the landing page will appear.. This page will also display a provider dashboard. The first section of the dashboard is “Referrals to My Provider”. This section will display direct referrals from the State. If a customer is eligible to participate in the SNAP Works Program the “update status” icon appears in the update status field. “Update status” is used to update the status from ‘Referred’ to ‘Accepted/Approved’ or ‘Turned Away’

The Provider has 10 days from the date of the direct referral to accept or turn away a direct referral via the STEP Portal.

Reverse Referral (RR)

When a customer arrives at a provider’s organization on their own and indicates that they are a SNAP recipient, and is interested in the SNAP Works Program, the Provider should input the customer data into the STEP Portal for eligibility determination. Once the customer’s SNAP E&T eligibility has been verified and the client is determined SNAP E&T eligible the Provider may conduct an orientation, assessment, and complete an IEP with the Participant and enroll them in an allowable component (refer to “Orientation/Assessment section” of the handbook). If the customer is not eligible, the Provider should continue with their organization’s policies and procedures.

Providers will only be reimbursed for SNAP Works eligible participants who have been identified as eligible. The Provider will not be reimbursed for services rendered to individuals who are not

SNAP recipients and who do not knowingly acknowledge and agree to participate in the SNAP Works Program.

The Provider has 10 days from the date of the reversal referral to accept or turn away a reverse referral via the STEP Portal

Note: Providers cannot bill for services rendered to customers who are not eligible to participate in the SNAP Works Program.

Orientation & Assessment

All SNAP Works participants are required to attend an orientation and assessment interview. Enrollment in the SNAP Works Program begins when a participant attends an orientation and assessment interview with the Provider.

Orientation and Assessment must be integrated into all components as a pre-screening and individual planning activity.

Orientation

Orientation is conducted to engage the Participant and to set the tone for the program. Orientation may be conducted in person or remotely. Participants are to be given appropriate information regarding what the SNAP Works Program is, what it is designed to do, how it will be done, and how it can benefit the Participant.

Assessment

An assessment is to evaluate the Participant's potential for employment and the need for participant support services and training. During the participant assessment, the Participant's educational background, work history, skills, employability, and barriers are assessed. The assessment must be documented in the Participant's case file. The information obtained during the assessment must be used to develop an IEP with the Participant.

Orientation and assessment must be conducted with the Participant within 5 days of their SNAP Works eligibility determination.

Note: Orientation and Assessment **may** be completed within the same day.

Individualized Employment Plan (IEP)

The Individualized Employment Plan (IEP) is a tool that is developed with each participant. The IEP includes the Participant's employment goal and the steps required to complete the training program and find employment. In addition, the IEP addresses the need for

participant support services, and/or other related community resources. The IEP is completed via the STEP Portal.

There should be logical progression through activities toward the eventual goal of job placement.

Providers must create an IEP with the Participant within 5 days of the orientation and assessment appointment.

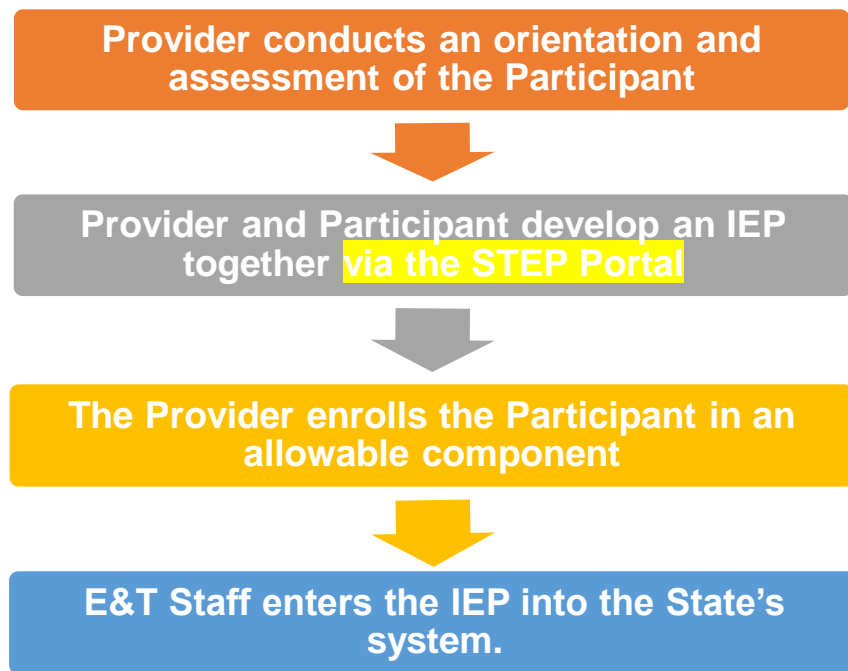
Note: *Orientation, Assessment and IEP **may** be completed within the same day.*

The IEP must include the following information:

- The Participant's overall employment goal(s)
- Outlines the necessary steps to achieve the employment goal(s)
- Component enrollment date
- A timeline for accomplishing each step of the plan
- Projected component completion date
- Outlines the participation requirements agreed upon by the Participant
- Specifies the component(s) in which the Participant is required to participate
- The number of hours the Participant is required to participate in each component
- Details the participant support services that the Participant will need
- Details the participant support services that the Provider will issue
- The time frame to accomplish the overall employment goal(s)
- A realistic sustainability plan of action (PSP) after completion of the program
- Participant's acknowledgment of IEP (written or electronic signature).

Note: *Providers cannot bill for a participant without an IEP.*

IEP Process Flow



IEP Changes

When a change is made to a participant's IEP, a new IEP beginning date and a new projected end date are required. A copy of the new IEP must be acknowledged by the Participant (written or electronic signature) and maintained in the Participant's case file.

The original program enrollment date cannot be changed. This date is used to calculate the projected end date of all component participation.

Missing IEP Report

Once DFCS SNAP Works Staff has viewed the Provider's Monthly Participation Report (MPR) and notices that a participant's IEP is not correct or has not been submitted, the DFCS SNAP Works Staff will notify the Provider via Missing IEP Report.

The Missing IEP Report will be sent to the Provider as needed. The Provider will have 5 days to respond. If the Provider has not responded as to why the Participant's IEP is missing, then on the 6th day the DFCS SNAP Works Staff will reject the Participant's participation hours and the Provider will not be able to bill for services for the Participant.

The SNAP Works Program is designed to provide components made up of specific activities that offers short-term educational and occupational training that leads to industry recognized credentials for our SNAP recipients who need to find long standing sustainable employment.

A description of each component offered must be clearly stated in the Provider's contract proposal for DFCS to determine if it meets FNS allowable component requirements.

Providers enroll individuals in components that are approved in the GA State plan and which they have been contractually approved to deliver.

The components delivered must be listed and match the IEP. Anytime a change is made to a participant's IEP component a new IEP beginning and a new projected end date is required.

Note: *The original program enrollment date should not be changed. This date is used to calculate the projected end date of all component participation.*

Providers may choose to enroll SNAP Works participants in a component offered by their organization; however, the component must match the definition of an approved SNAP Works Program component.

Note: *Orientation and Assessment must be integrated into all components as a pre-screening and individual planning activity.*

Components

➤ **Non-Education, Non-Work Components:**

- Supervised Job Search (SJS)
- Job Retention (JR)
- Self-Employment Training (SET)

➤ **Educational Components:**

- Basic/Foundational Skills Instruction (includes High School Equivalency Programs) (EPB)
- Career/Technical Education Programs or other Vocational Training (EPC)
- English Language Acquisition (EPEL)
- Work Readiness Training (EPWRT)

➤ **Work Experience Components:**

- Work Activity/Experience (WA)
- Unsubsidized Work Based Learning On-the-Job Training (WBLOJT)

This section will provide an overview of the following non-education, non-work components which are allowable in the SNAP Works Program:

- Supervised Job Search (SJS)
- Self-Employment Training (SET)
- Job Retention (JR)

Overview of Supervised Job Search Component

Supervised Job Search is a component that is available to SNAP Works participants that have a recent connection to the workforce and are work ready as determined by the Provider assessment. Supervised Job search is geared toward the attainment of employment. Supervised Job Search activities must have a direct link to increasing the participants' employment opportunities.

This component must be directly monitored by the Provider using manual or electronic tracking. If the provider does not have a methodology to supervise and track this component, then the State cannot allow the operation of the component by the Provider. Participants in supervised job search must receive case management at least once per month with a qualified staff member to review job search activities, get feedback, troubleshoot issues, and discuss next steps. Interactive software or other types of automated processes on a computer **do not** meet the requirement for engagement with a qualified staff person at least once a month.

Note: *Records related to Participation must be kept in the participant case file.*

The approved activities under this component are as follows:

- Building connections with prospective employers.
- Participating in job-related networking opportunities, such as career fairs and hiring events.
- Employment searching and completing job applications.
- Job search training which includes workshops on the following topics such as creating a resume, completing applications, defining a job search strategy, and conducting internet job searches.

Overview of Job Retention Component

SNAP Works participants who have participated in a SNAP Works Program component and who successfully become employed during or after their participation, are eligible for job retention for a minimum of 30 days and a maximum of 90 days of job placement begin date.

Case management services are a large part of this component. Providers that offer the job retention component **must** provide monthly case management to each participant.

Job retention will provide participant support services for expenses reasonably necessary to maintain employment.

The Job Retention Component includes but is not limited to the following services:

- Case management
- Job Coaching
- Dependent Care Assistance
- Transportation Assistance

DFCS SNAP Works Staff will monitor employment information monthly to ensure continued participant eligibility for job retention. Additionally, the State will monitor its projected component end date to determine when participants are nearing the 90-day limit. The State will hold staffing meetings with providers to ensure that they are following the state and federal requirements.

Overview of Self-Employment Training Component

Self-employment training is a qualifying component that improves the likelihood of beginning a successful small business. This component provides individuals with an alternative to traditional employment.

The approved activities included under this component are as follows:

- Design business proposals.
- Choose a business location.
- Determine startup costs.
- Opportunities to fund a business.
- Marketing research.
- Competitive analysis of targeted business area or
- How to buy an existing business or franchise.

Self-employment training activities also include how to register your business and policies to remain legally compliant. Participants also learn how to access small business grants and other business support services.

Case management services for this component include but are not limited to:

- Analysis of business concept, professional vocational counseling,
- Guidance on resources needed to implement business plan.

Educational Program Components

This section will provide an overview of the following qualifying educational program components which are allowable in the SNAP Works Program:

- Basic/Foundational Skills Instruction (includes High School Equivalency Programs) (EPB)
- Career/Technical Education Programs or other Vocational Training (EPC)
- English Language Acquisition (EPEL)
- Work Readiness Training (EPWRT)

Overview of Educational Components

Based on the Participant's intake assessment and individual goals, participants may be referred to educational activities that include adult basic and/or foundational skills instruction.

Basic and remedial education, GED preparation, and English proficiency are the types of adult education included in this SNAP Works component. Such activities will increase competencies for participants entering the workforce.

Participants who require educational training before they can fully benefit from employment search are also targeted for this component. Such participants are referred to existing training partners.

Post-secondary education is also included in this SNAP Works component.

Note: *SNAP Works funds may not be used to pay for any education and training, which are offered free to the public. SNAP Works Funds cannot be used to pay for past-due educational fees or fines.*

Not Supplanting:

Federal funds made available to a state agency to operate an educational component must not be used to supplant nonfederal funds for existing educational services and activities that promote the purposes of this component. Education expenses are approvable to the extent that E&T component costs exceed the normal cost of services provided to persons not participating in an E&T program.

Cost Parity:

If any of the educational services or activities are available to persons other than SNAP Works participants, providers must provide evidence that the costs charged to the SNAP Works Program do not exceed the costs charged for non-SNAP Works participants (e.g., comparable tuition).

Work Experience Components

This section will provide an overview of the following qualifying work experience program components which are allowable in the SNAP Works Program:

- Work Activity/Experience (WA)
- Unsubsidized Work Based Learning On-the-Job Training (WBLOJT)

Work experience is designed to improve the employability of participants through actual work experience or training, or both, and to enable participants employed or trained under such programs to move promptly into regular public or private employment. Work experience is a planned, structured learning experience that takes place in a workplace for a maximum of six months. Work experience may be paid or unpaid, as appropriate, and consistent with other laws such as the Fair Labor Standards Act. Work experience may be arranged within the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience setting where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists. A work experience program may include either a work activity or a work-based learning program. Both work activities and work-based learning opportunities must involve a planned and structured learning experience.

Overview of Work Activity/Experience Component

A work activity is performed in exchange for SNAP benefits that provides an individual with an opportunity to acquire the general skills, knowledge, and work habits necessary to obtain employment.

Overview of Unsubsidized Work Based Learning/On-the-Job Training Component

Work-based Learning/On-the-Job Training (OJT) provides knowledge or necessary skills needed to perform a job. The intent of the OJT program is to assist workers in developing skills leading to occupations providing adequate wages that ensure self-sufficiency.

Participants enrolled in OJT must meet the employer's established qualifications and job specific criteria. Employers will assess the potential participants to ensure that they are appropriate for the training assignment.

Potential employers will be required to submit training plans to the State Agency for approval. All training plans must clearly demonstrate that the participant will acquire the industry-driven occupational knowledge and skill set needed for Georgia jobs.

Note: Income received from OJTs counts towards a participant's SNAP eligibility determination.

Duplicated Services

A duplicated service occurs when separate providers offer the same activity, service and/or component to a shared SNAP Works participant within the same calendar month. This is not the same as co-enrollment, which occurs when separate providers share the same participant within the same calendar month, but each provides a different activity and/or service.

Note: Providers will not be reimbursed for duplicated service(s).

Participation Hours

Providers will assign the number of required hours of participation for each allowable component that is determined in the Provider Proposal and Scope of Services documents located in the Provider's contract.

Note: Providers must adhere to the number of component hours outlined in their proposal. This information is not subject to change without a contract amendment.

Participant Support Services

Participant support services are provided to participants for needs directly related to participation in an approved SNAP Works component and must be made available to assist participants in removing or reducing barriers to participate in allowable activities as outlined in their IEP.

Providers are required to assess each participant to determine if they possess the participant support services necessary to participate in the SNAP Works Program. Documentation of all efforts made must be recorded in the participant's case file, such as the Participant's completed assessment (the SNAP Works Employability Assessment Form or the Provider's assessment form), and DFCS Participant Support Service Request as well as verification of participant support services issued and received by the Participant.

All participant support services must be reasonably necessary and directly related to participation in the SNAP Works program.

Participant support services may be provided directly by DFCS or by the Provider. Participant support services are provided to encourage and support participants in their efforts to help eliminate barriers and to achieve and maintain employment.

DFCS participant support service payment requests are to be requested by the Provider and emailed to the designated DFCS SNAP Works Staff listed on the Participant Support Service Request Form.

Providers may bill DFCS for 50% reimbursement of approved and allowable participant support services. Participant support services must be included on the Provider's monthly Participant Reimbursement Invoice.

Note: *Providers cannot bill for participant support services without an IEP.*

Note: *If a provider is unsure if a particular participant support service is allowed, please contact DFCS SNAP Works Staff before making a purchase.*

If a provider cannot offer participant support services or resources to a SNAP Works participant at a particular delivery site, the provider must notify the DFCS SNAP Works Staff within 3 days for assistance.

The Provider must track all participant support services provided. Providers must review the Participant's case file prior to providing participant support services to avoid duplicate services and reimbursement requests.

The Participant case file must include a justification for each participant support service issuance. The Participant case file must include verification of receipt of provider issued participant support services from the Participant.

Reimbursed participant support services include but are **not limited to**:

- Transportation/Bus Cards (to attend enrolled activity only)
- Books/Training Supplies
- Clothing
- Background/drug tests (only if required for training or a job)
- Tools/Equipment (prior approval is required from the State)
- Eye/dental care (prior approval is required from the State)
- Tuition
- Uniforms
- Driver License (DDS Voucher Only)

Note: Cellphones are **not** reimbursable. SNAP recipients are encouraged to apply for a SafeLink phone via www.safelinkwireless.com.

Participant support services that are not listed in a provider's agreement and are reasonable and necessary for participation the request can be made by emailing GASNAPET.Providers@dhs.ga.gov.

Case Management Services

All SNAP Works participants must receive ongoing case management while enrolled in the SNAP Works Program. Case management services must be provided to all SNAP Work participants and are to be scheduled around the participant's availability.

Providers must monitor and record the Participant's progress in each component enrolled. Each participant's progress must be monitored at least once a month. If a participant fails to show progress in a component, the Participant's case narrative record must include steps taken to help with progress, and/or an adjustment in the IEP.

Note: All case management actions must be documented in the Participants' case narrative record.

Case Narrative Record

A case narrative record should be kept in each participant's case file. Case notes for SNAP Works participants should be detailed and thorough. They should relate to the Participant's participation, individual employment plan, progress, participant support service needs, participant support services provided, job placement details, etc.

Participant case narrative records are confidential and should only be available to those who are working in support of the participant.

Participant Case Files

Providers must keep comprehensive case files for all SNAP Works participants. Providers must maintain SNAP Works participant case files and case narrative record which capture the Participant's full experience from referral to placement.

Providers may organize participant case files according to their agency's standards, but must contain the following information, at a minimum:

- Case Narrative Record,
- Intake Orientation and Assessment,
- Individual Employment Plan (IEP),
- Participant IEP acknowledgment (written or electronic signature),
- All allowable components enrolled,
- Participant's progress throughout participation,
- Participant Support Services (Providers must address if participant support services were needed and/or offered to the participant),
- Participant Reimbursements of Work Support Services (Include a brief description, amount, copies of receipts if applicable and verification of acceptance from participant),
- Participant Time Records or Verification of Activity Hours,
- All program completion, vocational and training certifications obtained,
- Authorized Consent for Release of Information Form,
- DHS/DFCS Photo and Video Release Agreement (for success stories only),
- SNAP Works Incident and/or Injury Report,
- Detailed job placement information and verification,
- Detailed disenrollment information,

Note: *All documents included in a participant's case file must only contain the name and information belonging to the Participant.*

Monitoring Participation

Hours of participation is active participation in the SNAP Works Program should be monitored to include all activities while enrolled in allowable component. Some examples may include provider's case management, completing forms, study hours, homework hours, etc. It may be considered a part of activity like soft skills that should be countable hours towards the participant's time spent in the component.

Authorized Consent for Release of Information

Authorized Consent of Release of Information is necessary to allow DHS/DFCS to view, use, and report participant's disclosed information.

Providers must obtain an Authorized Consent for Release of Information Form from the Participant.

Photo and Video Release Agreement

To allow DHS/DFCS to use a SNAP Works participant's success stories in the State's annual report, a DHS/DFCS Photo and Video Release Agreement must be obtained from the participant.

Participant's Unsatisfactory Performance

The Provider has 5 days to notify DFCS SNAP Works Staff of a participant's unsatisfactory performance. Individualized notifications of a participant's unsatisfactory performance should be sent via encrypted email to DFCS SNAP Works Staff directly.

Providers must also record a participant's unsatisfactory performance on the MPR with an explanation in the comments section.

Note: For PII/PHI purposes, when sending an email, **only** the Participant's initials may be given.

Provider Determination

Providers have the authority and responsibility to determine if an individual is ill-suited for a particular E&T component. Providers must notify the State within 10 days if it is determined that a participant is ill-suited for a particular SNAP Works Program component and is unable to be placed into another component. The provider must notify Melodie.Hayes@dhs.ga.gov or Lloyd.Pack@dhs.ga.gov via encrypted email of the ill-suited participant, and the participant must be placed on the Monthly Participation Report as ill-suited for the SNAP Works Program.

Participant's Inappropriate Behavior

DFCS SNAP Works Staff must be notified of a participant's inappropriate behavior within 24 hours of an incident. A DHS/DFCS Incident/Injury Report must be sent to the SNAP E&T Unit Director, Felicia.Ellis@dhs.ga.gov upon reporting of the incident.

Note: In situations where a conflict in opinion for the discipline of a client co-enrolled occurs, the decision will be escalated to staff supervisors or directors at the Provider and DFCS offices. DFCS will make all non-participation decisions that may affect SNAP Works Program eligibility.

Participant Injury/Accidents

DFCS SNAP Works Staff must be notified of a participant's injury and/or accident within 24 hours of an incident. A SNAP Works Incident/Injury Report must be sent to the SNAP E&T Unit Director, Felicia.Ellis@dhs.ga.gov upon reporting of the incident.

Job Placement

When a participant becomes employed, the Provider document employment information on the Job Placement Report within 5 days of the Participant's employment. Providers may use the Job Placement Report which is uploaded on the Provider's SharePoint and is not to be altered in any way. Providers must email the designated DFCS SNAP Works Staff listed on the document when a new entry has been made.

All detailed job placement information must be maintained in the Participant's case file and case narrative record. Job placement information must include to whom employment was reported

and/or how employment was verified by the provider. This will assist in capturing the full experience with the participant.

The Provider has 5 days to update the participant's case file and case narrative record of the notified job placement.

Note: *If job retention services are requested, this must be notated on the Job Placement Report.*

Provider Ending Participation/Disenrollment

When SNAP Works participation ends, for whatever reason, it is **mandatory** that the Provider document the outcome in the Participant's case narrative record and explain why the Participant stopped participation with the SNAP Works Program, such as attainment of a degree, certificate, employment, failure to participate, etc. If a participant has not participated in an activity in 30 days, the Provider should notify the State via SNAP Works Disenrollment Report.

The Provider has 5 days to notify the DFCS SNAP Works Staff of the Participant's disenrollment status via Provider Disenrollment Report. Providers must use the Provider Disenrollment Report which is uploaded on the Provider's SharePoint and is not to be altered in any way. Providers must email the designated DFCS SNAP Works Staff listed on the document when a new entry has been made.

The Provider has 5 days to update the participant's case file and case narrative record of the notified disenrollment.

DFCS SNAP Works Staff Ending Participation/Disenrollment

When DFCS SNAP Works Staff become aware through monthly case management activities, or when participants appear on the MPR report one month and NOT the subsequent month, DFCS will notify the Provider of the participant disenrollment via DFCS SNAP Works Staff Disenrollment Report. To notify the Provider, the DFCS SNAP Works Staff will upload their report onto the Provider's SharePoint each Monday and will inform the Provider of the uploaded report via email.

The Provider will have 5 days to notify DFCS SNAP Works Staff of receipt of the report or to notify the Staff of a possible error. If the Participant is no longer enrolled or no response is received, the Participant is disenrolled from the SNAP Works Program by the DFCS SNAP Works Staff. The Provider has an additional 5 days to document the disenrollment in the Participant's case file.

All ending participation and/or disenrollment information must be maintained in the Participant's case file and detailed in the case narrative record.

Note: Once a participant is disenrolled from the SNAP Works Program for any length of time and chooses to re-enroll, the Provider must treat the Participant as a new customer and start the enrollment process over beginning with a reverse referral.

Participant File Retention

Providers must retain participant case files and financial records (hard copy or electronically) for a total of six years after case closure. In addition, providers are also required to retain the current programmatic year.

Informational/Messaging Materials

Providers are encouraged to create their own informational materials to explain SNAP Works Program services to potential participants, however, all informational/messaging materials must adhere to USDA guidelines and to Georgia DHS/DFCS guidelines.

Such informational materials may include but are not limited to:

- Radio
- Social Media
- Flyers
- Mail inserts
- Public Service Announcements (PSA)

The Division of Family and Children Services must review and approve all informational/messaging material prior to dissemination. The process involves internal approvals and final approval from the DHS/DFCS Communications Department.

Providers will receive notification of all changes within the SNAP Works Program and/or logo. Upon notification of a change, Providers will have 10 days to update their informational/messaging material and resubmit to the State for approval.

All informational/messaging material requests must be sent to the following email address: GASNAPET.Providers@dhs.ga.gov. Please allow up to 10 days for approval of specific wording on information materials and up to 14 days for approval on the use of the DHS/DFCS logo and SNAP Works logo.

Providers are also able to include the creation of informational materials in their contracts for reimbursement of costs associated.

Note: All SNAP Works Program informational/messaging material created by the Provider will be viewed at Management Evaluations.

Invoices, Billing, & Supporting Documentation

SNAP Works Providers that have a fully executed contract and budget are allowed to bill for reimbursement of SNAP Works services as defined in their contract proposal.

Providers may only bill for reimbursement of allowable expenses that have been incurred. Billing for pre-paid services or expenses are **not** allowed.

SNAP Works billing consists of three different funding types:

- 100% Administrative Costs
- 50/50 Administrative Costs and
- 50/50 Participant Support Services

Invoices should be separated by funding type and include proper supporting documentation.

Invoices for the previous service month must be submitted to DFCS by the 30th day following the end of that month. **Example:** *April expense invoices are due by May 30th.*

Providers must use the invoice templates which are uploaded onto the Provider's SharePoint and are not to be altered in any way. Providers must email GASNAPET.Providers@dhs.ga.gov when the final monthly invoice has been uploaded.

Note: *Providers should only submit one invoice per month, per funding type.*

Invoice Audit Standards

To be in compliance with Georgia's audit standards, the following information must be recorded correctly on each invoice submitted for payment:

- **Provider Information:** Each invoice must contain the Provider's name, address, phone number, etc.
- **Provider ID Number:** Each contractor is given a unique vendor number which must be listed on each invoice.
- **Invoice Number:** Each invoice must have its own unique invoice number created by the Provider.
- **Contract or MOA/MOU Number:** Each Invoice must have the correct current FFY contract/MOA/MOU number listed.
- **Invoice Date:** Each invoice must include the date the Provider submits the invoice.

- **Service Months/Dates:** Correct service months/dates must be listed on each invoice and must match the months/dates of all supporting documentation.
- **Funding Type:** A funding type must be listed to signify which funding source billed (50/50 Participant Reimbursements, 50/50 Administrative Costs, or 100% Administrative Costs).
- **All monthly invoices must be itemized:** Allowable costs must coincide with a matching budget line item. A description of the service rendered should be listed to signify which funding source billed (50/50 Participant Reimbursements, 50/50 Administrative Costs, or 100% Administrative Costs).
- **Budgeted Line Items:** Each item billed should match the Provider's budget line item as outlined in their approved contractual budget. (Example: If travel expenses are budgeted under operating costs, then operating cost will need to be listed as the expense billed on the invoice.)
- **Billed Amounts:** Each invoice must have the correct billed amount given and must match the provided supporting documentation.
- **50/50 Billing:** All 50/50 billing must include the 100% total as well as the 50% total on the invoice. The Provider will assume 100% of the SNAP Works administrative service contract cost and will receive reimbursement at 50% of the allowable cost.
- **100% Billing:** Should include 100% of the total costs associated with the SNAP Works Program as outlined in the Providers contract.
- **Other Funding:** If any funding other than SNAP Works funds are being used, the Provider must show the additional funding type and amount on their invoices (example: WIOA funds).
- **Authorized Signature:** Invoices must be signed and dated by the Provider's Authorized Personnel.

Note: *If the required information is not correct, the invoice will be rejected and returned to the provider. A rejected invoice will cause a delay in reimbursement/payment. When the corrected invoice is received, the payment process will start over.*

The Department reserves the right to hold payment if all required information is not submitted with the monthly invoice or if the information submitted is insufficient. The Department would notify the Provider if the information submitted is not acceptable.

The Department may, at its sole discretion, withhold the payment claimed by the Provider for services rendered if the Provider fails to satisfactorily comply with any terms or conditions of this handbook and the contractual agreement.

Administrative Costs

Administrative Costs are costs that are defined in the Provider's approved contract and budget and are associated with the cost to administer the SNAP Works Program. All costs assigned to SNAP Works must be reasonable, necessary, allocable, and support the purpose of the program.

All administrative cost expenses must be separated by budget category which may include but are not limited to:

- Salaries (excluding, bonus, overtime, commission etc.)
- Fringe Benefits (employer's fringe rate only)
- Operating Costs associated with the SNAP Works Program
- Indirect Costs (only if approved by the State or FNS)

Providers must use the Administrative Cost Invoice Template which is uploaded onto the Provider's SharePoint and is not to be altered in any way. Providers must notify the Community Engagement Unit when the final monthly invoice has been uploaded. Please notify the Community Engagement Unit via email at GASNAPET.Providers@dhs.ga.gov.

Indirect Cost:

Providers must use a Modified Total Direct Cost (MTDC) when identifying indirect cost. The Provider's accounting team must certify the proper calculation of the indirect cost.

Note: *Federally approved indirect cost rates must be verified annually.*

Administrative Cost Supporting Documentation Requirements

- All administrative cost expenses must include receipts and clear supporting documents matching the billed expense.
- Salary and Fringe Benefits billed should include a monthly analysis report or a spreadsheet with the employee's names and monthly amounts listed along with the employee's timesheets, hourly wages, paystubs, etc.
- A Personnel Activity Report (PAR) must be completed and signed (*written or electronically*) by each employee that is not being billed at 100%.
Note: *PARs are to be specific to each employee and are not to be generic.*
- A Participant Billing Roster capturing participant's name, component enrolled and includes the participant reimbursement costs. **Note:** *This applies to contracts pertaining to the participants for which the operational costs belong.*
- Travel expenses should include copies of all receipts and travel statements matching the amount billed.
- All invoices must include a Provider Programmatic Report.

50/50 SNAP Works Participant Reimbursements

Participant reimbursements are defined in the Provider's approved contract and budget and are associated with the cost of participant support services provided to SNAP Works participants.

All providers must have a fiscal tracking mechanism in place to only track SNAP Works participant expenses.

Participant reimbursements that are reasonable, necessary, and directly related to participating in an allowable SNAP Works Program component may be reimbursed if the charges are the same for the public.

The Provider will assume 100% of the SNAP Works service contract cost and will receive reimbursement for services provided to SNAP Works eligible participants at 50% of the allowable cost.

Participant Reimbursements may include but are not limited to:

- Transportation (to attend enrolled component only)
- Bus cards
- Books
- Training Supplies
- Clothing
- Background/drug tests (only if required for training program or job)
- Equipment (prior approval is required from the State)
- Eye/dental care (prior approval is required from the State)
- Tools
- Tuition
- Uniforms

Providers must use the 50/50 Participant Reimbursement Invoice Template which is uploaded on the Provider's SharePoint and is not to be altered in any way.

Providers must notify the Community Engagement Unit when the final monthly invoice has been uploaded. Please notify the Community Engagement Unit via email at GASNAPET.Providers@dhs.ga.gov.

Note: Providers cannot bill for services rendered to customers who are not eligible to participate in the SNAP Works Program.

Participant Reimbursement Supporting Documentation Requirements

- All expenses should include copies of all receipts matching amounts billed.
- A Participant Billing Roster capturing participant's name, item (clothing, transportation, etc.), date received, and item amount must be included for all participant reimbursements.
- All invoices must include a Provider Programmatic Report.

Payment Process

Each invoice goes through a series of steps before a Provider receives payment. This process could take 30 to 45 days.

Note: *A returned invoice will cause the payment process to start over which could cause a delay in payment.*

Returned Invoices

An error may be detected at any time during the payment process flow. If an invoice needs to be returned for a correction, the Community Partner Specialist will notify the Provider via email of the error. Providers have 10 days to correct and resubmit a returned invoice. Once all corrections have been made, the Provider should upload the revised invoice onto the SharePoint and notify the Community Engagement Unit via email at GASNAPET.Providers@dhs.ga.gov.

Note: *DHS holds the right to deny payment if the timeframe is not adhered to.*

Statute of Limitations

DHS holds the right to limit the time allotted for providers to bill for services. The SNAP Works Program may not be responsible for any bills of service received 45 days past a provider's contract end date.

Data & Reporting

All Providers must keep adequate data and fiscal records that sufficiently and properly verify costs, funding sources, and program participation of any nature and have available upon request.

Note: *All program data and financial records must be retained for a period of six years plus the current federal fiscal year.*

Standard of Promptness

Providers must submit required updates and reports regarding referrals, participant progress, enrollment, retention, completion of activities, etc. Providers must follow all SNAP Works Program Standard of Promptness (SOP) Timelines when submitting such updates and reports.

Monthly Participation Reports (MPR)

The MPR serves multiple purposes. The MPR is used by the DFCS SNAP Works Staff to record the Participant's hours of participation, activity progression, satisfactory/unsatisfactory performance, credentials earned, and participant support services provided to the Participant into the State's system. The MPR is also used to ensure billed expenses are appropriate and allowable.

MPRs must be submitted by the 10th of the following month in which the services were provided. If the 10th falls on a holiday or weekend the report will be due the business day prior to the holiday or weekend.

Providers must use the MPR template which is uploaded onto the Provider's SharePoint and not to be altered in any way. Providers must email the designated DFCS SNAP Works Staff listed on the document when the MPR template is completed for the month.

Participation in SNAP Works Program components is monitored carefully to assure participants are participating in the assigned component for the required number of hours as outlined in their IEP.

Note: *If a participant's IEP component and component enrollment date are not correct on the MPR template, billing will be returned resulting in a delayed payment.*

Monthly Programmatic Reporting

The purpose of monthly programmatic reporting is to measure a provider's progression within the SNAP Works Program and to provide FNS with monthly programmatic data. Monthly programmatic reporting will also track a provider's outcomes and goals as outlined in the Provider's proposal.

Providers are **required** to complete, in its entirety, a programmatic report each month. Monthly programmatic reports are due by the 30th of the following month. **Example:** *April programmatic report is due by May 30th.*

Providers must have all documented service data that has been collected and prepared throughout the month to complete the programmatic report. Once all intake and exit data is collected at the end of the month, the Provider can begin completing their programmatic report.

Providers must use the Monthly Programmatic Report Template which is uploaded onto the Provider's SharePoint. Providers must notify the Community Engagement Unit via email at GASNAPET.Providers@dhs.ga.gov when the monthly programmatic report has been uploaded into the designated SharePoint folder.

Participant Success Stories

The DFCS Office of Communication requires success stories on an annual basis. These are used to show the impact the SNAP Works Program has on the lives of Georgia's SNAP recipients.

SNAP Works providers that provide SNAP Works services are required to submit participants' success stories and positive outcomes on a quarterly basis, if applicable.

Success Story Requirements:

- Participant must be at least a minimum of 18 years of age,
- Participant must have become employed after participation in a SNAP Works Program component,
- Must include a photo of the participant,
- Must include a SNAP Works Success Story Submission Form*,
- Must include a DHS/DFCS Photo and Video Release Agreement**.

Success Story Due Dates:

Success Stories are due 10 days following each quarter. Success Stories must be submitted to GASNAPET.Providers@dhs.ga.gov.

Note: *If the 10th falls on a weekend or holiday, the submission is due the business day prior to the 10th.*

Success Story Due Date Chart:

Quarter 1 October, November & December	Due to SNAP Works by January 10th
Quarter 2 January, February & March	Due to SNAP Works by April 10th
Quarter 3 April, May & June	Due to SNAP Works by July 10th
Quarter 4 July, August & September	Due to SNAP Works by October 10th
Note: If the 10 th falls on a weekend or holiday, the submission is due the business day prior to the 10 th	
Email submissions to GASNAPET.Providers@dhs.ga.gov.	

Required Provider Meetings and Trainings

Onboarding

After a new provider's contract has been fully executed, the Community Engagement Unit will initiate the onboarding process with the Provider. In addition, all new staff assigned to perform SNAP Works Program duties will also be required to complete the onboarding process.

Onboarding training topics include but are not limited to:

- SNAP Works Provider Handbook
- In-Depth Processes and Procedures
- Scope of Service
- SNAP Works Civil Rights Training

After a provider's onboarding is completed, the Community Engagement Unit will set up virtual bi-weekly TA calls with the Provider for the first 60 days. TA calls will be used to assist the Provider in "Getting Started". This is a chance for the Provider to ask questions and communicate any concerns. Once the Provider is comfortable, the TA calls will be monthly.

SNAP Works Program Technical Assistance (TA) Calls

The purpose of monthly TA calls is to assist the Providers with any questions or concerns they may have encountered. The State will also utilize the TA calls to discuss the Provider's budget allocations, and performance outcomes.

Provider to Provider Technical Assistance (TA)

SNAP Works has designated specific providers to administer provider to provider TA. If a provider would benefit from this opportunity, a request must be emailed to GASNAPET.Providers@dhs.ga.gov. Once State approval has been given, you may reach out to the contact person identified.

Policy and Procedural Training

DFCS SNAP Works Staff will train providers on policy and procedures a minimum of twice annually. Training includes but is not limited to topics associated with the SNAP Works Program policies and procedures implemented by the State and FNS, Scope of Services, and E&T Civil Rights. Training may be conducted virtually, via pre-recorded training sessions, PowerPoints, and Word Documents.

SNAP Works Provider Handbook

The SNAP Works Provider Handbook is the main resource tool that all providers must follow to ensure their SNAP Works Program is in line with policies and procedures outlined by the State and by FNS. Providers must participate in all SNAP Works Program Handbook Training as changes occur.

SNAP Works Civil Rights Training

All staff that interact with SNAP Works Participants must receive annual SNAP Works Civil Rights Training. The State will provide the SNAP Works Civil Rights Training to the Provider annually and the Provider will ensure all the appropriate staff complete the training and provide documentation to the State.

Train the Trainer Methodology

If the provider staff is too large to participate in one training or if the training is geographically located across the State, the Provider may conduct the training for its additional staff after a 'train the trainer' session. The additional training may consist of a webinar, online training modules, or other training methods.

Training Records

Detailed records of all training and staff trainees must be maintained.

Provider Presentations

Each year providers will be expected to provide a brief overview of their organizations SNAP Works Program.

Provider Meeting & Training Schedule Chart

SNAP Works Provider Meeting & Training Schedule						
Provider Status	Meeting Type	Subject Matter	DFCS SNAP Works Unit	Provider Contacts Needed	Optional / Mandatory	Frequency
Year 1	Onboarding/Training	Provider billing, procedures reporting and training	Community Engagement/ SNAP Works Participation HUB	Project Lead/Accounting	Mandatory	As Needed for New Staff
Year 1 and up	Technical Assistance (CE)	Provider billing, procedures, and reporting	Community Engagement/ SNAP Works Participation HUB	Project Lead/Accounting	Optional	Monthly
Year 1 and up	Participant Case Staffing	Participant progress, IEPs and MPRs	SNAP Works Participation HUB	Case Management Staff	Optional	Bimonthly
Year 1 and up	SNAP Works Advisory Council (SAC)	Program goals, changes, and policy information	Leadership Team	Decision Makers, project leads	Mandatory	Quarterly
Year 1 and up	Annual Kick-Off Meeting	Strategic Plan Goals for FFY	Leadership Team	All relevant staff	Mandatory	Annually
Year 1 and up	Annual Year-End Meeting	FFY Year in Review Goal Accomplishments	Leadership Team	All relevant staff	Mandatory	Annually
Year 1 and up	SNAP Works Civil Rights Training	SNAP Works Civil Rights	Community Engagement	All relevant staff	Mandatory	Annually
Year 2 and up	Management Evaluation (ME)	Audit of SNAP Works Program	ME Team	Representation of all program staff	Mandatory	Year-Round

Management Evaluation (ME) Review

In accordance with 7 Code of Federal Regulation 273.7 and 273.24, all Providers and Provider Sub-Contractors are subject to auditing by the State and the Food and Nutrition Service (FNS) to ensure all appropriate laws, rules, and procedures are being followed. All Providers may be subject to a programmatic and financial management evaluation annually. The Management Evaluation Review ensures that the program operates in compliance with state and federal regulations. This may include auditing of participant's case files, financial records, provider's training records, SNAP Works inventory, and surveying of the Provider and/or SNAP Works participants.

If it is determined, through a review of the Provider records, monitoring, audit, or the documentation or reimbursement is inadequate or fails to comply with the terms of the agreement; the Provider shall refund and pay the SNAP Works Program any compensation paid to the Provider arising from such non-compliance.

Third-Party Reimbursement Model – Contracts

To expand the SNAP Works Program's effectiveness and reach, Georgia utilizes a third-party reimbursement model to fund the SNAP Works Program.

The SNAP Works Program does **not** award grant funding; however, we do contract with organizations that are interested in becoming a SNAP Works third-party reimbursement partner.

SNAP Works provider contracts are on an annual term basis. The State does not "renew" contracts. SNAP Works providers must complete a new contract initiation process each year.

The timeframe in which the State will accept new upcoming FFY contracts is from March 1st to April 30th. Any contract documents received after the April 30th deadline will be considered for the next future federal fiscal year. Example: It is currently FFY23, a provider submitted a request to contract for FFY24 on May 1st which is after the deadline to be considered for FFY24, therefore the provider will have to be considered for FFY25.

Provider Proposal

As part of the DHS contract process, all current and potential SNAP Works third-party partners that have met all SNAP Works Program requirements and would like to be considered for a third-party partnership must submit a SNAP Works Program proposal to the State for review and subsequent approval.

All contract proposal requests must be submitted on a SNAP Works Contract Proposal Template which will be provided at contract initiation.

Provider Budget

In addition to a provider proposal, all current and potential SNAP Works third-party partners must submit a third-party model budget outlining their organization's SNAP Works Program allocations.

The Provider must submit a budget request via SNAP Works Budget Template which will be provided at contract initiation. Budget allocations are only approved after FNS certifies the annual SNAP E&T Program State Plan.

Budget Changes

If a Provider notices a shortfall after their submitted budget has been approved; a newly revised budget, to move funding around within the same funding type, must be submitted and approved by SNAP Works Program leadership.

Funds may not be moved from Administrative Funds to Participant Reimbursement Funds or vice versa without prior approval from FNS.

The Provider must submit all budget or contract change requests as soon as possible to GASNAPET.Providers@dhs.ga.gov. DHS program and fiscal units will review all changes for final approval.

Contract Amendments

Any changes made to a provider's contract once it has been fully executed will require a contract amendment. Contract amendments are treated as a new contract and will require updated contract documents.

A programmatic or fiscal contract amendment will require approval by FNS through a State Plan Amendment. The amendment process may require up to 90 days for completion and subsequent approval.

If necessary, providers are allowed one amendment per contract year. Contract amendments for a current FFY are due by February 1st. Any amendment requests after February 1st will not be accepted.

Budget Amendments

The following budget changes will constitute a budget amendment:

- Changes in daily rates
- Changes in salaries
- Request for additional funds
- Moving funds from one funding type to another (Administrative Costs to Participant Reimbursement and vice versa)

Unspent Federal Dollars

Unspent funds from the Providers' budget **cannot** be rolled over into the next FFY contract budget. At the end of each FFY, all unspent federal funding is returned to FNS.

Intermediary

An intermediary is a contracted organization that delivers SNAP Works activities or administer the program through a network of subcontracted providers. Providers may choose to subcontract with other organizations that provide E&T services which offer more training and job opportunities to SNAP Works participants. If a provider chooses to subcontract, the Provider will act as the intermediary and must ensure the subcontractor is held to the same SNAP Works compliance standards as any other provider.

A Provider could potentially become an intermediary if the following requirements are met:

- Have completed one full contract year.
- Have strong knowledge of Georgia's SNAP Works Program.
- Have the capacity.
- Have the funds.
- Have met performance goals.
- Have the ability to handle being an intermediary.

A request to become an intermediary must be approved by the State prior to entering into a contract with a subcontractor. Requests must be sent to the SNAP Works Budget Analyst at GASNAPET.Providers@dhs.ga.gov for approval.

Note: *Choosing to onboard a new subcontractor in the middle of a contract year is **not** allowed.*

Performance Measurements

The State will monitor target areas for each provider throughout the year. The State will review program completions, job placement rates, wages, etc. Providers will communicate their progress by providing the required monthly programmatic reports. Providers will communicate their progress by providing the required monthly and quarterly programmatic reports. The data captured in these reports will be used to measure program outcomes.

Nondiscrimination & Disability Statement

Providers must adhere to the Federal Civil Rights and Nondiscrimination Regulations.

DFCS will provide training on an annual basis. Additionally, DFCS will ensure that each provider receives the required flyers to be posted at each service delivery location.

Notice of ADA/Section 504 Rights

Help for People with Disabilities

The Georgia Department of Human Services and the Georgia Department of Community Health (“the Departments”) are required by federal law* to provide persons with disabilities an equal opportunity to participate in and qualify for the Departments’ programs, services, or activities. This includes programs such as SNAP, TANF and Medical Assistance.

The Departments provide reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change policies, practices, or procedures to provide equal access. To ensure equally effective communication, we provide persons with disabilities or their companions with disabilities communication assistance, such as sign language interpreters. Our help is free. The Departments are not required to make any modification that would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens.

How to Request a Reasonable Modification or Communication Assistance

Please contact your caseworker if you have a disability and need a reasonable modification, communication assistance, or extra help. For instance, call if you need an aid or service for effective communication, like a sign language interpreter. You may contact your caseworker or call DFCS at 404-657-3433 or the DCH Katie Beckett (KB) Team at 678-248-7449 to make your request. You may also make your request using the DFCS ADA Reasonable Modification Request Form, which is available at your local DFCS office or online at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>, or you may obtain the DCH ADA Reasonable Modification Request Form at the KB Team or online at <https://medicaid.georgia.gov/programs/all-programs/tefrakatie-beckett>, but you do not have to use a form.

How to File a Complaint

You have the right to make a complaint if the Departments have discriminated against you because of your disability. For example, you may file a discrimination complaint if you have asked for a reasonable modification or sign language interpreter that has been denied or not acted on within a reasonable time. You can make a complaint orally or in writing by contacting your case worker,

your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at 404-657-3735. For DCH, contact the KB Team ADA/Section 504 Coordinator at: 2211 Beaver Ruin Road, Suite 150, Norcross, GA 30071 or P.O. Box 172, Norcross, GA. 30091, 678-248-7449. The DCH email is: dch.adarequests@dch.ga.gov.

You can ask your case worker for a copy of the DFCS civil rights complaint form. The complaint form is also available at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>. If you need help making a discrimination complaint, you may contact the DFCS staff listed above. Individuals who are deaf or hard of hearing or who may have speech disabilities may call 711 for an operator to connect with us. The email for DCH Civil Rights complaints is: dch.civilrights@dch.ga.gov. The link for the DCH Civil Rights process and complaint form is located at:

[https://dch.georgia.gov/adasection-504-and-civil- rights](https://dch.georgia.gov/adasection-504-and-civil-rights).

You may also file a discrimination complaint with the appropriate federal agency. Contact information for the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) is within the “Nondiscrimination Statement” included within.

**Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; and the Americans with Disabilities Act Amendments Act of 2008 ensure persons with disabilities are free from unlawful discrimination.*

Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many foods security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR P-Complaint-Form-0508-0002-508-11-28- 17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), and at any USDA office or write a letter addressed to USDA

and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
fax: (833) 256-1665 or (202) 690-7442; or
phone: (833) 620-1071; or
email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low-Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

You may also file discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights and ADA/Section 504 Coordinator at: 2 Peachtree Street N.W., Fl. 29, Atlanta, GA, 30303, 404-657-3735. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at: 2 Peachtree Street, N.W., Fl. 29, Atlanta, GA 30303 or call 404-657-5244 (voice).

This institution is an equal opportunity provider.

The SNAP Works Program Provider Handbook is just one useful tool for providers and stakeholders to use in planning and implementing their SNAP Works Program.

Below is a list of other resources which provide additional guidance and technical assistance:

- U.S. Department of Agriculture Food and Nutrition Service Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T) Toolkit provides key policy guidance and information from FNS on allowable costs and best practices in SNAP E&T. [SNAP Employment and Training Program: Training Toolkit \(azureedge.us\)](https://www.azureedge.usda.gov/sites/default/files/2022-04/S2S-Operations-Handbook.pdf)
- The SNAP to Skills website provides additional information, tools, and resources on SNAP E&T, including policy briefs on key topics (e.g., Serving Able-Bodied Adults without Dependents, Integrating SNAP E&T into Career Pathways Systems, Building State SNAP E&T Infrastructure), success stories from States and participants, and links to policy guidance on SNAP E&T. [What is SNAP E&T? | SNAP to Skills \(usda.gov\)](https://www.usda.gov/snap-to-skills)
- USDA SNAP E&T Operations Handbook: <https://snaptoskills.fns.usda.gov/sites/default/files/2022-04/S2S-Operations-Handbook.pdf>
- DHS/DFCS SNAP Works Webpage: <https://dfcs.georgia.gov/snap-food-stamps/snap-works-program>
- The link below is to the SNAP Policy, which is found on the ODIS Policy Manual Webpage: <https://odis.dhs.ga.gov/General/Home/DhsManuals/1>
 - Please note, you must navigate to the Division of Family and Children Services section.
 - Click on the dropdown arrow at the top right-hand corner of the section to expand the policy section list.
 - Select the MAN3420 Food Stamps hyperlink.
 - The MAN3420 Food Stamps PDF document will begin to download. Navigate to the E&T portion of SNAP policy, which begins in section 3345 and continues through section 3380.

ANNEX A: Missing IEP Report

[illegible]

ANNEX B: DFCS Participant Support Service Request Form



DFCS Participant Support Service Request Form

Provider:

Date:

Our organization is working with a SNAP Works participant under our joint agreement to ensure that they remain successful in their career pathway.

Participants Name: _____

Participants Client ID: _____

Component Enrolled: _____

Estimated Component Completion Date: _____

Component Progress: _____

Support Service Requested:

*Special Request: Special requests must explain why the item is necessary and include estimates, a scenario as to why the request is needed, along with a participant sustainability plan.

Authorized Provider Signature

Date

Please email this request to: GASNAPET.Providers@dhs.ga.gov

ANNEX C: DHS/DFCS Authorized Consent for Release of Information Form 5459



Georgia Department
of Human Services

Name of Individual/Consumer/Patient/Applicant

Date of Birth

IF AVAILABLE:

ID Number Used by
Requesting Agency

ID Number Used by
Releasing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

DHS/DFCS/OFI/SNAP Works Program

(Name of Person or Agency Requesting Information)

2 Peachtree Street NW, Suite 21, Atlanta, Georgia 30303

(Address)

to obtain from:

(Name of Person or Agency Holding the Information)

(Address)

the following type(s) of information from my records (and any specific portion thereof):

Any information related to the participation in or completion of SNAP Works Program Activities.

for the purpose of:

SNAP Works Program performance monitoring and tracking of participant outcomes.

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

☐ ninety (90) days unless I specify an earlier expiration date here:

☐ one (1) year.

(Date)

☒ the period necessary to complete all transactions on matters related to services provided to me.

I understand that, unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Date)

(Signature of Individual/Consumer/Patient/Applicant)

(Signature of Witness)

(Title or relationship to Individual)

(Signature of Parent or other legally Authorized
Representative, where applicable)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Date this authorization is revoked by Individual)

(Signature of Individual or legally authorized
Representative)

Form 5459 (Rev. 7-01-16) Previous versions are obsolete and should not be used.

ANNEX D: DHS/DFCS Photo and Video Release Agreement

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Photo and Video Release Agreement

County: _____ Project: SNAP Works Program

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Division or general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name: _____

Address: _____

Telephone: _____

Photo description _____

Children (if photographed):

Age: _____

Age: _____

Age: _____

Signature: _____

Date: _____

Photographer/Producer or Witness:

BLUEPRINT FOR CHANGE + A STATE OF HOPE =
SAFE CHILDREN. STRENGTHENED FAMILIES. STRONGER GEORGIA.
GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
2 PEACHTREE ST | ATLANTA, GA 30303

ANNEX E: SNAP Works Incident Report



PARTICIPANT INCIDENT REPORT

Instructions: This form must be completed for all injuries, non-injury incidents, illnesses, and exposures to disease within **24 hours** of known occurrence. Submit report to the SNAP E&T Unit Director, Felicia.Ellis@dhs.ga.gov.

Date: _____

Name of Participant: _____

Client ID Number: _____

Date of incident: _____ Time of incident: _____

Date incident reported by participant: _____

Description of incident (how, where, why?):

Type of injury, illness, or exposure to occupational disease (cut, burn, etc.):

Place of occurrence (provide address if possible):

Witness/es (Name/s and telephone #/s):

Was First Aid administered at time of incident? ☐ Yes ☐ No

If Yes, What type? _____

Provider's name: _____

Person completing report: _____

Title of person completing report Date report completed:

Contact number: _____

Actions taken by provider to resolve the incident:

ANNEX F: Job Placement

Provider Disenrollment/Job Placement Report														
All email notifications concerning this process and report must be sent to: melodie.hayes@dhs.ga.gov or loyd.pack@dhs.ga.gov														
Weekly entries must be completed by COB on Fridays.					Job Placement Report									
First Name	Last Name	Case Number	Client ID	County of Residence	Hire Date	Company	Weekly Hours	Hourly Wage	Total Weekly Income	Total Monthly Income	Has user Job Placement Verified?	Job Retention Services Requested Y/N	Has DHS/DFCS Form 5459 Authorization of Release of Information been submitted?	Job Placement Comments
									\$0.00	\$0.00				
									\$0.00	\$0.00				
									\$0.00	\$0.00				

ANNEX G: Provider Disenrollment Report

Provider Disenrollment/Job Placement Report							
All email notifications concerning this process and report must be sent to: melodie.hayes@dhs.ga.gov or loyd.pack@dhs.ga.gov							
Weekly entries must be completed by COB on Fridays.					Disenrollment Report		
First Name	Last Name	Case Number	Client ID	County of Residence	Disenrolled Date	Disenrolled Reason	Disenrollment Comments

ANNEX H: 100% Administrative Cost Invoice Template

SNAP E&T 100% Administrative Cost Invoice

FROM: Provider Name
Provider Address
Provider City, Zip
Provider Phone#
Provider Fax# (fax)
Attn:

TO: Georgia Division of Family & Children Ser
RE: SNAP E&T Contract
Attn: Community Engagement Unit
gasnapet.providers@dhs.ga.gov

Contract # 42700-040-

Invoice #

Invoice Date:

Service Month:

Budget Item Description	100% Amount	
Personnel Salary		
Fringe		
Operating Expenses		
Totals	Total 100%	\$0.00

Authorized Approval

Make all payments payable to :
If you have any questions concerning this invoice, contact:
Contact#
Contact email:

Please upload the final invoice onto the SharePoint and notify the Community Engagement Unit at:
GASNAPET.Providers@dhs.ga.gov

ANNEX I: 50/50 Administrative Cost Invoice Template

SNAP E&T 50/50 Administrative Cost Invoice

FROM: Provider Name
Provider Address
Provider City, Zip
Provider Phone#
Attn:

TO: Georgia Division of Family & Children Services
RE: SNAP E&T Contract
Attn: Community Engagement Unit
gasnapet.providers@dhs.ga.gov

Contract # 42700-040-

Invoice #

Invoice Date:

Service Month:

Budget Item Description	100% Amount		50% Billable Amount	
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Totals	Total 100%	\$0.00	Total 50%	\$0.00

Authorized Approval

Make all payments payable to :

If you have any questions concerning this invoice, contact:

Contact#

Contact email:

Please upload the final invoice onto the SharePoint and notify the Community Engagement Unit at:

GASNAPET.Providers@dhs.ga.gov

ANNEX J: Personnel Activity Report (PAR)

Personnel Activity Report - PAR

Staff Time Allocation

Employee Name:	
----------------	--

Title:	
--------	--

Program:	SNAP E&T
----------	----------

Service Month:	
----------------	--

Please attach this Personnel Activity Report to your monthly Administrative Cost Invoice.

Date	Hours	Task Performed For Allocated Time
Total Hours:	0.00	

By signing this invoice, I certify, under penalty of law, that this document and any attachment was prepared by me or under my direction in accordance with the terms and conditions of the established contract to the best of my knowledge.

Employee Signature							
--------------------	--	--	--	--	--	--	--

SNAP E&T 50/50 Participant Reimbursement Invoice

ANNEX L: Participant Billing Roster

SNAP Works Program Billing Roster

Contractor

Service Month

Contract ID

Vendor ID

Submission Date

Participant Information				E&T Component					Work Support Services			
Last Name	First Name	Middle Initial	Client ID	Component Name	Total Amount	Funding Type 50-50/100%	Total Other Funds Used	Amount Due	Work Support Services Issued	Total Amount	Funding Type 50-50/100%	Amount Due
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -

ANNEX M: Provider Standard of Promptness (SOP) Timelines

DFCS Direct Referrals:

- Providers have three (3) days to contact the Participant.

Reverse Referrals:

- Providers have five (5) days to engage the customer after the reverse referral notification of eligibility has been received.

Orientation and Assessment:

- Orientation and Assessment must be conducted with the Participant within five (5) days of their SNAP Works eligibility determination.

IEP:

- Providers must create an IEP with the Participant and maintain it in the Participant's case file within 5 days of the orientation and assessment appointment.

Missing IEPs:

- The Missing IEP Report will be sent to Providers as needed.
- The Provider will have five (5) days to respond.
- If the Provider has not responded as to why the Participant's IEP is missing, then on the 6th day the DFCS SNAP Works Staff will reject the Participant's participation hours and the Provider will not be able to bill for services for the Participant.

Participant Support Services:

- If a provider cannot offer participant support services or resources to a SNAP Works participant at a particular delivery site, the Provider must notify the DFCS SNAP Works Staff within three (3) days for assistance.

Case Management Services:

- Provide SNAP Works participant case management at minimum of once a month.
- Each participant's progress must be monitored and documented in the case narrative record at least once a month.

Provider Determination:

- Providers must notify the State within 10 days if it is determined that a participant is ill-suited for a particular SNAP Works Program component and is unable to be placed into another component.
- The provider must notify DFCS SNAP Works Staff via encrypted email of the ill-suited participant and the participant must be placed on the Monthly Participation Report as ill-suited for the SNAP Works Program.

Inappropriate Behavior:

- Notify DFCS SNAP Works Staff of a participant's inappropriate behavior within 24 hours of incident.
- A DHS/DFCS Incident/Injury Report must be sent to the SNAP E&T Unit Director Felicia.Ellis@dhs.ga.gov upon reporting of incident.

Participant Injury/Accidents:

- DFCS SNAP Works Staff must be notified of a participant's injury and/or accident within 24 hours of incident.
- A SNAP Works Incident/Injury Report must be sent to the SNAP E&T Unit Director Felicia.Ellis@dhs.ga.gov upon reporting of incident.

Job Placement Report:

- The Provider has five (5) days to notify the DFCS SNAP Works Staff of a Participant's job placement via Job Placement Report located on the Provider's SharePoint.
- Providers must email the designated DFCS SNAP Works Staff listed on the Job Placement Report when a new entry has been made.
- The Provider has five (5) days to update the Participant's case file and case narrative record of the notified job placement.

Provider Disenrollment Report:

- The Provider has five (5) days to notify the DFCS SNAP Works Staff of the Participant's disenrollment status via Provider Disenrollment Report located on the Provider's SharePoint.
- Providers must email the designated DFCS SNAP Works Staff listed on the Disenrollment Report when a new entry has been made.
- The Provider has five (5) days to update the participant's case file of the notified disenrollment.

Participant Case File Retention:

- Providers must retain participant case files and financial records (hard copy or electronically) for a total of six years after case closure.
- In addition, providers are also required to retain the current programmatic year.

MPR:

- MPRs are due by the 10th of the month.
- If the 10th falls on a holiday or weekend the report will be due the business day prior to the holiday or weekend.

Programmatic Monthly Reports:

- Providers are **required** to complete, in its entirety, a programmatic report each month.
- Monthly programmatic reports are due by the 30th day following the end of that month.
Example: April programmatic report is due by May 30th.

Participant Success Stories:

SNAP Works providers are required to submit participant success stories and positive outcomes on a quarterly basis. Success Stories are due 10 days following each quarter. **Note:** *If the 10th falls on a weekend or holiday, the submission is due the business day prior to the 10th.* Success Stories must be sent to GASNAPET.Providers@dhs.ga.gov.

- October-December due Jan 10th
- January-March due April 10th
- April-June due July 10th
- July-September due Oct 10th

Invoices:

- Invoices for Participant Reimbursement and Administrative Cost expenses for the previous month must be submitted to DFCS by the 30th day following the end of that month. *Example: April expense invoices are due by May 30th.*
- Providers should only submit one invoice per funding type per month.

ANNEX N: MPR

Monthly Participation Report - MPR											
(Provider Name)											
Service Month:											
Please note that this sheet must be uploaded onto the Provider's SharePoint and email notification sent to: melodie.hayes@dhs.ga.gov or loyd.pack@dhs.ga.gov											
Note: The MPR is due by the 10th of the month.											
First Name	Last Name	Case Number	Client ID	County of Residence	ABAWD (Y/N)	Component Enrollment Date	Component Enrolled	Required Number of Participation Hours	Projected End Date	Actual Attendance Week	
										Week	
										Week	
										Week	
										Week	
										Week	

Actual Total Monthly Participation Hours	Was ABAWD Work Requirement Met (Y/N)	Meeting Performance Standards (Y/N)	If not Meeting Performance Standards, Please Explain	Has Participation Ended (Y/N)	Reason Participation Ended	Was a Credential Earned (Y/N)	Was Support Service Offered (Y/N)	Support Service Issued (Type & Amount)	If No Support Services Needed, Explain Why	Job Retention Provided (Type & Amount)	Comments

ANNEX O: Monthly Programmatic Report

Monthly Programmatic Report

Provider: _____ Month/Year: _____

Completed by Name & Email: _____

Statistical Data

The Statistical Data should be supported by the detailed information under each topic.

Referrals:		Totals	
Total number of <u>all</u> Referrals for the service month:			
Total number of <u>all</u> Referrals meeting SNAP E&T Eligibility for the service month:			
Number of Orientations and Assessments Completed for the service month:			
Enrollment:		ABAWDS	NON-ABAWDS
Total number of <u>newly</u> enrolled Participants in the SNAP Works Program for the service month:			
Component Enrolled:	Basic/Educational Skills Instruction		
Component Enrolled:	Career/Technical Education Program/Vocational Training		
Component Enrolled:	English Language Acquisition		
Component Enrolled:	Work Readiness Training		
Component Enrolled:	Work Activity/Work Experience		
Component Enrolled:	Self-Employment Training		
Component Enrolled:	Work-based Learning/On-the-job training		
Component Enrolled:	Job Retention		
Component Enrolled:	Supervised Job Search		
Total number of currently enrolled SNAP Works participants for the service month:			
Component Enrolled:	Basic/Educational Skills Instruction		
Component Enrolled:	Career/Technical Education Program/Vocational Training		
Component Enrolled:	English Language Acquisition		
Component Enrolled:	Work Readiness Training		
Component Enrolled:	Work Activity/Work Experience		
Component Enrolled:	Self-Employment Training		
Component Enrolled:	Work-based Learning/On-the-job training		
Component Enrolled:	Job Retention		
Component Enrolled:	Supervised Job Search		
Total number of SNAP Works Participants who Attained a Credential for the service month:			
Name of Credential Attained			
Name of Credential Attained			
Name of Credential Attained			
Name of Credential Attained			
Name of Credential Attained			
Name of Credential Attained			
Name of Credential Attained			

ANNEX P: SNAP Works Success Story Submission Form**SNAP WORKS PROGRAM SUCCESS STORY SUBMISSION FORM**

Please answer the questions below to ensure that we have the best possible information to spotlight your program successes.

Answers should be completed on a separate sheet.

1. Client ID Number
2. Name (First and Last) of featured SNAP Works participant.
3. Date of Birth
4. How long have you received SNAP benefits prior to participating in the SNAP Works Program?
5. How long have you been enrolled in the SNAP Works Program?
6. Which SNAP Works Program component/activity were you enrolled in?
7. What is your educational background?
8. What is your previous work experience?
9. Who is your new employer?
10. What is your new position and what do your job duties entail?
11. Did you receive a job pertaining to your program component/activity enrolled?
12. What do you think of your new career?
13. What is your new and long-term professional/work goal?
14. What is your personal testimony of how the SNAP Works Program helped you achieve your goal(s).
15. How has your life changed since participating in the SNAP Works Program?
16. Would you recommend the SNAP Works Program to other SNAP recipients?

Revision 11/8/22



SNAP WORKS PROGRAM SUCCESS STORY SUBMISSION FORM

17. Any other background information to share?

Required Items to include with the form submission.

- Media Release form
- Photo (max of 3) of SNAP E&T Program in action (if possible)
- A photo of Featured SNAP E&T participant

Send all required information to Melodie.Hayes@dhs.ga.gov