



SNAP 702-3

SNAP E&T PROVIDER DETERMINATIONS

Supersedes: SNAP 702-3 (04-25-2023)

Reference: 7 CFR 273.7(c)(18), 7 CFR 273.24, Food Stamp Act Section 6 (D)(2)

When Maximus (Montana's SNAP E&T provider) determines that a participant is unfit for the SNAP E&T Program, this is known as a **provider determination**. Maximus will notify eligibility staff when a participant has been determined not suited for SNAP E&T. Maximus will notify the OPA by submitting the *Employment and Training Client Status Form (DPHHS-HCS/SNAP-010)* to the OPA Scanning unit within 10 days from the date of determination was made. Maximus must include the reason for the provider determination on the form.

When the OPA receives notification (*DPHHS-HCS/SNAP-010*) that an E&T participant has received a provider determination, and that individual is not exempt from the work requirement the eligibility worker must choose the most suitable action from the following options no later than the date of the individuals next recertification. If the individual with a provider determination requests action be taken sooner than the next recertification, the eligibility worker must take the most suitable action as soon as possible.

1. Refer the individual to an appropriate E&T component. The State agency may refer the individual to another E&T component; however, as a best practice the State agency should consider if an individual who has already received a provider determination is a good candidate for E&T.
2. Re-assess the individual's mental and physical fitness. **The eligibility worker must also re-assess the individual for other exemptions from the general work requirements, mandatory E&T, or the ABAWD work requirement, as applicable.**
3. Refer the individual to an appropriate workforce partnership, if applicable. If the State agency has certified one or more workforce partnerships, the State agency may refer an individual to a workforce partnership if the individual so chooses.

The State agency must provide individuals with sufficient information about workforce partnerships to make an informed decision about participating.

In the case of an ABAWD who has received a provider determination, the ABAWD will accrue countable months toward their three-month participation time limit the next full benefit month during which the eligibility staff notifies the ABAWD of the provider determination, unless ABAWD fulfills the work requirements or the ABAWD has good cause, lives in a waived area, or is otherwise exempt.

Effective Date: October 16, 2024