ATTACHMENT 1
PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT - FY13
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
STATE OF NEVADA

ABSTRACT:
HHS is requiring further detail from States on their FY 2013 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that States highlight and describe all elements of this FY 2013 plan which represent improvements or changes to the State's FY 2012 plan for preventing and detecting fraud, abuse and improper payment prevention.

RECENT AUDIT FINDINGS

Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY 2012 or the prior four years, in annual audits, State monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

Nevada's Energy Assistance Program is subject to the following reviews:

- Federal Single Audit Report – As a recipient of federal LIHEAP funds, the Energy Assistance Program is subject to the Single Audit requirement. There have been no audit findings of material weaknesses and reportable conditions, questioned costs or other findings in **FY 2012** or the prior four years.
- Annual Program Evaluation - Nevada State Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include: statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them.
    - In the FY 2009 program evaluation, the program's information technology (IT) system was identified to be inefficient in that it did not track intentional program violations (IPV). The evaluation determined the lack of an automated IPV tracking/editing function may result in disqualified individuals receiving benefits inappropriately. Since October of 2010, IPVs are tracked through the EAP system for all program applicants and household member.
    - The evaluation team identified inefficiency whereby an EAP-certified household move from an area served by one public utility while maintaining a credit balance with the prior public utility. The prior public utility returns the balance of the annual energy payment to the program, which may then be credited to the new utility if the household is still eligible. Since June of 2011, staff process and track returned and reissued payments through the EAP system.
- Management Evaluations
    - The only substantial finding in the last four years has been related to timeliness of case processing and was addressed by: introducing more efficient business practices, establishing work performance standards for case processing, developing staffing standards in relation to application volume, and kicking off a substantial IT system enhancement project to increase staff efficiency.
    - Approximately 1% of cases are reviewed by central office program staff to ensure district offices are complying with established program policy and to evaluate the accuracy of benefit calculation/distribution. Any review element which falls below a 95% compliance rate is subject to a corrective action plan involving the Deputy of Field Services, the Program Manager, Chief of Employment and Support Services and Program Staff. A subsequent targeted review is conducted to determine if the corrective action was sufficient to bring the office into compliance or if additional corrective action is required.

Please describe whether the cited audit findings or relevant operations have been resolved or corrected. If not, please describe the plan and timeline for doing so in FY 2013.

- The Division enhanced the EAP IT system. An automated IPV tracking system was implemented during the first quarter of FY 2011. An automated tracking system for returned payments from utilities was implementation date during the third quarter of FY 2011.

If there is no plan in place, please explain why not.

NA

Necessary outcomes from these systems and strategies.

The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit

COMPLIANCE MONITORING

Describe the State's FY 2012 strategies that will continue in FY 2013 for monitoring compliance with State and Federal LIHEAP policies and procedures by the State and local administering agencies. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

The State of Nevada administers the Energy Assistance directly through the Division of Welfare and Supportive Services.

- Annual Program Evaluation - Nevada State Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include: statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them. Annual evaluations are provided to the governor, the legislative commission, and members of the legislative interim finance committee.
- Annual Management Evaluations – Case reviews are conducted by central office program staff to ensure district offices are complying with established program policy and to evaluate the accuracy of benefit calculation/distribution. The review data is entered, compiled, and stored in a system application, which produces summary reports. Any review element which falls below a 95% compliance rate is subject to a corrective action plan involving the Deputy of Field Services, the Program Manager, Chief of Employment and Support Services and Program Staff. A subsequent targeted review is conducted to determine if the corrective action was sufficient to bring the office into compliance or if additional corrective action is required.
- Staff Performance Case Reviews – Supervisors are required to complete 10 case reviews per prudent worker per month. Trainees and staff with performance issues are subject to 100% review prior to the posting of benefits. Program Manager reviews a subset of the review completed by the supervisors to ensure they are adequately identifying and addressing performance issues. Staff who fail to meet performance standards are subject to progressive disciplinary procedures.
- Single Audit – As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State's Controller's Office. Not all programs are reviewed each year. The LIHEAP Program was last audited in 2010.

Please highlight any strategies for compliance monitoring from your plan, which will be newly implemented as of FY 2013.

None.

If you do not have a firm compliance monitoring system in place for FY 2013, please describe how the State is verifying that LIHEAP policy and procedures are being followed.

Nevada has a compliance monitoring system in place.

Necessary outcomes from these systems and strategies.

A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information.

FRAUD REPORTING MECHANISMS

For FY 2012 activities continuing in FY 2013, please describe all (a) mechanisms available to the public for reporting cases of suspected LIHEAP fraud, waste or abuse? [These may include telephone hotlines, websites, email addresses, etc.] (b) Strategies for advertising these resources. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

The State of Nevada Administers the Energy Assistance Program directly through the Division of Welfare and Supportive Services. The Division's Investigations & Recovery unit maintains two phone numbers on the agency website front page providing the public with a mechanism to report incidents of potential fraud. The website contains a 'Concerned Citizen' reporting form to enable the public to e-mail details of suspected fraud incidents. There are links to other State's welfare fraud units and US government agency fraud hotlines. (See Attachment **E**)

Please highlight any tools or mechanisms from your plan, which will be newly implemented as of FY 2013 and the timeline for that implementation.

Direct services delivery staff administering other DWSS programs such as TANF or SNAP receive internal training on interviewing techniques, the team approach to fraud prevention and intentional program violations. EAP staff determining program eligibility will receive the above-referenced training annually. (See Attachment A)

If you do not have any tools or mechanisms available to the public to prevent fraud or improper payments, please describe your plan for involving all citizens and stakeholders involved with your program in detecting fraud.

The State of Nevada's Energy Assistance Program does have mechanisms in place available to the public to prevent fraud or improper payments.

Necessary outcomes from these systems and strategies.

Clear lines of communication for citizens, grantees, clients, and employees to use in pointing our potential cases of fraud or improper payments to State administrators.

VERIFYING APPLICANT IDENTITIES

Describe all FY 2012 State policies continuing in FY 2013 for how identities of applicants and household members are verified. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

At each application for energy assistance, identification is required. The identity of the head of household and the person in whose name the energy utility account is in are documented in the case file. Acceptable documents include Federal, State, or local government-issued driver's license or ID card containing a photo, name, age, sex, race, height, weight or eye color; American Indian/Alaska Native tribal photo ID; school-issued photo ID; U.S. military ID; US Coast Guard Merchant Mariner card, or any combination of 3 or more corroborating documents to prove identity, such as marriage license, divorce decree, high school/college diploma, employer ID cards, property deeds and/or property title. Children under 16 may have their identity documented using a school record or an affidavit signed under penalty of perjury by a parent or guardian caretaker relative attesting to the child's identity. (See Attachment F)

Please highlight any policy or strategy from your plan, which will be newly implemented as of FY 2013.

Nevada's Energy Assistance Program does not anticipate changes in the existing policy for verifying applicant identities.

If you do not have a system in place for verifying applicant's identities, please explain why and how the State is ensuring that only authentic and eligible applicants are receiving benefits.

Nevada's Energy Assistance Program currently has policies and procedures in place for verifying applicant's identities.

Necessary outcomes from these systems and strategies.

Income and energy supplier data that allow program benefits to be provided to eligible individuals.

SOCIAL SECURITY NUMBER REQUESTS

Describe THE State's FY 2013 policy in regards to requiring Social Security Numbers from applicants and/or household members applying for LIHEAP benefits. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

Social Security Numbers are required and documented in the case file for all household members at the time of application. Sources of documentation include the Social Security card or check; Social Security Administration benefit letter; pay check stub; a screen printout of the IV-A database (NOMADS) containing a SSA-verified number. This information is only available for EAP applicants who are applying for or receiving Medicaid, TANF or SNAP benefits. The NOMADS database has an automated interface with the Social Security Administration to verify social security numbers for these programs. (See Attachment G)

Please describe whether the State's policy for requiring or not requiring Social Security number is new as of FY 2013, or remaining the same.

There is no planned policy change for requiring social security number verification for FY 2013.

If the State is not requiring Social Security Numbers of LIHEAP applicants and/or household members, please explain what supplementary measures are being employed to prevent fraud.

Nevada's Energy Assistance Program requires the Social Security number of applicants and/or household members.

Necessary outcomes from these systems and strategies.

All valid members are reported for correct benefit determination.

CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES

Describe if and how the State used existing government systems and databases to verify applicant or household member identities in FY 2012 and continuing in FY 2013. (Social Security Administration Enumeration Verification System, prisoner databases, Government death records, etc.) *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

Based on application data, household members are selected for SSN verification in automated databases. The screen printout of the IV-A database containing a SSA-verified number utilizes the SSA Enumeration Verification System for those households applying for or receiving Medicaid, TANF, or SNAP. The Automated Nevada Server-based Referenced System (ANSRS) provides on-line access to information, including social security numbers and the state's new hire directory, maintained by Nevada's Department of Employment, Training & Rehabilitation. (See Attachment H)

Please highlight which, if any, policies or strategies for using existing government databases will be newly implemented in FY 2013

In FY 2013, design of information technology will be considered to electronically interface with Social Security Administration databases for the purposes of verifying social security numbers, SSI and RSDI payment amounts and prisoner information and vital record death data.

If the State will not be cross checking Social Security Numbers and ID information with existing government databases, please describe how the State will supplement this fraud prevention strategy.

Nevada's Energy Assistance Program will continue to utilize the existing processes for cross-checking Social Security Numbers and identities.

Necessary outcomes from these systems and strategies.

Use of all available database systems to make sound eligibility determinations.

VERIFYING APPLICANT INCOME

Describe how the State or designee used State Directories of new hires or similar systems to confirm income eligibility in FY 2012 continuing in FY 2013. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

The State Directory of New Hires is reviewed for all Energy Assistance Program applicants prior to determining eligibility. This web-based computer interfaces with Nevada's Department of Employment, Training & Rehabilitation and is also used to verify unemployment insurance benefits and employment data.

Please highlight any policies or strategies for using new hire directories, which will be newly implemented in FY 2013.

Nevada's Energy Assistance Program is exploring the feasibility of using the Public Assistance Reporting Information System (PARIS) to determine if there is unreported income.

If the State will not be using new hire directories to verify applicant and household member incomes how will the State be verifying the information?

Nevada's Energy Assistance Program uses new hire directories to verify applicant and household member incomes.

Necessary outcomes from these systems and strategies.

Effective income determination achieved through coordination across program lines

PRIVACY-PROTECTION AND CONFIDENTIALITY

Describe the financial and operating controls in place in FY 2012 that will continue in FY 2013 to protect client information against improper use or disclosure. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

The Division of Welfare and Supportive Services maintains strict policy for safeguarding information. Information may not be released unless directly related to the administration and program operation of the applicable State Plan. Case files are stored only in secure areas accessible to Division personnel. Case files are not removed from an office unless prior approval is granted and for very limited circumstances. All agency employees receive annual training on privacy-protection and confidentiality as required in employee work standards. Nevada Revised Statutes 193.170 – unauthorized disclosure of confidential information is a misdemeanor, punishable by up to 6 months in jail and/or up to a $1,000 fine. Individuals found to have disclosed confidential are subject to agency progressive discipline actions. (See Attachment C– Administrative Manual Chapter 600 Confidential Information.)

Please highlight any controls or strategies from your plan, which will be newly implemented as of FY 2013.

Nevada's Energy Assistance Program is not contemplating implementation of any changes to Privacy-Protection and Confidentiality operating controls in FY 2013.

If you do not have relevant physical or operational controls in place to ensure the security and confidentiality of private information disclosed by applicants, please explain why.

Nevada's Energy Assistance Program currently has physical and operational controls in place to ensure the security and confidentiality of private information disclosed by applicants.

Necessary outcomes from these systems and strategies.

Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.

LIHEAP BENEFITS POLICY

Describe FY 2012 State policies continuing in FY 2013 for protecting against fraud when making payments or providing benefits to energy vendors on behalf of clients. *Please provide full descriptions of the State's plans and*

strategy in this area, and attach/reference excerpts from relevant policy documents.

The energy assistance program conducts annual audits where a sample of the recipients are sent a questionnaire ascertaining if payments made to energy provider(s) on their behalf were properly credited to their account statement with the energy vendor. Discrepancies are resolved with the energy provider. The program issues payments only to energy providers who have agreed to the terms of the of the energy assistance program vendor agreement. (See Attachment B-Energy Vendor Provider Agreement)

Please highlight any fraud prevention efforts relating to making payments or providing benefits, which will be newly implemented in FY 2013.

As outlined in the above "Fraud Reporting Mechanisms" section, EAP staff determining program eligibility will receive training on interviewing techniques, the team approach to fraud prevention, and intentional program violations. (See Attachment A)

If the State doesn't have policy in place to protect against improper payments when making payments or providing benefits on behalf of clients, what supplementary steps is the State taking to ensure program integrity.

The State of Nevada's Energy Assistance Program does have existing policies to protect against making improper payments when providing benefits of behalf of clients.

Necessary outcomes from these systems and strategies.

Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.

PROCEDURES FOR UNREGULATED ENERGY VENDORS

Describe the State's FY 2012 procedures continuing in FY 2013 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other unregulated energy utilities. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

An annual audit is undertaken whereby a random sample of unregulated energy customers is contacted to determine if their energy vendor's monthly customer statement reflected an accurate crediting of their energy assistance payment. In situations where a potential discrepancy exists, the energy vendor's record for the customer is audited to resolve the issue.

Please highlight any strategies policy in this area, which will be newly implemented in FY 2013.

There are no changes planned for FY 2013 in procedures affecting unregulated energy vendors.

If you do not have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the State is ensuring program integrity.

Nevada's Energy Assistance Program does have a firm plan for averting fraudulent payments to unregulated energy vendors.

Necessary outcomes from these systems and strategies.

Participating vendors are thoroughly researched and inspected before benefits are issued.

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

Describe State FY 2012 policies continuing in FY 2013 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the State's procedure for averting fraud. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*

In order to receive payments from the energy assistance program, energy vendors must enter into a contract with the State of Nevada. To receive a payment, an energy vendor must obtain an assigned 'vendor number' from the State Controller's office which requires a federal tax ID number. A vendor must be a licensed business, requiring payment of annual license fee, and registered with the Secretary of State's office in order to obtain/maintain a vendor number from the State Controller's office.

Please highlight any policies for verifying vendor authenticity, which will be newly implemented in FY 2013.

There are no changes planned for FY 2013 in policies for verifying vendor authenticity.

If you do not have a system in place for verifying vendor authenticity, please describe how the State can ensure that funds are being distributed through valid intermediaries?

Nevada's Energy Assistance Program does have a system in place for verifying vendor authenticity.

Necessary outcomes from these systems and strategies.

An effective that effectively confirms the existence of entities receiving federal funds.

TRAINING AND TECHNICAL ASSISTANCE

In regards to fraud prevention, please describe elements of your FY 2012 plan continuing in FY 2013 for training and providing technical assistance to (a) employees, (b) non-governmental staff involved in the eligibility process, (c) clients, and (d) energy vendors. *Please provide full descriptions of the State's plans and strategy in this area, and*

attach/reference excerpts from relevant policy documents.
Nevada's Energy Assistance Program has established policy on how to recognize situations of potential fraud. Referrals are made to the Investigations & Recovery (I&R) unit for the purposes of conducting an investigation, determining the source of the error and whether it was intentional. In situations where the error appears to be intentional, a referral may be made for prosecution or an administrative hearing may be conducted to determine if the violation was intentional. All client errors resulting in an improper payment are referred to the I&R unit for recovery. (See Attachment D)
Please highlight specific elements of your training regiment and technical assistance resources from your plan, which will represent newly implemented in FY 2013.
As outlined above in "Fraud Reporting Mechanisms," direct services delivery staff administering other DWSS programs such as TANF or SNAP has received internal training on interviewing techniques, the team approach to fraud prevention, and intentional program violations. In 2013, EAP staff determining program eligibility will receive the above-referenced training. (See Attachment A)
If you do not have a system in place for anti-fraud training or technical assistance for employees, clients or energy vendors, please describe your strategy for ensuring all employees understand what is expected of them and what tactics they are permitted to employ.
Nevada's Energy Assistance Program has implemented a system for anti-fraud training or technical assistance for employees.
Necessary outcomes from these systems and strategies.
The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit. .
AUDITS OF LOCAL ADMINISTERING AGENCIES
Please describe the annual audit requirement in place for local administering agencies in FY 2012 that will continue into FY 2013. *Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents.*
Nevada's Energy Assistance Program does not utilize local administering agencies to provide energy assistance payments.
Please describe new policies or strategies to be implemented in FY 2013.
N/A
If you do not have specific audit requirements for local administering agencies, please explain how the Grantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements.
N/A
Necessary outcomes from these systems and strategies.
Reduce improper payments; maintain local agency integrity, and benefits awarded to eligible households.

Additional Information

Please attach further information that describes the Grantee's Program Integrity Policies, including supporting documentation from program manuals, including pages/sections from established LIHEAP policies and procedures.

Investigations and Recovery Unit Responsibilities

Nevada's Energy Assistance Program works in concert with the Division of Welfare and Supportive Services Investigative and Recovery Unit (I&R) to recover misspent energy assistance funds and removes persons from the program who have committed a substantiated program violation intentionally. (See Attachment D – I&R Manual Sections 200 - 400 and Attachment A – Overview of the I&R Integrity Plan for Energy Assistance)).

The I&R unit investigates reports of possible fraud by employees or contract staff. **Staff found to have committed criminal acts may be subject to termination and/or criminal prosecution.**

The State of Nevada does prosecute criminal and fraudulent program activity. The I&R unit makes the determination if the circumstances surrounding an intentional program violation by an applicant/recipient or misconduct of a staff member are appropriate for referral to the district attorney for prosecution.

SSA Data Base Matching

States have been encouraged to match SSNs against SSA data bases for the purposes of confirming identity, identifying deceased individuals, and verifying the receipt of SSA Income/benefits. Nevada recognizes the benefits of SSA matching and has begun the IT design/development process of implementing an SSA match. Technical/resource assistance in the following areas would assist states as they explore their options:

- Guidance on LIHEAP Grantees authority to obtain SSA data for applicant and applicant household members;
- Facilitate with SSA the means and clear authority for states to access and store information from SSA data bases for LIHEAP eligibility;
- Assistance with the initial cost of developing the information system infrastructure to implement an automated match process;
- Identifying the best SSA option/s for states to obtain verification of identify and income. The following factors should be considered:

    - initial and ongoing costs;
    - statutory or regulatory limitations on the usage and storage of data depending on the interfaces/processes used (i.e., Numident, SDX, BENDEX, SOLQ, CB);
    - information systems infrastructure requirements;
    - administrative burden; and
    - impact to case processing times.

Attachment A

State of Nevada
DWSS Investigations & Recovery
Integrity Plan For Energy Assistance

PURPOSE:

The Nevada Division of Welfare and Supportive Services (DWSS), Investigations and Recovery Unit (I&R), has as one of its core missions to deter fraud, waste, abuse and misuse of essential DWSS administered benefit programs. The Energy Assistance Program (EAP) is one of the many benefit programs of which I&R is charged with maintaining program integrity and recipient accountability as well as actively seeking new and creative ways to maintain these standards.

I&R investigates instances of suspected program abuse from referrals initiated by eligibility staff, from reviews based on noted high-risk application inconsistencies or as the result of alleged overpaid benefits in ongoing cases and holds identified individuals responsible either administratively, criminally or through civil action. This is accomplished through several program integrity measures: field investigation, fraud investigation, and EAP internal controls developed by EAP Management Staff. I&R's Office of Professional Responsibility (OPR) actively engages in conducting audits and reviews of staff program activity to identify, prevent and control internal employee misconduct and benefit abuses, which can include EAP.

One goal of Nevada's I&R Unit in general, and specifically this Integrity Plan, is to reduce the incidence of EAP benefit waste, misuse, abuse and fraud within the state of Nevada. This plan provides for the annual training of EAP staff with additional guidance in pursuing program integrity through enhanced interview and application review techniques, and to identify potential elements that could be resolved through an investigative referral to I&R. A secondary objective of this plan is to build a collaborative relationship with the EAP staff to pursue and prevent future abuse or fraud through effective communication and accurate reporting methods to the EAP case manager.

SECTION I: COMMUNICATION PROTOCOL WITH LOCAL EAP OFFICE

Designated EAP staff will have access to the IRIS (Investigations & Recovery Information System) to electronically refer suspicious applicant activity or other related issues to the application process. Staff can also refer allegations of potential internal fraud or abuse through the IRIS or by directly and confidentially contacting the Chief Investigator through email or by phone.

Local DWSS investigative staff will provide investigative reports and required program integrity information to the Central Office Chief Investigator in a timely fashion and directly to the EAP case manager or designated EAP contact as dictated by their Manager.

The general public can report suspicious activity or fraud to the EAP or DWSS by calling the Welfare Hotline at (775) 684-8757 or (702) 486-1875. The public can also report fraud via the web at https://dwss.nv.gov/maps/IR_ReportFraudForm.htm

SECTION II: CRITERIA FOR IDENTIFYING & PURSUING OVERPAYMENTS

The local EAP office identifies and calculates overpayment amounts and follows their designated collection policy. When EAP is unable to recover funds through their normal process, the debt will be referred to the local I&R unit to establish an accounts receivable and pursue recovery. All recovered funds are returned to the EAP in full.

I&R debt management include initial debt notification and offer of a repayment plan that accommodates both the best interest of the debtor and the EAP. I&R demands action by the debtor within 30 days of debt notification. Failure to respond to the first notice results in a second notice providing an additional 10 days to contact the Recovery unit to set up a repayment plan. When a debtor does not make contact, sign a repayment plan or make payment, the account is moved to forced collection activity through civil action or referral to the State of Nevada Controller for further collection actions. All recoveries received through forced collection are returned to the EAP and the debtor is responsible to pay any additional fees charged by the courts or the Controller.

SECTION III: DISQUALIFICATION FROM PROGRAM PARTICIPATION

When the EAP case manager or investigator identifies an alleged program violation committed by an applicant or recipient, an investigator will review the circumstances to confirm the intent of the violation. The investigator will make reasonable attempts to contact the applicant/recipient to discuss the alleged violation(s). This provides the accused with an opportunity to understand their rights and obligations regarding program violations and to discuss the allegation.

During the meeting, the accused may choose to admit or not admit to the wrong doing and either attend a scheduled Administrative Disqualification Hearing (ADH) or waive his rights to a Hearing by signing an ADH Waiver. Upon receipt of an ADH Decision from the Hearing Office and/or a signed Waiver, the designated disqualification will be applied to the accused and prevents him from receiving future EAP benefits for the determined time period. The original documentation is maintained in the I&R Intentional Program Violation repository for 80 years per current I&R archive protocol.

SECTION IV: CONTROLS AGAINST EMPLOYEE FRAUD:

DWSS recognizes that its greatest strength lies in the talent of its employees and expects clients and colleagues to be treated with respect, dignity, and courtesy and to avoid conflicts of interest, or the appearance of such, between their own personal interests and the best interests of the clients and taxpayers they serve. EAP employees are expected to protect state and program assets, to maintain ethical and appropriate workplace relationships and to be committed to ensuring accurate and appropriate records in accordance with all federal, state and local laws, rules, regulations, and DWSS policies and procedures. Various internal controls to guard against employee

fraud are in place; however, I&R will continue to review current controls to determine if they are working or if subject to augmentation.

The I&R OPR (Office of Professional Responsibility) conducts random audits and review of internal activity, along with several other processes to detect and ensure against employee fraud. Additional initiatives under consideration or currently used are as follows:

- Tighter intake application processing controls
- Collaboration with EAP vendors to detect and prevent abuse
- Developing ad hoc reporting methods to identify potential or previously unidentified internal fraud risk
- Annual analysis of internal controls to evaluate effectiveness

Investigators will act upon all identified employee fraud and pursue prosecution with the local District Attorney's office.

SECTION VII: PROGRAM INTEGRITY TRAINING:

The EAP and I&R have developed joint protocols and agendas that include supplementary integrity training provided by I&R staff on an annual basis. Currently, training is structured to assist the case manager with interviewing techniques, identifying and addressing "red flags" during the application process and how/when to refer a case for investigation. Protocol may also provide an opportunity for case managers to engage in "ride along's" with an investigator when authorized.

Joint EAP – I&R collaboration results in more accurate case determinations, encourages integrity measures and saves EAP dollars for the needy.

Investigations & Recovery Contact Information:

Brenda Lee Burch
Chief of Investigations & Recovery
EBT/EFT & PARIS Operations
Division of Welfare and Supportive Services
1470 College Parkway, Carson City, NV 89706
Phone: 775.684.0559
Fax: 775.684.8765
Cell: 775.681.0638
blburch@dwss.nv.gov

Attachment B

ENERGY ASSISTANCE PROGRAM
VENDOR AGREEMENT
For Universal and Non Universal Energy Charge Vendors

Between the State of Nevada

Department of Health and Human Services
Division of Welfare and Supportive Services (DWSS)
ENERGY ASSISTANCE PROGRAM
1470 College Parkway
Carson City, Nevada 89706-7924
Phone: (775) 684-0552 Fax: (775) 684-0680

And

VENDOR NAME
VENDOR ADDRESS

This agreement between the Energy Assistance Program (EAP) and the undersigned company (hereinafter called Company) is made pursuant to the Low Income Home Energy Assistance (LIHEA) Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35), as amended. The Company will assist the Division of Welfare and Supportive Services (DWSS) in the administration of the EAP program by providing the services designated within this agreement.

THE COMPANY AGREES TO:

1. Implement policies and procedures established by the EAP for the payment, refund, and reconciliation of benefits, and ensure these policies and procedures are communicated to all appropriate Company employees.

2. Accept payment from the EAP on behalf of eligible clients and credit the accounts specified in the transmittal documents. If the client has an account that is different from the one specified in the transmittal document or the client's account has been closed, the Company shall immediately contact the EAP before crediting any portion of the payment.

3. Ensure no unused EAP benefits in a client's account are refunded directly to the client, but instead are refunded to the EAP within thirty (30) days of closure of the client's account with the Company. Send all refunded amounts to:

   Division of Welfare and Supportive Services
   Attention: Accounting
   1470 College Parkway
   Carson City, NV 89706

4. Provide specific customer account information necessary for determining client/household eligibility and benefits, and provide a 12-month energy usage history for individual energy assistance clients/households upon request of the EAP.

5. For those EAP applicants requesting assistance with past due charges owed to the Company, the Company must provide: 1) specific customer account (arrearage) information necessary to establish the debt, 2) the period of time the debt covers, 3) if the client/household paid toward that debt *with non-public assistance benefits* during a time period specified by EAP program staff, and 4) the amount of payment made *with non-public assistance benefits* during the specified time period. Specifically, eligibility for assistance with past due charges owed the Company requires the client/household to have made some payment toward the debt from their own funds. The EAP Program needs to ascertain the amount the client/household paid from their own funds before an arrearage assistance payment can be made.

6. Accept payment promises from EAP staff and provide the required client/household services in the monetary amount stipulated within 48 hours of the promise to pay.

7. Not charge EAP clients for any costs other than the difference between the actual charge for the energy supplied and the payment provided under the EAP.

8. Treat EAP clients/households the same as any other Company customer.

9. Not discriminate against EAP clients in either the usual and customary cost of goods supplied or the normal services provided.

THE ENERGY ASSISTANCE PROGRAM AGREES TO:

1. Review and process all energy assistance applications.

2. Notify the applicant, in writing, the household is either: 1) eligible and the amount of the payment(s), to whom the payment(s) will be made, and the approximate payment date; or, 2) ineligible and the reason why.

3. Process benefit payments to the Company for credit to the accounts of eligible clients who list the Company as their vendor.

4. Accept and process refunds from the Company.

5. Maintain a record of the amounts awarded to eligible clients/households and payments made on their behalf.

6. Supply applications and informational materials, at no cost, to the Company.

7. Notify the Company of policies and procedures regarding the payment, refund, and reconciliation of benefits.

BOTH PARTIES MUTUALLY AGREE:

1. The Company is an independent contractor and all of the provisions of NRS 284.173 apply.

2. This agreement shall be in effect from July 1, 2012 through June 30, 2016. It is further understood and agreed either party to this agreement may terminate this agreement at any time by written notice sent by certified mail, return receipt requested, or delivered to the other party at least thirty (30) days prior to the effective date of termination.

3. Information/data provided to the EAP by the Company shall remain confidential except as specified in this paragraph. EAP shall use such information for a client/household for the purpose of establishing the eligibility of and/or the benefit of a client/household. EAP may share information/data provided by the Company with the Department of Business and Industry, Housing Division, for the purpose of targeting households with high-energy consumption. Use of information/data provided by the Company to the EAP or Housing Division for any reason other than the purposes stated here is prohibited.

   The Company shall not use or disclose any information provided by the EAP or the Housing Division concerning an applicant/recipient of EAP services under this agreement for any purpose other than energy assistance.

4. To permit authorized state and federal personnel to monitor and/or audit the activities, procedures, cases, and accounting records subject to this agreement, and develop corrective action plans to rectify any exceptions noted in monitoring and/or audit reports that result in noncompliance with this agreement or federal/state statutes and regulations.

5. All services rendered under this agreement shall be provided in compliance with the Federal Civil Rights Act of 1964, and the Americans with Disabilities Act, as amended, and no person shall be unlawfully denied service on the grounds of age, race, creed, color, sex, national origin, or handicap.

6. To indemnify and save and hold each other, their agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this agreement by the parties or the parties' agents or employees.

Signature Date	Title
Printed Name	Company Name
DIANE J. COMEAUX Date	Administrator, Division of Welfare and Supportive Services

Approved by the State of NV
Deputy Attorney General on
February 22, 2008

Reviewed by DWSS Contract
Manager on April 17, 2012

Attachment C

DEPARTMENT OF HEALTH
AND
HUMAN SERVICES

DIVISION OF WELFARE
AND
SUPPORTIVE SERVICES

ADMINISTRATIVE MANUAL

CHAPTER 600

CONFIDENTIAL INFORMATION

600 CONFIDENTIAL INFORMATION

601 CONFIDENTIAL INFORMATION FOR DIVISION PROGRAMS

The State of Nevada restricts the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administrative needs of the program(s) the applicant or recipient is requesting/receiving.

A. SHARING INFORMATION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Per NRS 232.357, the divisions within the Department of Health and Human Services may share confidential information without a formal release.

B. STATE STATUTE

Confidentiality of all Division of Welfare and Supportive Services (DWSS) cases and related information must be maintained in accordance with NRS 422A.320. NRS 422A.320 states the DWSS shall establish and enforce reasonable rules and regulations governing the custody, use and preservation of the records, files and communications filed with the DWSS. Whenever names, addresses or information concerning applicants for and recipients of assistance are furnished to another government agency, such agency is bound by the rules and regulations of the department prohibiting the publication of lists and records. No person may publish, disclose or use, or permit or cause to be published, disclosed or used, any confidential information pertaining to a recipient of assistance under the provisions of this chapter.

C. FEDERAL REGULATIONS

Federal regulations for Medicaid (42 CFR 431.300 - 306), AFDC (45 CFR 205.50), Support Enforcement (45 CFR 303.21) and SNAP (7 CFR 272.19(c)) state the use or disclosure of information concerning applicants or recipients shall be limited to purposes directly connected with the administration of the program. Purposes directly related to administration of the program include:

1. Establishing eligibility;

2. Determining the amount of assistance;

3. Providing services for recipients;

4. Conducting or assisting an investigation, prosecution or criminal or civil proceeding related to the administration of the program;

In addition, for TANF and Support Enforcement, information may be disclosed for purposes directly connected with:

- The administration of any other federal or federally assisted program which provides assistance, in cash or in kind, or services directly to individuals on the basis of need; and
- The reporting to an appropriate agency or official, information on known or suspected instances of physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment of a child who is the subject of a child enforcement activity under circumstances which indicate that a child's health or welfare is threatened.

D. SUPPORT ENFORCEMENT POLICY

NRS 425.400 and Support Enforcement Manual, Section 111, restrict dissemination of information concerning individuals contained in any support enforcement cases to the following groups:

1. DWSS staff;

2. Nevada Attorney General;

3. Nevada District Attorney;

4. A court having jurisdiction in a parentage, support or abandonment proceeding or action;

5. The custodial parent, legal guardian, attorney or agent of a child who is not receiving Temporary Assistance for Needy Families (TANF) benefits; or

6. An agency in another state engaged in the establishment of parentage or in the enforcement of support of minor children.

601.1 RELEASE OF INFORMATION

A. GENERAL RELEASE OF INFORMATION

A release of information form ensures written consent to allow the release of information from third parties about the client(s). A release of information is signed by every applicant who submits the APPLICATION FOR ASSISTANCE (Form 2905-EG) in the Signature and Affirmation section. PLEASE NOTE, this form does not pertain to the release of medical record information. Release of medical record information is explained below in section 601.1,B.

1. The client should understand and agree that information will be obtained to establish eligibility or shared for referral purposes.

2. The form must be completed by the applicant or his/her designated representative.

B. RELEASE OF MEDICAL RECORD INFORMATION

Pursuant to 42 CFR 431.306(d), before releasing information to a source outside of the agency (county, private, media, etc.), the DWSS must obtain a Authorization for Release of Information, Form 2451-EE, signed by the individual or their authorized representative. There are two exceptions to obtaining a medical release form prior to releasing information:

1. The information is used to verify eligibility, income, or

   The amount of medical assistance payment pursuant to requirements of the Income Eligibility Verification System (IEVS).

2. Because of an emergency situation, time does not permit obtaining consent before release of information. However, the DWSS must notify the family or individual immediately after supplying the information.

Although medical record information received on an applicant or recipient may be shared with that person, files may contain only partial or limited medical information. Therefore, the DWSS recommends applicants or recipients requesting medical information be referred to their physician who is more likely to have complete and up-to-date medical information.

Medical record information presented at a hearing constituting the basis of a decision will be open to examination by the client and/or his/her representative. Also, medical information may be released to Health and Human Services (HHS) for purposes directly related to the furtherance of one of the Division's programs.

C. SUBPOENAED RECORDS

Staff must comply with the following procedures when either office records or personnel are subpoenaed by a lawyer or to a court proceeding. Staff must cooperate fully with the Deputy Attorney General (DAG) in preparing for required anticipated testimony.

1. Records - When contacted by a lawyer regarding Division records, staff must contact the DAG. All such requests must be documented in writing with copies going to the employee's supervisor, office manager, chief, deputy and administrator. Any requests for records must include a written release of information from the client. Records can be released with the written request. The exception will be any information that would violate federal mandates regarding confidentiality. All requests must be reviewed by the DAG to ensure state or federal mandates are not violated.

2. Personnel - When Division personnel receive a subpoena for their appearance in court, they may contact the DAG to address any questions and/or concerns they may have in regards to their possible testimony or if directed to do so by their supervisor.

601.2 SAFEGUARDING OF INFORMATION

Information may not be released unless directly related to the administration and program operation of the State Plan including:

1. Names and addresses;

2. Medical services provided;

3. Social and economic conditions or circumstances;

4. Agency evaluation of personal information;

5. Medical data, including diagnosis and past history of disease or disability;

6. Any information requested for verifying income eligibility and amount of medical assistance payments; and

7. Information received in connection with the identification of legally liable third-party resources.

601.3 SAFEGUARDING CASE RECORD INFORMATION

Case files are to be stored in an area discouraging access by individuals other than Division personnel. Case files are not to be taken out of the office, unless prior approval is given by a supervisor for the following reasons:

- the file is required for a home visit; or
- the file is required for a court appearance; or
- the file is requested by a deputy from the Attorney General's Office.

If a file needs to be removed from the office for any other reason, prior approval by the Social Welfare Manager or a Division Chief is required.

Documents containing confidential information no longer of value, such as suspense copies, IRS intercept/address transmittal and computer reports, must be destroyed by shredding to ensure the client's or non-custodial parent's identity can no longer be determined.

601.4 DIVISION EMPLOYEE AS A PROGRAM PARTICIPANT

Case records, whether paper files or system database records, of employees who are applicants, recipients or former recipients of any Nevada State Division of Welfare and Supportive Services program, including the Child Support Enforcement Program, must be safeguarded in such a fashion as to prevent them from becoming available to co-workers. "Employees" and "co-workers" are defined for these purposes as anyone employed by the Division, Office of the District Attorney, or Attorney General's Office or by any entity under cooperative agreement to provide program services, or any other individual with access to system or hard-copy records. Paper files must be maintained in a locked file cabinet located in a secure area designated by the office manager. Access to these and to system records should be made available only to the designated confidential case manager and the attorney(ies) responsible for the case, or their supervisor or office manager, or other staff or individuals as authorized by the administrator or his/her designee. No other employee shall view this information without specific approval of the office manager.

An employee must immediately disclose any case in which they are involved as a program participant. Disclosure must be made to an immediate supervisor.

An applicant, program participant or employee must not be given treatment or consideration different in any way from that required or offered to any other program participant.

601.5 UNAUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION

According to Nevada Revised Statutes (NRS) 193.170, the unauthorized disclosure of confidential information is a misdemeanor, punishable by up to six (6) months in jail and/or up to $1,000 fine. In addition, individuals found to have improperly disclosed confidential information are subject to progressive discipline actions as described in Administrative Manual, Section, 1008 "INCOMPATIBLE ACTIVITIES - PROHIBITIONS AND PENALTIES."

602 INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) REQUIREMENTS AND SSA INFORMATION EXCHANGE ACTIVITIES

SSA and the Internal Revenue Service (IRS) share areas of responsibility for collecting and maintaining earnings and/or self-employment related information for workers. In many cases, this information is considered federal tax return information subject to the confidentiality and non-disclosure provisions of the Internal Revenue Code (26 USC 6103). SSA, therefore, is subject to IRS guidelines concerning the use, handling and disclosure of this information.

Section 1137 of the Social Security Act requires information exchanged by state agencies be made available only to the extent necessary to assist in the valid administrative needs of the program receiving such information, and information received under section 6103(1) of the Internal Revenue Code (hereinafter referred to as the "Code") is exchanged only with agencies authorized to receive information under that section of the Code; and such information, i.e., BENDEX, SDX, EVS, SVES, BEERS, IEVS, WTPY and SOLQ, is adequately stored and processed so it is protected against unauthorized disclosure for other purposes.

Because the above data sources contain tax return information, outside entities (DWSS) receiving this information from SSA become subject to IRS guidelines concerning the use, handling and disclosure of federal tax information, as well. SSA expects its information exchange partners that also receive federal tax return information to comply with IRS security guidelines, thereby establishing a "floor" of security standards for which the IRS conducts its own periodic compliance audits. SSA's system security guidelines apply to the use of information outside the definition of federal tax return information, but nonetheless covered by the Privacy Act.

The Deficit Reduction Act of 1984 (DEFRA) requires states to verify earned income through SSA records and unearned income through IRS records for all applicant/recipient(s) for all DWSS programs. The Department of Information Services (DIS) submits listing of all recipients on a computer tape to IRS and SSA. They, in turn, cross-match Division of Welfare and Supportive Services' records against the IRS/SSA records. This cross-match results in the creation of two sets of printouts for field offices from each federal agency. Computer matches are completed once per year for ongoing recipients, and monthly for new applicants/recipients.

A. DESCRIPTION OF SSA AND IRS CROSS-MATCH

The IRS cross-match generates a report that shows all unearned income for recipients/applicants shown on the specified tax year's tax report. This information includes interest, dividends, capital gains and gambling winnings (not all inclusive - for complete listing, see Welfare Computer Systems Handbook Section 403.3,D).

The SSA cross-match generates a report that shows all earned income recipients/applicants have reported/shown on the specified tax year's W2-Form and other earned income tax forms. The SSA earned income information is received through IRS tax records. The master SSA printout shows both self-employment income and other earnings received by specific employers.

B. PROCEDURES FOR CONTROLLING SSA/IRS PRINTOUTS

Printouts are received by the district offices containing confidential raw IRS/SSA data concerning recipients. These printouts must be kept in a restricted area, with access restricted by a designated person(s). This person(s) must maintain a printout "log" and a control log as to when the printouts are removed from the security area and who has had access to the printouts. These printouts must be kept locked and only the designated person in charge of security may have a key to the lock.

The confidential IRS/SSA printouts must be shredded as soon as they are three (3) years old. The paper must be inserted into the shredder so that the lines are perpendicular to the cutting line. Staff assigned to security <u>must</u> be present during the shredding.

C. ALERT SHEET GUIDELINES

IRS/SSA alert sheets are generated for each entry on the main confidential printout. When an alert sheet is received, district office staff must conduct the following process:

1. An alert sheet is received on all recipients having unearned income on IRS records or earned income on SSA records.

2. Designated person(s) research alert sheets using the confidential IRS/SSA printout to obtain specific income information.

3. Verification of all income is gathered from either the benefit source/payor or from the recipient, if available.

4. Only collaterals, verifications and information supplied by the benefit source/payor/client may be entered into the casefile. Suspense copies of verification requests may not be placed on the casefile. The confidential printout cannot be copied, and all information transcribed from the printout must be destroyed.

5. No adverse action may be taken on any casefile using only the raw information taken from the confidential printout. Only third-party verification or information supplied by the client is sufficient to warrant case action.

6. After verification is completed and the appropriate action is taken, the findings and case disposition are entered on the bottom of the alert sheet. The carbon copy remains in the casefile and the original alert sheet is to be submitted to the Eligibility and Payments Unit in Central Office.

D. ONLINE ACCESS GUIDELINES

The Nevada State Division of Welfare and Supportive Services organizational chart shows the department/ unit/office structure within our organization. The SSA State Online Query (SOLQ) request and response screens will be accessible to specific NOMADS security role codes (authorized users) only. It is the responsibility of the office manager/supervisor to request the appropriate security role code to be assigned to an employee under their line of authority. However, the Security Administrator must grant the approval for the security role code assignment. The Nevada State Division of Welfare and Supportive Services will allow access to SSA State Online Query to only those authorized users, determined by the following NOMADS security role codes:

FM08 - FSS Workers
FM06 - FSS Leads
FM05 - FSS Supervisors
FM03 - FSS Managers
FM01 - Public Assistance Help Desk Staff
FM02 - Central Office Eligibility & Payments Staff
QC03 - Quality Control Reviewer
QC02 - Quality Control Supervisor

AWARENESS AGREEMENT:

At the time of hire, assignment of role code, and thereafter annually, each employee will be required to sign the Confidentiality of Federal Information Form (- EG) acknowledging they have read and reviewed the confidentiality statement with their supervisor or manager and understand it's contents. The user and supervisor or manager shall sign at the designated place. The original shall be returned to the Program and Field Operations, Eligibility and Payments Unit, a copy shall be kept in the district office and a copy shall be given to the user.

AUDIT REQUIREMENTS:

The Nevada State Division of Welfare and Supportive Services has developed and will maintain an automated audit trail system capable of data collection, data retrieval and data storage. The data collected through the audit trail associates each SOLQ transaction request to the authorized user who initiated the request, the business need for the request and the time and date stamp of the request. Each SOLQ transaction is stored in the audit file as a separate record and will not be overlaid by subsequent transaction requests. Access to the audit trail file (TWNSOLQ_REQ_LOG) is restricted to only those individuals approved by the Security Administrator. The audit trial file data is read only and is maintained for a minimum of three (3) years.

The following data elements are captured in the audit trail table. Any combination of data elements is available to meet reporting requirements:

SOLQ user RACF ID
SOLQ user's role code
SOLQ user last name
SOLQ user first name
SOLQ user's office code
SOLQ user's supervisory unit
SOLQ user's request reason
SOLQ request timestamp
SOLQ data requested for person's SSN
SOLQ data requested for person UPI
ICI of case shown on footer
Medicare Claim # (if applicable) of person data requested for

Activity Statistical Reports will be produced and distributed to the appropriate local district office managers, who will review and determine if an individual supervisory review is required. The district office managers will determine the appropriate procedure to be followed within their office to review and report on any unusual SOLQ activity. The DWSS Security Administrator will receive the statewide SOLQ reports for analysis of any unusual activity.

At any time those in the direct line of authority over a SOLQ authorized user, including those responsible for Management Evaluation (ME) reviews, Program Review and Evaluation (PRE) and the Security Administrator, can request an ad hoc report specific to their needs.

MANAGEMENT OVERSIGHT:

The DWSS Deputy Administrator for Program and Field Operations, or his/her designee, is responsible for management oversight and quality assurance for SOLQ. The DWSS Security Administrator is responsible for assuring the use of online access to SSA information is appropriate for each employee prior to granting access based on the role code assignment. These administrators will use various SOLQ audit trail reports to maintain ongoing management oversight and quality assurance.

The Deputy Administrator's designated program specialist will assist the Professional Development Center manager in drafting a training module for access and usage of SOLQ, including confidentiality requirements, prohibitions and penalties specific to SSA information, for newly hired employees.

The Deputy Administrator's designated program specialist will be responsible for assuring current employees receive adequate training on the sensitivity of SOLQ data, safeguards that must be followed and the penalties for misuse.

The Chief of Information Systems designated management analyst will be responsible for assuring the NOMADS User Task Guide is available for authorized users. The User Task Guide will provide step-by-step instructions for SOLQ usage.

602.1 UNAUTHORIZED DISCLOSURE OF INFORMATION - IRS

It is unlawful for any officer, employee of the United States, any person described in section 6103(n) of the Internal Revenue Code (or an officer or employee of any such person), any former officer or employee, or any person willfully to:

1. Disclose to any person, except as authorized in this title, any return or return information (as defined in section 6103(b) of the Internal Revenue Code).

2. Print or publish in any manner not provided by law any such return or return information.

3. Offer any item of material value in exchange for any return or return information.

Any violation is a felony punishable upon conviction by a fine in any amount not exceeding $5,000, or imprisonment of not more than five (5) years, or both, together with the costs of prosecution. If such offense is committed by any officer or employee of the United States, he/she shall, in addition to any other punishment, be dismissed from office or discharged from employment upon conviction of such offense.

602.2 CIVIL DAMAGES FOR UNAUTHORIZED DISCLOSURE OF IRS RETURNS AND RETURN INFORMATION

If any employee of the United States or any person knowingly, or because of negligence, reveals any return information with respect to a taxpayer violating any provision of section 6103 of the Internal Revenue Code, such taxpayers may bring a civil action for damages against the United States in a district court of the United States.

No person will be held liable for any disclosure that results from a good faith, but erroneous, interpretation of section 6103 of the Internal Revenue Code.

A. AMOUNT OF LIABILITY

In any action brought under subsection 6103(a) of the Internal Revenue Code, upon a finding of liability on the part of the defendant, the defendant shall be liable to the plaintiff in an amount equal to the sum of:

1. The Greater of:

   a. $1,000 for each act of unauthorized disclosure of a return or return information with respect to which such defendant is found liable, or
   b. The sum of:
      1) the actual damages sustained by the plaintiff as a result of such unauthorized disclosure, plus
      2) in the case of a willful disclosure or a disclosure which is the result of gross negligence, punitive damages, plus

2. The Costs of the Action

B. TIME LIMITS FOR ENFORCING LIABILITY

Notwithstanding any other provision of law, an action to enforce any liability created under this section may be brought at any time within two (2) years after the date of discovery by the plaintiff of the unauthorized disclosure.

C. DEFINITION OF RETURN AND RETURN INFORMATION

For purposes of this section, the terms "return" and "return information" have the respective meanings given such terms in section 6103(b) of the Internal Revenue Code.

1. Any information obtained under section 3406 of the Internal Revenue Code (including information with respect to any payee certification failure under subsection (d) thereof) shall be treated as return information; and

2. Any use of such information other than for purposes of meeting any requirement under section 3406 of the Internal Revenue Code or (subject to the safeguards set forth in section 6103 of the Internal Revenue Code) for purposes permitted under section 6103 of the Internal Revenue Code shall be treated as a violation of section 6103 of the Internal Revenue Code.

For purposes of subsection (b), the reference to section 6103 of the Internal Revenue Code shall be treated as including a reference to section 3406 of the Internal Revenue Code.

603 DIVISION PERSONNEL CONFIDENTIAL INFORMATION

Most employment and personnel records are confidential. This includes information relating to an individual's status in the recruitment process and information on the employment application. The following excerpts from Nevada Administrative Code (NAC) 284 identify what is considered to be a confidential personnel record. (See also Chapter 1000 section 1014 of the Division of Welfare and Supportive Services Administrative Manual – Personnel.)

A. CONFIDENTIAL RECORDS (NAC 284.718)

1. The following types of information, which are maintained by the Department of Personnel or the personnel office of an agency, are confidential:

   a. Information relating to salaries paid in other than governmental employment which is furnished to the Department of Personnel on the condition that the source remain confidential;
   b. Any document which is used by the Department of Personnel or an agency in negotiations with employees or their representatives which has not been made public by mutual agreement;
   c. The rating and remarks concerning an applicant by the individual members of the board or assessors of a center for assessment;
   d. Materials used in examinations, including suggested answers for oral examinations;
   e. Reports by employers, appointing authorities or law enforcement officials concerning the hiring, promotion or background of applicants, eligible persons or employees;
   f. The class title and agency of an employee whose name is excluded from the official roster, as provided in subsection 3 of NAC 284.714, when an inquiry concerning an employee is received;
   g. Any information contained on a person's application or relating to this status as an eligible person; and
   h. Information in an employee's file or record of employment which relates to his/her:
      1) Performance;
      2) Conduct, including any disciplinary actions taken against him;
      3) Race, ethnic identity or affiliation, sex, disability or date of birth; or
      4) Home telephone number.

2. If the employee has requested that his/her personal mailing address be listed as confidential, his/her file must be so designated and list his/her business address.

3. The name of any beneficiary of an employee contained in the payroll document must not be released to anyone unless:

   a. The employee dies; or
   b. The employee signs a release.

B. ACCESS TO CONFIDENTIAL RECORDS (NAC 284.726)

1. Except as otherwise provided in this subsection, access to materials for an examination and information relating to an applicant or eligible person which are relevant to an appointing authority's decision to hire that person is limited to the appointing authority or his/her designated representative. If the name of the applicant is not disclosed and the information is used for the purposes of paragraph (b) of subsection 1 of NAC 284.204, information relating to the education and experience of an applicant may be made available to any affected applicant, employee or the designated representative of either.

2. Except as otherwise provided in subsection 3, access to an employee's file of employment containing any of the items listed in paragraphs (e) to (h) inclusive, of subsection 1 of NAC 284.718 is limited to:

   a. The employee;
   b. The employee's representative when signed authorization from the employee is presented or is in his/her employment file;
   c. The appointing authority or a designated representative of the agency by which the employee is employed;
   d. The director of the Department of Personnel or his/her designated representative;
   e. An appointing authority, or his/her designated representative, who is considering the employee for employment in his/her agency; and
   f. Persons who are authorized pursuant to any state or federal law or an order of a court.

3. Information concerning the disability of an employee or a member of his/her immediate family must be kept separate from the employee's file in a locked cabinet. Access to such information is limited to the employee, his/her current supervisor and the appointing authority.

4. Upon request, the Department of Personnel will provide the personal mailing address of any employee on file with the department to the State Controller's Office and the Internal Revenue Service.

5. The director or the appointing authority, or his/her designated representative, shall authorize the release of any confidential records under his/her control which are requested by the committee, a hearings officer, the commission, the Nevada Equal Rights Commission or a court. If the director or his/her designated representative determines that the release of any confidential record is not necessary for those purposes, the decision may be appealed.

604 NEVADA CRIMINAL JUSTICE INFORMATION SYSTEM (NCJIS) REQUIREMENTS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires no fleeing felon or convicted drug felon be provided TANF or SNAP benefits as outlined in Nevada Revised Statutes 422A.345 and B-941.1 to B-941.3, inclusive; of the Eligibility and Payments Manual. NCJIS provides the information necessary to comply with this act.

604.1 DESCRIPTION OF NEVADA CRIMINAL JUSTICE INFORMATION SYSTEM (NCJIS)

NCJIS was designed to provide complete and accurate criminal justice information to authorized criminal justice and public safety agencies. Nevada State Division of Welfare and Supportive Services is an authorized criminal justice agency, with regard to the investigation of criminal cases where the client is suspect and must comply with the established policies and procedures of NCJIS.

604.2 DEFINITION OF A CONTROL TERMINAL AGENCY (CTA)

The Control Terminal Agency (CTA) is the Department of Public Safety (DPS), which has direct access to NCJIS, National Crime Information Center (NCIC), National Law Enforcement Telecommunications System (NLETS) and the California Law Enforcement Telecommunications System (CLETS).

604.3 ADMINISTRATIVE RESPONSIBILITIES

1. Division staff will not make any changes in the location of any terminal equipment/device or discontinue or alter service until written approval is received from DPS NCJIS Control Terminal Officer (CTO) or his/her designee.

2. The DWSS administrator or designee must, at the time of access authority, appoint a Terminal Agency Coordinator (TAC) to serve as the liaison and to represent their agency with respect to the NCJIS Network. TAC responsibilities are assigned to the Investigations & Recovery Unit, Program Specialist.

3. When there is a change in the appointment of the specialist, the administrator or designee must notify the CTO within <u>ten (10) days of the new appointment</u>.

4. The division will assist and provide complete cooperation to the NCJIS Audit Staff with regard to a biennial or directed compliance audit.

604.4 TERMINAL AGENCY COORDINATOR (TAC) I&R SPECIALIST

The specialist is designated as the liaison between DWSS and the CTA/CTO with regard to access to the NCJIS Network. The specialist represents DWSS and will be available, cooperate and give assistance to the NCJIS Audit staff with required biennial or directed compliance audits that will be performed on the division.

604.5 NCJIS USER AGREEMENT

The NCJIS User Agreement serves to identify and designate the responsibilities of the Nevada Control Terminal Agency (TAC) and DWSS.

1. DWSS has been approved for access to the NCJIS Network and has entered into a written agreement (User Agreement) with the Director of the Department of Public Safety, and is legally bound thereby and agrees to abide by all provisions contained within the user agreement.

2. Division staff will not provide NCJIS service to another agency, for any reason, without a written agreement which delineates responsibilities for both.

604.6 AGENCY ASSIGNED ORIS, TERMINAL IDS AND OPERATOR FUNCTIONS

In order to access NCJIS, NCIC, NLETS or CLETS, DWSS must be assigned a unique NCIC nine-character Originating Agency Identifier (ORI) for each terminal designated for NCJIS access.

1. Each terminal operator that accesses the NCJIS Network must have a unique operator ID and password. DWSS staff must also be assigned specific function codes by the Systems Services Unit at the request of the specialist and determined by the operator's level of training and proficiency.

2. The specialist will request the Systems Services Unit to provide functions and/or make changes in Division staff, IDs, etc. or other related duties by written notification.

3. Any request for the Systems Services Unit to make changes in the agency administrator, specialist, or to configure terminals requires, a formal letter to the Control Terminal Officer (CTO).

604.7 SECURITY REQUIREMENTS

A. GENERAL

1. The policy in this section refers to all systems accessed through the NCJIS Network, and specifically relate to on-line access to criminal history record information (CHRI).

2. Data stored in NCJIS, NCIC, NLETS and CLETS is documented criminal justice information, and therefore, must be protected to ensure correct, legal and efficient dissemination for use.

B. DWSS prohibits dissemination of any information received from NCJIS, NCIC, NLETS or CLETS, to any unauthorized person or agency. This is CRITICAL with regard to criminal history record information (CHRI) obtained from NCJIS, NCIC III, NLETS and CLETS. Any employee who violates this section will be subject to both criminal and employee disciplinary actions per DWSS Administrative Manual Section 1008.l0,3.

1. DWSS employees will not request and/or perform inquiries for the purpose of curiosity, or for any reason not related to a criminal case referral. All requests must be submitted to the I&R Unit responsible for the requesting office.

2. Penalties may be assessed to DWSS and/or the person who willfully requests, obtains or seeks to obtain records of criminal justice information under false pretenses; willfully communicates or seeks to communicate records of criminal justice to other agencies or persons; pursuant to NRS 179A.900.

3. A preliminary background check on all DWSS staff that will access NCJIS, NCIC, NLETS and CLETS will be required. A set of applicant ten-print fingerprint cards will be submitted to the Nevada Criminal History Records Repository, who will forward one set to the Federal Bureau of Investigations Identification Division.

4. DWSS personnel are not allowed to operate an NCJIS terminal or receive any information from NCJIS or NCIC until completion of the background check. If through fingerprint identification a felony or serious misdemeanor record is found, access will immediately be denied by DWSS. Results of all completed background checks will be forwarded to DWSS personnel for placement in the employee's personnel background jacket.

5. The TAC is responsible for ensuring training on the purpose and proper use of NCJIS, NCIC and its ancillary systems and information is provided to all authorized DWSS personnel.

6. The TAC is responsible for monitoring terminal use. The TAC will perform, at a minimum, annual audits for CHRI through use of JLClient's Message Retrieval (RETMSG) or Offline Message Retrieval (OFLRET) functions. Terminal misuse may subject the terminal operator to both criminal and employee disciplinary actions.

Information obtained through NCJIS/NCIC is to be kept confidential and placed in the investigation file only. Information regarding criminal history is not to be narrated in NOMADS or the eligibility case file nor can it be presented at a hearing for any reason. The investigator may share pertinent information obtained through NCJIS/NCIC with the case worker, for the purpose of determining eligibility, by reporting it on the investigation follow-up form. The information should be brief and concise such as:

- Confirmed drug felony conviction date of 12/15/04
- Confirmed client is a fleeing felon

The source of the information will not be divulged at any time. Investigation case files containing information from NCJIS, NCIC or its ancillary system swill be clearly marked. Prior to purging case files, CHRI information must be removed from the case file and shredded by authorized I&R staff only.

604.8 AUTHORIZED AGENCY PERSONNEL SECURITY

The individual receiving a request for criminal justice information must ensure the person requesting the information is authorized to receive the data. The data stored in NCJIS, NCIC, NLETS and CLETS is confidential and should be treated accordingly. Any unauthorized request, receipt or dissemination of this material could result in civil and/or criminal proceedings against the individual and/or DWSS and the imposition of sanctions against the division by DPS.

604.9 PHYSICAL SECURITY

DWSS is responsible for the security of the systems being accessed by the division, including all places where terminal devices are located.

The DWSS Information Service's (IS) tech will be responsible for completing the State Purchasing Property Disposition Report (PDR) for items that are no longer needed by the division and preparing equipment for disposal in accordance with DWSS Administrative policy sections 2100.5 and 2210.4, respectively. The IS tech will be responsible to ensure all data stored on PCs or mobile devices are sanitized prior to disposal or donation. The sanitization method must ensure the data can not be recovered or restored. The IS tech will complete the Certificate of Data Destruction document verifying the sanitization date, method, and responsible person who sanitized the data.

604.10 LOGICAL SECURITY

A. Each terminal accessing NCJIS within DWSS will be designated by its own ORI, terminal ID and function capabilities as assigned by the Systems Services Unit.

B. All NCJIS terminal operators must use the sign-on, sign-over or sign-off functions provided through the NCJIS Network.

C. No DWSS employee will sign-on using the ID and password of another person, nor should they perform transactions on a terminal that is still signed-on by someone else. If someone else is signed onto a terminal, then the terminal operator wishing to use the terminal should sign-on over the other person. A common sign-on for multiple terminals within DWSS is not allowed.

D. Terminal operator passwords will be kept confidential and will not be given to any other division personnel.

E. Passwords will be changed every 30 days and should not consist of easily identified letters or characters.

604.11 HIT CONFIRMATIONS

When a felony warrant has been issued for an individual, the Division has conducted a criminal background check on; the warrant will appear on the NCIC/NCJIS criminal history record. The investigator must contact the entering agency who issued the warrant to confirm that the data is correct and up-to-date.

Exception: Electronic NCJIS warrant HIT confirmation is not necessary.

Attachment D

Division of Welfare and Supportive Services
Investigations and Recovery Policy Manual
Sections 200, 300, and 400

Section 200—Ineligible Categories and Periods

Section 300---Claims

Section 400---Recovery

200 INELIGIBLE CATEGORIES AND PERIODS

201 INTENTIONAL PROGRAM VIOLATION (IPV)

201.1 IPV DEFINITION

An IPV is an intentional action by an accused individual for the purposes of establishing or maintaining program eligibility, or increasing or preventing a reduction in the benefit amount when they:

- made a false or misleading oral or written statement, or misrepresented, concealed or withheld information;
- submitted a false document;
- failed to comply with reporting requirements as set forth in Eligibility & Payments (E&P) manual section B-600;
- made an attempt to obtain, increase or continue public assistance benefits for themselves or others to which they would otherwise not be entitled;
- received benefits to which they would otherwise not be entitled;
- altered any voucher or check to increase its value or duplicated any voucher or check to receive benefits they were not entitled to receive;
- failed to use or return training funds in a manner consistent with the training agreement; or
- committed any act that violates Nevada Revised Statute 207.340, or Nevada Revised Statute 422A.700, or intentionally violates any rule or regulation established by the Division of Welfare and Supportive Services (DWSS).

The actions listed above do not have to result in a claim. If there is potential for erroneous benefits being issued, an IPV may exist.

Intent may be demonstrated in a number of ways, such as:

- the accused individual had reason to know or had knowledge of the information withheld or misrepresented;
- the accused individual failed to report or clarify the information withheld or misrepresented during contact with DWSS or contracted staff, either in person, by mail, by phone, FAX or Electronic Mail;
- the accused individual has demonstrated the ability to report or clarify required information in the past;
- the accused individual has a history of previous program violations and/or client caused claims; or
- the accused individual signed and/or initialed a DWSS document acknowledging their reporting requirements/obligations and the penalty for hiding or giving false information.

The following acts are illustrative but not exclusive:

- concealing or misrepresenting – identity, Social Security number, employment information, paternity information, pregnancy information, marital status, household resources, persons living in the home earned or unearned income, child care information, assets, residency, household expenses, non-custodial parent information, citizenship, household members temporary absence from the home, receipt of public or government assistance, criminal information, school attendance of children, child support issues, medical expenses, separate food units, medical conditions of persons living in the home, lump sum disbursements, winnings, fleeing felon status, subsidized housing, prior Intentional Program Violations or any other information specifically addressed on the public assistance application;
- altering, forging, duplicating or transferring of DWSS vouchers, forms, checks, affidavits, or any documents submitted to DWSS; or
- misuse or unauthorized presentation, transfer, acquisition, receipt or possession of Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) electronic credits or benefits, vouchers, checks, warrants or affidavits,

201.2 DISQUALIFICATION PENALTIES FOR IPV

Accused individuals who are found to have committed an IPV, by a court of appropriate jurisdiction, or have signed a disqualification waiver, are ineligible for any program benefits for:

201.2.1 Ineligible Period TANF

A pro rata reduction of the ongoing benefit for:

- First Violation .....**12 months**
- Second Violation .....**24 months**
- NEON (training funds).....**60 months**
- Residence/ID .....**120 months**
- Third or Subsequent Violation.....**Permanently**

Note: See E&P manual section A-814.5.1.3 for the Definition of Misuse of Funds. IPV disqualified individual's ineligible for TANF are eligible for Medicaid benefits, if otherwise determined eligible.

201.2.2 Ineligible Period SNAP

- First Violation .....**12 months**
- Second Violation .....**24 months**
- Residence/ID .....**120 months**
- Third or Subsequent Violation.....**Permanently Ineligible**

201.2.3 Ineligible Period CHILD CARE

A. TANF RECIPIENT

- First Violation..... **12 months**
- Second Violation ..... **24 months**
- Third or subsequent Violation..... **Permanently Ineligible**

B. NON-TANF RECIPIENT

- First Violation..... **2 subsidy step decrease for 6 months**
- Second Violation ..... **3 subsidy step decrease for 12 months**
- Third or subsequent Violation..... **Permanently Ineligible**

201.2.4 Ineligible Period ENERGY ASSISTANCE PROGRAM (EAP)

- First Violation ..... **One program year**
- Second Violation ..... **Two program years**
- Third or subsequent Violation ..... **Permanently Ineligible**

201.3 DETERMINING IPV DISQUALIFICATION OCCURRENCES

When one or more IPVs are discovered, each occurrence must be separated by an administrative disqualification order or signed and approved Administrative Disqualification/Penalty Waiver or criminal court Judgment of Conviction (JOC) before the next level of penalties may be pursued. Occurrences are separated in the following manner:

1st Violation

Program violations occurring from the date of the accused individual's birth until the:

- date of disqualification (date of the Hearing Officer's notification letter) order;
- date on the signed and approved waiver (date signed by designated Investigations and Recovery (I&R) staff); or
- date of the JOC

Regardless of the number of violations committed in between.

2nd Violation

- program violations occurring after the approval date of the initial signed waiver until the date of a subsequent signed and I&R approved waiver;
- after being found guilty of a first violation until the date of a subsequent disqualification order or JOC, regardless of the number of violations committed in between;

3rd or Subsequent Violation

- program violations occurring after the approval date of the second signed waiver until the date of a subsequent signed and I&R approved waiver; or
- after being found guilty of a second violation until the date of a subsequent disqualification order or JOC, regardless of the number of violations committed in between

201.4 IDENTIFICATION OF IPVs

IPVs may be identified through a variety of means. The violation **does not** have to be discovered through an investigation or omission by the accused individual and does not have to include the incorrect payment of benefits. As defined in section 201, the mere **attempt** to acquire benefits incorrectly may be reason enough to pursue disqualification penalties.

Substantiation of a violation may be accomplished through, but is not limited to, collateral contacts, automated interfaces, case investigations or eligibility interviews.

201.5 REFERRAL PROCEDURES FOR IPV

Staff authorized by DWSS may recommend disqualification be initiated against an accused individual by completion and transmittal of Form 6021-AF, "Administrative Disqualification/Penalty Waiver." This is the only form used to pursue an administrative disqualification/penalty for IPVs. Included in the form are the following:

- Violation Summary;
- Rights of the Accused; and
- Waiver of Right to Administrative Disqualification/Penalty

When completing Form 6021-AF, the worker must check for prior disqualifications by sending an email to welfinvest@dwss.nv.gov (Welfare Investigations) to ensure the appropriate penalty period is correct.

201.5.1 Signed IPV Waiver

If a signed waiver is obtained, the worker shall:

- create an Investigations and Recovery Information System (IRIS) referral by completing the applicable referral detail fields;
- select the "IPV Waiver Attached" option;
- enter IPV waiver information and save the referral; and
- scan and attach the signed IPV waiver document to the referral

Upon successful referral generation, IRIS will route the referral to the Referral Management Unit (RMU) for case establishment and routing through the IPV process.

201.5.2 Request I&R Pursue IPV

If the accused individual refuses to sign the waiver, the worker must refer the case to the I&R Unit for an investigation to pursue an IPV by:

- creating an IRIS referral by completing the applicable referral detail fields; and
- selecting "I&R to Complete IPV Waiver"; and
- entering IPV waiver information and then saving the referral

Upon successful referral generation, IRIS will route the referral to the RMU for case establishment and routing through the investigative process.

201.6 CLIENT CONTACT

Contact with the accused individual prior to initiation of a disqualification procedure is not required by program regulations. DWSS staff having sufficient evidence of an individual's guilt may request an administrative disqualification hearing without any intervening communication with the accused individual.

However, contacting the accused individual prior to initiating a formal procedure affords the individual the opportunity to explain away questionable circumstances to I&R staff and avoid the necessity of further action. The contact also provides I&R staff an opportunity to gather further evidence if obtained from the accused individual voluntarily. I&R staff may request but not require individuals to attend meetings to discuss their suspicions. I&R staff may request accused individuals to discuss the issues over the telephone or respond in writing. If the accused individual fails or refuses to respond to any such request, I&R staff having sufficient evidence may proceed with the administrative hearing process. In no event, will the accused individual or household be terminated for non-cooperation with the IPV process.

201.7 IPV METHODS

There are three separate methods by which an accused individual may be penalized for an IPV, they are:

- acknowledgment and voluntary acceptance of the penalties by the accused, via a signed IPV Waiver;
- by formal order of the DWSS hearings officer after conclusion of the administrative penalty/disqualification hearing process; or
- by conviction in a criminal court for any offense related to violation of any program administered by DWSS.

201.8 IPV DISQUALIFICATION HEARINGS

201.8.1 Consolidation of Administrative Disqualification Hearings

Disqualification hearings involving multiple programs may be combined into a single hearing if the factual issues arise out of the same or related circumstances and the household received prior notice the hearings will be combined.

Combining hearings permits presentation of issues at a common hearing time. However, an individual request for Administrative Disqualification/Penalty Waiver, Form 6021-AF, must be completed for each accused individual and for each program.

If combined, a separate file must be established for each case, and separate presentations must occur for each program. This permits individual rulings for each separate program violation.

201.8.2 Pre-Hearing Resolutions

IPV issues may be resolved without a hearing or prior to a scheduled date of hearing:

- if the accused individual signs the “Waiver of Right to Administrative Disqualification Hearing” section of Form 6021-AF; or
- DWSS formally withdraws their request for a disqualification hearing.

The IPV disqualification waiver may also be used to address accused individual’s program violations without prior submittal of the 6021-AF to the Hearing Unit. This permits accused individual’s acceptance of IPV disqualification penalties without the formality of the actual hearing.

Signed IPV disqualification waivers are forwarded immediately, via IRIS referral and attachment, for review and approval signature. After approval, I&R staff will prepare and send a copy of the waiver and Notice of Imposition of Penalties to the accused individual and the appropriate case manager advising of DWSS’s intent to impose disqualification penalties.

If a signed waiver is obtained, penalties shall not be imposed until the worker has received notification from I&R staff. Once disqualification data is entered to the system by I&R staff, the worker will be notified to complete the imposition of penalty.

No further administrative appeal procedure exists after an accused individual waives his/her right to an administrative disqualification hearing and a disqualification penalty has been imposed. The accused individual however is entitled to seek relief in a court having appropriate jurisdiction.

201.8.3 IPV Hearings Process

Administrative Disqualification Hearings and Pre-hearing resolutions are set forth in DWSS's Administrative Manual, section 3103.

On the hearing date, the employee who initiated the IPV action must be available to witness if necessary; however, I&R will represent the DWSS and present the case to the hearing officer. See manual section B-1000 for procedures related to individuals contesting an action for other than IPV.

201.8.4 IPV Disqualification Outcomes

Issues sent to the hearings office or criminal courts are resolved on a case-by-case basis. Only **written decisions** issued by the hearing officer and criminal courts are enforceable. The formal written decision order may:

- deny or approve the request for a hearing;
- deny or approve the request for a disqualification based on a hearing; or
- approve, with modification of the penalties.

"Reconsideration of the administrative hearing decision" is in manual section 3102.15 of DWSS's Administrative Manual.

Accused individuals who disagree with the decision of the hearing officer may appeal their case to district court within ninety (90) days of the date of the hearing officer's decision.

201.9 IPV PENALTY IMPOSITION

Disqualification penalties are imposed differently for open and closed cases.

For open cases, disqualification penalties are imposed against the next benefit issuance, which the worker can administratively address after receipt of a signed and approved waiver or an administrative hearing officer's decision or criminal court JOC and I&R notification to impose penalties. Penalties will continue for the ordered period of time or in accordance with the disqualification periods specified in sections 201.2.1 through 201.2.4 respectively. Worker inability to affect benefits because of computer programming restrictions does not negate the case manager's ability to impose the full disqualification period.

For closed cases, the penalties will be imposed immediately following receipt of a signed and approved waiver or a hearing officer's disqualification order or criminal court JOC and I&R notification to impose penalties. Individuals remain ineligible for program participation for the entire disqualification period.

If the worker experiences difficulty in coding the disqualification penalty, they are encouraged to seek the assistance of the Help Desk, I&R Unit supervisor, or the I&R program specialist.

- if the worker fails to apply penalties within specified time frames, only the remaining months of the disqualification may be imposed, (unless permanently ineligible for participation).

Note: Timely action is required when the worker has the clear and present authority to impose penalties.

- if the disqualification is associated with the incorrect payment of benefits, the worker must also initiate action to have the claim re-classified as an IPV. This action will facilitate an increased benefit reduction percentage and greater DWSS retention of recoveries.

201.10 COUNT OF DISQUALIFIED MONTHS TOWARD TIME LIMITS (TANF ONLY)

When an accused individual has been found to have committed an IPV, disqualified months will count against both the state and federal time limits, unless the grant is reduced to zero (i.e. grant under $10 and a check is not issued or grant is reduced to zero to recover a claim). See E&P Policy Manual section A-2415.

The disqualified member must continue to meet NEON requirements, unless exempt.

201.11 BUDGETING ONGOING ELIGIBILITY FOR DISQUALIFIED MEMBERS

To determine the need and amount of program benefits, consider all income and resources of an accused individual required to be in the assistance unit/household, whether or not they are subject to disqualification penalties. Their income and resources are considered available to the assistance unit/household.

201.12 REPAYMENT OBLIGATION OF HOUSEHOLD MEMBERS

All TANF household members and adult SNAP, Child Care and Energy Assistance Program (EAP) household members, disqualified or not, remain responsible for claim repayment both during and after the disqualification period, until recoupment is complete.

Example: If the legal parent on a TANF case is disqualified, the repayment will be taken from any ongoing grant containing members who participated during the period of time of the program violation.

201.13 IPV DISQUALIFICATION INFORMATION SYSTEMS

201.13.1 Nevada's Central Repository for Program Disqualification Information

All Nevada administrative hearing decisions, criminal court JOC and signed and approved disqualification waivers are transmitted to the Central Office I&R Unit for maintenance and storage. This information is available for use by all authorized staff. Its primary purpose is to provide documentary evidence of why a disqualification penalty was imposed and substantiate previous disqualification occurrences.

Before completion or submittal of Form 6021-AF, "Administrative Disqualification/Penalty Waiver," the worker must contact the Central Office I&R Unit to obtain information about prior occurrences. See manual section 201.5.

201.13.2 National Electronic Disqualified Recipient System

The Food and Nutrition Service (FNS) operates a national Electronic Disqualification Recipient System (EDRS), which maintains data for accused individuals found to have committed a SNAP IPV within participating states.

When an accused individual is disqualified from SNAP participation in Nevada through a criminal court order, administrative disqualification hearing or voluntary waiver, the disqualification will be reported by Central Office I&R to the FNS via the EDRS.

201.14 FLEEING FELONS

Applicants or recipients are not eligible to participate in TANF or SNAP for any period during which:

- they are wanted by law enforcement for any action associated with a crime, which is classified as a felony; or
- wanted by law enforcement for questioning about a crime, which is classified as a felony.

Workers will use information disclosed on the application/redetermination/recertification or other program report forms, or verified by law enforcement to identify individuals affected by this ineligible category.

Note: Although the agency must take action on known information which could affect a household's SNAP benefits, it may delay taking such action if law enforcement officials request a delay of action because it could interfere with their investigation or apprehension of the fleeing felon. Refer any such requests directly to the I&R supervisor or their designee for review and approval of the request. I&R will advise the worker of any decision to delay a disqualification. The worker must future action the case file for a 30-day follow up. An eligibility action to disqualify the individual may be taken upon notification from I&R that the delay request has been lifted.

201.14.1 Ineligible Period for Fleeing Felons

Individuals are not eligible to receive TANF or SNAP benefits during any period of time they are classified as fleeing felons. Once the accused individual has been determined ineligible under this category, the accused individual must provide verification they are no longer wanted by law enforcement before eligibility may be restored.

If otherwise eligible, Fleeing Felons ineligible for TANF are eligible for Medicaid benefits.

201.15 PAROLE OR PROBATION VIOLATORS

Applicants or recipients are not eligible to participate in TANF or SNAP for any period during which they are violating a condition of their parole or probation when associated with a felony crime.

Workers will use information disclosed on the application or verified by the Division of Parole & Probation (P&P) to determine ineligibility.

201.15.1 Ineligible Period for Parole or Probation Violators

Individuals are not eligible to receive TANF or SNAP benefits during the time they are in violation of parole or probation conditions. Once ineligibility is determined, the applicant or recipient must provide written verification from P&P they are currently meeting all conditions of their parole or probation before they may regain eligibility.

If otherwise eligible, P&P violators ineligible for TANF are eligible for Medicaid benefits.

201.16 FELONY DRUG-RELATED CONVICTIONS

201.16.1 Ineligible Period (TANF)

Individuals, regardless of age, who are convicted of felony drug-related offenses on or after January 1, 1997 are permanently denied TANF benefits.

Eligibility may be considered if the conviction is erased or they are currently participating in or have successfully completed at least one substance abuse treatment program approved by DWSS and/or federal regional offices for the TANF program since their last drug conviction.

201.16.2 Ineligible Period (SNAP)

Individuals, regardless of age, convicted of felony drug-related offenses on or after August 22, 1996 are permanently denied SNAP benefits. Individuals charged prior to August 22, 1996 and convicted after that date are considered eligible.

Eligibility may be considered if the conviction is erased or they are currently participating in or have successfully completed at least one substance abuse treatment program approved by DWSS and/or Federal regional office for SNAP since their last drug conviction.

An individual awaiting participation in a program is not eligible for cash/SNAP benefits.

201.16.3 Treatment and Alternative Sentencing Programs

Substance abuse treatment programs completed while incarcerated are acceptable to meet eligibility criteria. Court ordered placement or participation in a specific substance abuse program is also acceptable, when they:

- demonstrate they have not possessed, used or distributed controlled substances (drug or other controlled substance which does not include distilled spirits, wine, malt beverage or tobacco) since they began the program; **or**
- are pregnant, and a physician has certified in writing the health and safety of the mother and unborn child are dependent upon the receipt of cash, Medicaid or SNAP benefits.

An individual may be participating in an alternative sentencing program. In this case, the actual conviction may be pending the next court date. The individual would be eligible as long as there is no felony conviction. The case will need to be future-actioned for the next court date.

Individuals convicted of felony drug-related offenses who are not meeting the above are ineligible for TANF are eligible for Medicaid benefits, if otherwise eligible.

NOTE: To be convicted of a felony, a person must have been tried as an adult in an adult criminal court.

<u>Verification</u>

A statement from:

- a SAPTA (Substance Abuse Treatment and Prevention Agency) approved treatment provider is acceptable verification of participation or successful completion of a substance treatment program;
- the parole officer in or out of state verifying participation in or completion of a substance abuse program;

- federal/state officials, social workers, medical/health providers in or out of state of completion of a substance abuse program that is court ordered and/or a condition of parole/probation; or
- a combination of sources verifying participation in or completion of a substance abuse program

An individual will be verified as not having possessed, used or distributed a controlled substance since their treatment program began if:

- the individual has no further arrest record; or
- the individual provides a statement from their P&P Officer (if they are currently serving a parole or probation period)

201.17 MISREPRESENTATION OF IDENTITY OR RESIDENCE

Accused individuals who are found to have committed an IPV either through an administrative disqualification hearing, a criminal court JOC or a signed disqualification waiver are ineligible for TANF and/or SNAP program benefits.

The act of fraud is complete when the fraudulent statement is made. Therefore, the accused individual does not have to actually receive multiple benefits to be disqualified.

Example:

Residence – The accused individual is receiving SNAP benefits in California, moves to Nevada without requesting their benefits be terminated in California and fails to disclose they received SNAP benefits in California.

Identity – The accused individual applies for benefits under one identity and SSN, and submits another application for benefits under another identity and SSN.

201.17.1 Ineligible Period (TANF)

Accused individuals found through a signed and approved Administrative Disqualification/Penalty Waiver, administrative hearing or federal or state court of having made a fraudulent statement or representation with respect to their identity or place of residence to receive TANF from one or more entities simultaneously, are ineligible for 120 months.

If otherwise eligible, accused individuals convicted of misrepresenting their identity or residence and ineligible for TANF are eligible for Medicaid benefits.

201.17.2 Ineligible Period (SNAP)

Accused individuals found through a signed and approved Administrative Disqualification/Penalty Waiver, an administrative hearing or federal or state court of having made a fraudulent statement or representation, with respect to their identity or place of residence to receive multiple SNAP benefits simultaneously, are ineligible for 120 months.

201.18 ACCUSED INDIVIDUAL CONVICTED OF SNAP TRAFFICKING

Accused individuals convicted of knowingly using, transferring, acquiring, altering or possessing coupons, authorization cards or access devices in any manner contrary to the Food Stamp Act/regulations involving $500 or more are ineligible to participate in SNAP.

201.18.1 Ineligible Period for SNAP Trafficking

Ineligible for two years:

- first finding of trading a controlled substance for benefits

Ineligible permanently:

- second finding of trading a controlled substance for benefits;
- first finding of trading firearms, ammunition, or explosives for benefits; or
- first finding or trafficking SNAP benefits having a value of $500 or more

300 CLAIMS

301 DEFINITION OF A CLAIM

301.1 Temporary Assistance for Needy Families (TANF) (except TANF Loan), Supplemental Nutrition Assistance Program (SNAP), Medicaid, Child Care, Employment and Training (E&T), and Energy Assistance Program (EAP)

A claim is defined as any assistance, benefit, or subsidy provided under a program administered by the DWSS paid to, or on behalf of, any individual, group of individuals or provider, which exceeds the amount they were eligible or entitled to receive.

Claim amounts reflect the difference between what the individual, group of individuals or provider incorrectly received in a form of assistance, benefits, or subsidy less what they were correctly eligible or entitled to receive.

301.2 TANF Loan

A claim is defined as the total amount of TANF Loan payments issued under the signed Loan Agreement that is due and payable by the Borrower.

302 DEFINITION OF DATE OF DISCOVERY

The date of discovery is the date DWSS confirms through investigation of the claim allegation an overissuance or loan repayment obligation has occurred.

Exception: The Program, Review and Evaluation (PRE) Unit conduct investigations, which may generate a potential claim for the review month. Claims resulting from a QC error or audit finding must show the date of discovery as established by the Chief of PRE.

303 DEFINITION OF TRAFFICKING (SNAP ONLY)

Trafficking means the buying or selling of SNAP benefits or other benefit instruments for case or consideration other than eligible food.

- A trafficking-related claim will be established against any person or retailer when it is determined the person or retailer engaged in trafficking.
- Any trafficking-related claim will be the value of the trafficked benefits.

304 INFORMATION IS RECEIVED INDICATING A CLAIM MAY EXIST

The appropriate case manager or Investigations and Recovery (I&R) worker will:

- ensure the household's current budget reflects correct, up-to-date information to avoid further incorrect payment of benefits;
- obtain written verification of the questionable issue; and
- determine the period(s) of time during which the household incorrectly received assistance.

305 CLAIM CALCULATION

305.1 Calculation of TANF, SNAP and Medicaid Claims

Case managers must calculate all claims for:

- participating TANF or SNAP cases, except
- cases associated with an investigation, IPV or QC error finding

Case managers need not submit claim referrals for investigative, IPV or QC claims as I&R staff will utilize case findings to initiate the claim identification process.

I&R staff will calculate all claims for:

- Medicaid cases regardless if the case is open or closed
- closed TANF and SNAP cases; and
- any case associated with an investigation, IPV, QC error finding

When calculating a TANF or SNAP claim, refer to E&P manual section B-600 for policy guidance on reporting requirements.

Staff must use budgeting procedures and policy in effect at the time the claim was incurred. Use actual income and circumstances when calculating a claim.

Income may be averaged from the ESD printout when attempts to obtain actual amounts have been pursued but not received. Attempts to obtain actual amounts will be documented.

All potential claims identified by DWSS staff are sent, via referral, to the Investigations and Recovery Information System (IRIS) for review and claim establishment.

If reasonable attempts made to secure documentary evidence prove unsuccessful, the case manager or I&R worker may, with the approval of their supervisor or designated staff, terminate calculation efforts.

305.1.1 Medicaid Claims

Determine the amount of the Medicaid claim by:

- separately reviewing the month(s) each assistance unit member was totally ineligible (consider possible Transitional Medicaid and CHAP eligibility) for any program benefits, and
- adding together all Medicaid benefits paid the corresponding periods to arrive at the total Medicaid claim amount.

If the claim includes months, which are less than six (6) months old, hold the calculation for at least 180 days from the date eligibility was terminated. This allows Medicaid providers the opportunity to bill for services during the last six (6) months (180 days) of the recipient's eligibility.

305.1.2 TANF Claims

After determining the TANF claim, the worker MUST identify Child Support Enforcement recoupment for each member of the overpaid assistance unit.

SEE FORMULA BELOW

The following formula is used to determine monthly amount of child support to be deducted from the claim. Complete a separate form for each month. Adjustment is made only for claim month(s) in which child support was actually received by the agency.

Claim month _____

Claim Amount $_____
(Transfer to #8 below)

1. Determine the court-ordered obligation or the actual amount paid, whichever is less $ _____ Recoupment.

2. Child support collected (See #1) $ _____

3. Original Grant $_____
   Recalculated Grant $_____

(Transfer to # 5 below) If the recalculated grant is greater than the recoupment, no amount for this month.

(Recoupment is transferred to #6 below.)

4. If the recalculated grant is less than the recoupment, find the difference between the recoupment and the recalculated grant $_____.

Apply this amount as a credit to claim. (Transfer to #9 below.)
==========

USE THIS FORMULA TO DOUBLE CHECK YOUR FIGURES

5. ..... Original Grant Amount $_____
6. ..... Minus Recoupment $_____
7. ..... Net Claim $_____
8. ..... Total Claim $_____
9. ..... Minus Difference From Above $_____
10. ..... Net Claim $_____

(Figures #7 and #10 should agree)

Note: The total amount of allowable CSEP payments are applied against the gross claim amount as a "Child Support Offset."

305.1.3 SNAP Claims:

When circumstances automatically cause ineligibility such as excess resources, assume the amount, which should have been issued, is “zero”.

Allow only expenses previously claimed and budgeted, unless verification of expenses paid is provided or obtained because of verifying income.

305.1.3.1 American Recovery and Reinvestment Act (ARRA) 2009

The Act increased the maximum benefit level for all SNAP households effective April 1, 2009. The Act also mandates DWSS disregard the additional amount of benefits that a household receives as a result of this Act in determining the amount of over issuances during the time period April 1, 2009 through September 30, 2009. Claims must be calculated based on the benefit level in effect March 31, 2009.

Exception: If a recipient was ineligible to receive any allotment in a month with an ARRA increase, the overissuance will be the actual amount of benefits received by the household during the ineligible month(s).

For calculation of over issuances received by the household after September 30, 2009, the claim must be determined based on the actual amount of benefits received.

305.1.4 NEON Claims:

When training funds are given directly to the client but not used as required by their agreement with DWSS (funds not paid to the Training organization), establish a claim for the entire amount issued to the client for the training course.

When a client requests a refund for training funds from the training organization and never surrenders the refund to DWSS as required, establish a claim for the amount of the refund.

Establish a claim for the entire training benefit distributed as established in a formal Training Agreement, if the participant fails to complete the course satisfactorily.

Satisfactory completion is defined as completing the courses with a passing grade and/or earning a certificate of completion indicating they have gained the required skills and knowledge.

305.2 Calculation of a Child-Care Claim

Claims must be calculated by the child care Contractor within 60 working days of receipt of the necessary collateral information and documented in the case file. Prior to initiating the calculation process, the Contractor must ensure they possess credible evidence, which clearly substantiates, verifies or confirms the client received benefits they were not entitled to for a specific period of time.

The calculation of any subsidy claim requires a comparison of benefits already received by the child care household minus benefits to which the household was retrospectively entitled. The difference is the claim amount. Determine the child care claim amount for each month incorrect benefits may have been paid.

Budgeting procedures and policy in effect at the time the claim was incurred must be used in the determination of the claim amount.

After the claim is calculated, child care staff sends the client a Notice of Debt & Recipient Repayment Agreement (Forms 2521 EG/A and 2521 EG/B) and submits the claim to I&R via referral through IRIS for review and claim establishment.

305.3 Calculation of an EAP Claim

Claims must be calculated by the EAP caseworker for that household, unless the program manager assigns this task to another staff member, within 15 working days of receipt of the necessary collateral information.

Budgeting procedures and policy in effect at the time the claim was incurred must be used in the determination of the claim amount.

Following calculation of an IPV or client error claim, the claim must be submitted to the I&R Unit, via referral to IRIS for review, debt establishment and recovery.

306 CLAIM ESTABLISHMENT

306.1 Establishing TANF, SNAP and Medicaid Claims

I&R staff will establish all claims in NOMADS within ninety (90) days after the calendar quarter in which the claim was discovered.

Claims are established whenever DWSS confirms through investigation of the claim allegation that:

- DWSS incorrectly issued TANF, SNAP or Medicaid benefits to any individual or group of individuals; or
- a loan repayment obligation for any individual.

Claim classifications play no part in determining whether a claim is or is not calculated except for TANF and Medicaid agency errors.

When a claim is discovered and establishment may compromise a case sent to a prosecutorial or hearings office, I&R staff may suspend the establishment for up to one year, or case adjudication, whichever is sooner.

If the calculation determines the claim is equal to or less than $125, the I&R worker may forego claim establishment and any subsequent collection action with the approval of designated I&R staff. **Exception**: Program claims subject to pending or current benefit reduction will not be terminated.

After claim establishment and claim file set up, I&R staff sends the client a Notice of Debt & Recipient Repayment Agreement (Forms 2521 EG/A and 2521 EG/B).

306.1.1 Agency Caused TANF & Medicaid Claims

1. Agency claims established against benefits issued prior to 12/01/2000 will be pursued as any other collectable claim.

2. Agency caused TANF and Medicaid claims, for benefits issued after 11/30/2000, will be calculated but not established or pursued except where the error was the result of:

    - an action resulting in a benefit which the client should have reasonably known was an error or mistake; or
    - worker and client action to commit illegal receipt of benefits

Examples of claims, which will be pursued:

- a client received the correct issuance and a duplicate issuance for the same amount for the same time period; or
- a client receives an issuance for $5,000 when, in fact, they should have received only $50

It is not necessary to calculate a claim for any other agency error

306.2 Establishing a Child-Care Claim

Claims referred to I&R will be established in NOMADS within ninety (90) days after the calendar quarter in which the claim was discovered.

Provider error claims are not submitted to the I&R Unit, as the child care Contractor is responsible for establishment and collection of the claim.

Contractor and Agency error claims are not submitted to nor established by the I&R Unit except where the error was the result of:

- an action resulting in a benefit which the client should have reasonably known was an error or mistake; or
- the child care case manager and client took action enabling the client to receive benefits he/she was not entitled to

When a claim is discovered and establishment may compromise a case sent to a prosecutorial or hearings office, I&R staff may suspend the establishment for up to one year, or case adjudication, whichever is sooner.

If the calculation determines the claim is equal to or less than $125, the I&R worker may forego claim establishment and any subsequent collection action with the approval of designated I&R staff. **Exception**: Program claims subject to pending or current benefit reduction will not be terminated.

306.3 Establishing an EAP Claim

Claims will be established in NOMADS by I&R staff within ninety (90) days after the calendar quarter in which the claim was discovered.

Agency error claims will not be established unless the error is:

- so “obvious” and would be considered “obvious” to the household as well; or
- of such a large amount that it is considered prudent to recovery

When a claim is discovered and establishment may compromise a case sent to a prosecutorial or hearings office, I&R staff may suspend the establishment for up to one year, or case adjudication, whichever is sooner.

If the calculation determines the claim is equal to or less than $125, the I&R worker may forego claim establishment and any subsequent collection action with the approval of designated I&R staff.

If the claim is collectible by recouping monies credited to the household's utility vendor, immediate action shall be taken by EAP staff to notify the utility vendor(s) to return any unused monies to DWSS. These monies shall be deducted from the claim balance owed by the household prior to referring the debt to I&R for establishment and collection.

307 CLAIM CLASSIFICATION

Claims will be classified through use of one of the definitions, which follow:

A. Intentional Program Violation

A claim will be classified as an Intentional Program Violation (IPV) when DWSS is in receipt of:

- a written notice of decision from the hearings officer with a finding the individual intentionally violated program rules;
- a criminal court judgment of conviction for violations related to public assistance crimes; or
- an IPV waiver signed by the accused and approved by an I&R designee

B. Client Error/Inadvertent Household Error

A claim will be classified as a "Client Error" if;

- the claim was caused by a misunderstanding or unintended error by any or all members of the assistance unit; or
- the "Client Error" classification is used as a temporary classification pending DWSS action to have the claim reclassified as an "Intentional Program Violation"

C. Agency Error

A claim will be classified as an "Agency Error," if:

- the agency failed to take timely action on a reported change;
- the agency incorrectly determined and paid any benefits;
- the agency erroneously issued duplicate benefits which, were cashed or used by members of the assistance unit;
- the agency incorrectly computed income, expenses, deductions or the benefits;

- the agency failed to notify the Child Care Contractor of a known change to the client's household and/or agency benefits;
- the agency reported incorrect information to the Child Care Contractor regarding the client and/or their program benefits; or
- the agency makes any other error, which is not related to the client's withholding or incorrect reporting of eligibility information.

D. TANF Loan

A claim may be classified as a "TANF Loan" if:

- the client is legally responsible for repayment of the loan; or
- the client's authorized representative signed the agreement and thus held legally responsible for repayment of the loan

308 CLAIM FILE SET UP

I&R staff must set up and retain a separate claim file for every individual owing a claim to DWSS.

The claim file must contain:

- copies or originals of evidence used to substantiate the calculation of the claim;
- budget forms for each month during which benefits were incorrectly paid;
- copies of the initial and any subsequent notifications mailed to the debtor addressing the debt;
- if the claim is classified as an IPV, a copy of the notice of decision issued by the Hearings Officer, a copy of the criminal court judgment of conviction or a copy of the accused signed waiver and Administrative Disqualification Notice;
- copies or originals of applications and rights and obligations relating to the claim period. Original copies may be removed from the eligibility file when replaced with Form 6203-AF, "Document Removal Sheet"; and
- a copy of the case narrative sheet used by the collections worker to record all actions relating to their attempts to recover the claim

Note: Various program claim documents may be filed within a common claim file but each program and occurrence must be separately sectioned. Documentation of the claim may also be retained in the program case file.

400 RECOVERY

401 COLLECTION OF CLAIMS

Eligibility and Payment (E&P), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, Employment and Training (E&T), Energy Assistance Program (EAP) and Child Care Program claims are referred to the Division of Welfare and Supportive Services (DWSS), Investigations and Recovery (I&R) Unit for establishment and/or recovery of the claim unless the program specifies other means of recoupment such as through vendor credits (EAP) or future provider payments (Child Care Program).

All claim collections are handled by either the Reno or Las Vegas I&R office depending on where the debtor currently resides, or if the debtor moves out of the state, it is assigned to the I&R office in which the debtor last resided.

402 WHO IS RESPONSIBLE FOR REPAYMENT OF CLAIMS?

402.1 TANF

All members of the assistance unit are jointly and separately liable for the value of any over issuance of benefits received by the unit. Each member of the overpaid household will be pursued for repayment of the DWSS claim.

Non-needy caretakers are considered part of an assistance unit when their failure to report or their incorrect reporting of eligibility information causes a claim occurrence.

In cases where the identified claim is a result of a child(ren)'s absence from the assistance unit, the claim is collected only from the adult members of the overpaid assistance unit.

Exception: Only TANF Loan adult household members who sign the Loan Agreement are responsible for repaying the debt.

402.2 SNAP

All adult members of the assistance unit are jointly and separately liable for the value of any over issuance of benefits received by the unit. Each adult member of the overpaid household will be pursued for repayment of the DWSS claim.

A person connected to the household such as an authorized representative or a sponsor of an alien household who actually trafficks or fails to report or incorrectly reports eligibility information and causes an claim occurrence are considered part of the assistance unit

402.3 Medicaid

Claims are recovered from any adult member of the overpaid assistance unit regardless of their current eligibility status.

If the eligibility application is completed by an individual other than the recipient, and information is found to be incorrect, that individual will also be held responsible for repayment of the Medicaid claim.

402.4 Child Care

All adult members of the child care household are jointly and separately liable for the value of any overissuance of benefits received by the child care household, unless the overissuance is the result of a Contractor error.

Relative Caretakers, Foster Parents and/or Authorized Representatives are considered part of the child care household when their failure to report or their incorrect reporting of eligibility information causes a claim.

I&R will pursue collection of non-active Provider claims when referred by the Contractor. All claims for active child care Providers are pursued by the Contractor in accordance with their contract with DWSS. Active Provider claims are normally pursued through future provider payments.

402.5 EAP

All adult members of the household listed on the application are jointly and separately liable for the value of an over issuance of benefits received by the household. Each adult member of the overpaid household will be pursued for repayment of a DWSS claim. A person connected to the household such as an authorized representative or sponsor of an alien household is also liable for repayment if it can be determined they were part or party to misrepresentation.

402.6 E&T

All members of the assistance unit are jointly and separately liable for the value of any over issuance of benefits received by the unit. Each member of the overpaid household will be pursued for repayment of the claim.

403 DEMAND LETTERS

403.1 Initial Notification / First Demand Letter Contents

The initial notification/demand letter will notify the debtor of the following:

A. Claim Information

- the reason for the claim;
- the time period the claim covers;
- the type of claim, IPV, IHE, AE or L;
- how the claim was calculated;
- any offsetting done to reduce the claim; and
- the amount owed

B. Debtor's Rights

- the debtor's right to a hearing within ninety (90) days, if there is a disagreement regarding the amount of the claim;
- the opportunity to inspect and receive copies of records related to the claim; and
- receive information pertaining to free legal assistance

C. Method of Payment

- DWSS's intention to collect from all household members liable for repayment of the claim;
- the start date and percentage of the grant amount to be applied to the claim, if applicable;
- how the debtor may pay the claim in full, or make timely payments;
- the agency may reduce the payment or the amount of the claim if the debtor is not able to pay; and
- the delinquency date and if the claim becomes delinquent the household may be subject to additional processing charges

D. Other Collection Methods

- if the claim is not paid, the agency may refer the to a civil or small claims court for judgment;
- if the claim is not paid, in whole or in part and timely, the claim may be referred to a collection agency that may use other collection methods to collect the claim; and
- if a SNAP claim is not paid, and the claim meets the criteria set forth in I&R Policy manual section 415, the agency will refer the claim to the Treasury Offset Program (TOP) where the claim will be withheld from an IRS Tax Return or other federal payment with the processing fee paid by the debtor

The Notification of Claim and Claim Repayment Agreement need not be sent if the claim is:

- terminated; or
- suspended because the action may compromise a case sent to a prosecutorial or hearings office. See I&R Policy manual section 304.3.

403.2 Initial Notification / First Demand Letter

After the initial Notification of Claim form 2521-EG/A) and Claim Repayment Agreement (Form 2521-EG/B) is mailed, I&R staff will not initiate any subsequent action until the claim becomes delinquent.

- if the debtor responds with full repayment, no further collection action is necessary;
- if the debtor communicates with I&R staff, a repayment contract may be negotiated which is acceptable to both parties;
- if the debtor sends a payment in the amount specified on the repayment agreement by the due date, this is considered the debtor's agreement to the terms of the repayment agreement and no further action is necessary unless the claim becomes delinquent;
- if the debtor fails to respond to the <u>first demand</u> letter within thirty (30) days (or by the specified due date) of the date the notice was mailed, send the final demand letter no later than 15 calendar days from the due date of the Initial Notification; or
- if the debtor requests a fair hearing within ninety (90) days of the initial demand for payment notice, all collection actions cease until a decision letter is issued.

NOTE: If a debtor is receiving TANF or SNAP benefits, a benefit reduction must be initiated when a claim is established for the same program. In order to prevent a claim from becoming delinquent, take into consideration the time it will take before the benefit reduction will show as a payment in the system and adjust the due date on the repayment agreement. In this situation, it may be necessary to extend the due date beyond thirty (30) days.

403.3 Final Demand Letter

- if the debtor responds with full repayment, no further collection action is necessary; or
- if the debtor communicates with I&R staff, a repayment contract may be negotiated which is acceptable to both parties.

If the debtor fails to respond to the final demand letter within fifteen (15) days of the date the notice is mailed, I&R staff will take one of the following actions:

- review the case circumstances to ensure the debtor is a resident of the State of Nevada and possesses the ability to repay the claim; and
- complete and mail the debtor a Notice of Court Filing, Form 6387-AF, if the debtor is a Nevada resident, has the ability to pay, and the total combined claim(s) is at least $100 or more; or
- forgo mailing of the court letter and place the case on a 30-day (SNAP) or 60-day (all other claims) review if the combined amount of all program claims does not exceed $100.

If the individual is not a Nevada resident or does not possess the ability to pay, future action the case for no more than 30 days (for SNAP claims) or 60 days (for all other claims) after which the case must be re-evaluated for pending or ongoing benefits, TOP intercept (SNAP claims only) or referral to the Collection Agency.

To determine the debtor's residence or ability to pay:

- obtain quarterly ESD printouts and retrieve new hire data on all debtors;
- identify all real property (e.g., land, buildings and structures), property (e.g., automobiles, boats and trailers), earned and unearned income;
- identify all other assets or resources belonging to the debtor; or
- obtain Department of Motor Vehicle records for driver's license and registration information.

When determining the debtor's ability to pay, I&R staff must remember certain assets may be considered, but are "exempt from execution" and include:

- industrial insurance compensation;
- life insurance proceeds;
- public employees' retirement;
- spendthrift trusts; and
- veteran's benefits

If at any time circumstances change permitting recovery action, I&R staff will initiate action to recover the claim without repeating steps already accomplished.

403.4 Court Letter/Action

After mailing of the Notice of Court Filing, I&R staff will wait at least ten (10) days from date the court notice was mailed before case submission to Justice or District Court.

- if the claim is paid in full, no further action is necessary;
- if the debtor communicates with I&R staff, a repayment contract may be negotiated which is acceptable to both parties;

- if the debtor fails to respond to the Notice of Court Filing within ten (10) days of the date the notice is mailed, I&R staff will:

  - prepare the case for submission to small claims court if the amount owed is $5,000 or less; or
  - if the amount owed is more than $5,000, transmit a written request to the appropriate Deputy Attorney General requesting District Court action for recovery of the claim.

Once a judgment has been made, pursue a wage garnishment or any other method of repayment to recover the claim. If no payment has been made after
180 days of the judgment, I&R staff may refer the claim to the collection agency if it meets the criteria.

A. Renewing Judgments

Each claim with a judgment should be evaluated after six years, prior to the statute of limitation expiring, to see if the judgment should be renewed. Review the following criteria to determine whether you should renew a judgment:

- the claim balance is greater than $100.00; and
- the debtor owns property <u>or</u> is employed

404 STATUTE OF LIMITATIONS

Nevada Revised Statutes (NRS) 11.190 and 11.200 detail limitations concerning recovery actions. Collection of claims must be accomplished in accordance with these statutes.

<u>Three-Year Limitation:</u>

Legal action to pursue collection of claims cannot be taken if more than three (3) years have elapsed from the notice of debt or the last payment received (whichever comes later).

<u>Six-Year Limitation:</u>

I&R staff may pursue **legal** action to collect claims if no more than six (6) years have elapsed from the notice of debt or the last payment received (whichever comes later) and the claim file contains, at a minimum, a:

- signed repayment agreement;
- small claims judgment on the amount;
- civil or criminal court judgment on the amount; or
- promissory note or other evidence of indebtedness

Court action aimed at recovery of a claim will not be initiated against any overpaid individual who was under the age of 18 at the time when the incorrect issuance of benefits occurred.

405 REPAYMENT AMOUNTS AND FREQUENCIES

A. Lump Sum

Claims are collected in one lump sum whenever possible.

B. Benefit Reduction

The computer calculates benefit reduction when this repayment method is used (only available for TANF and SNAP claims).

C. Installments

Payment may be accepted in regular installments if the debtor is financially unable to pay the claim in one lump sum. If the installment method of repayment is utilized, the worker determines the monthly payment amount by dividing the combined total of all program claims by thirty-six (36). Payments received should be applied equally against each program's claim.

Example: TANF claim of $450, SNAP claim of $250 and Medicaid claim of $1,100.00. Total claims owed equal $1,800. The $1,800 owed is divided by 36 to arrive at a monthly payment amount of $50. The monthly payment amount of $50 is recorded on Form 2521-EG/B, Recipient Repayment Agreement.

If the debtor reports their financial circumstances do not allow them to meet the established monthly payment schedule, the worker requests the debtor to complete a Financial Statement (Form 6035-AF/B) with a Request for Financial Statement (Form 6035AF/A). The debtor completes the Financial Statement and attaches verification and documentation of all reported income and expenses.

The worker reviews the Financial Statement (Form 6035-AF/B) and subtracts allowable expenses from income. Allowable expenses include:

- shelter;
- basic utilities (gas, electricity and water);
- food; and
- child care

The minimum acceptable monthly payment is 10% of all remaining monies. In cases where the verified expenses exceed the income, the minimum acceptable monthly payment is set at $25, unless approved otherwise by designated I&R staff. For all ongoing cash recipients, payments must not be smaller than the monthly amount collectable through benefit reduction.

406 BENEFIT REDUCTIONS

406.1 TANF

When a debtor is part of an eligible case, a portion of the program benefits will be withheld and applied against the claim.

Exception: A benefit reduction may not be applied against a TANF Loan recipient to repay an established TANF Loan debt.

When a debtor is not part of an eligible case, the debtor must make direct payments to the I&R Unit.

A. Open Cases

Benefit reduction is initiated against open cases without the assistance unit's permission even when the assistance unit fails to respond to a Repayment Letter and Agreement.

Note: The assistance unit must be notified and allowed the required 13-day adverse action period unless issues associated with the claim have already been addressed in a previous eligibility or disqualification hearing.

The amount deducted from the grant is:

- 10% of the combined total of the unaffected grant, earned and all unearned income IF THE CLAIM IS A DEBTOR ERROR; or
- 20% of the combined total of the unaffected grant, earned and all unearned income IF THE CLAIM IS AN INTENTIONAL PROGRAM VIOLATION (IPV)

The percentage deduction may result in the amount being reduced to zero or less than $10. If the entitlement is more than $10 with a resulting amount less than $10 after the claim deduction, a check is issued.

If an underpayment or supplemental payment is due when there is an existing claim balance, the amount deducted from the supplemental/ underpayment is not to exceed 10% or 20%, whichever is appropriate, of the total gross benefit amount.

10% of all Restored Lost Benefits (RLB) are applied to offset the balance of the claim for open TANF cases. The full amount of the RLB is applied to the claim balance for closed cases (see manual section B-831).

Debtors wishing to repay an amount larger than the 10% or 20% calculation must pay the excess by cash, check, online bill pay or money order.

B. Closed Cases

Recovery of claims for cases which are not eligible for program benefits fall within the functional responsibilities of the I&R Unit. Notifications, follow-up and enforcement actions will be done by I&R personnel.

If an underpayment or supplemental payment is due when there is an existing claim balance, the entire amount of the underpayment or supplemental payment is offset against the claim balance. NO underpayment or supplemental payment may be issued to a debtor against a CLOSED case when there is an existing claim balance.

406.2 SNAP

When an adult debtor is part of an eligible case, a portion of the program benefits will be withheld to be applied against the claim.

When an adult debtor is not part of an eligible case, payments must be made directly to the Investigations & Recovery (I&R) Unit.

A. Open Cases

Benefit reduction is initiated against open cases where adult members are responsible for repayment, without the assistance unit's permission even when the assistance unit fails to respond to a Repayment Letter and Agreement.

Note: The assistance unit must be notified and allowed the required 13-day adverse action period unless issues associated with the claim have already been addressed in a previous eligibility or disqualification hearing.

The amount deducted from the benefit issuance prior to the posting of the EBT SNAP account:

- is equal to 10% of the gross benefit; or
- 20% of the gross benefit if the claim is classified as an IPV

If an underpayment or supplemental payment is due when there is an existing claim balance, the amount deducted from the supplemental/ underpayment is not to exceed 10% or 20%, whichever is appropriate, of the total gross benefit amount.

Restored Lost Benefits (RLB) must be applied to any active, suspended or terminated claim to offset the balance (see manual section B-831).

Debtors wishing to repay an amount larger than the 10% or 20% calculation must pay the excess by cash, check, online bill pay or money order.

B. Closed Cases

Recovery of claims for cases which are not eligible for program benefits fall within the functional responsibilities of the I&R Unit. Notifications, follow-up and enforcement actions will be done by I&R personnel.

If an underpayment or supplemental payment is due when there is an existing claim balance, the entire amount of the underpayment or supplemental payment is offset against the claim balance. NO underpayment or supplemental payment may be issued to a debtor against a CLOSED case when there is an existing claim balance.

407 METHOD OF REPAYMENT

A. Open TANF/SNAP Cases

In addition to benefit reduction, a debtor or any other party representing the debtor may make an additional payment by:

- cash;
- check;
- online bill pay;
- money order; or
- electronic benefits

B. Closed TANF/SNAP Cases

When the case is closed, the assistance unit is given an opportunity to choose a repayment method. Repayment can be by:

- cash;
- check;
- online bill pay;
- money order; or
- electronic benefits

C. Child Care Program, EAP, E&T and Medicaid Program

All Child Care, EAP, E&T and Medicaid claims referred to I&R are collected ONLY by cash, check, online bill pay and money order or in accordance with the execution of a court order or other legally authorized means.

NOTE: A claim balance may be deducted from the subsequent year's benefit amount to satisfy an EAP claim. This is the responsibility of EAP staff who must notify the I&R Unit whenever this offset is done. I&R staff will make a system adjustment to update the claim balance.

408 RECEIVING AND ACCEPTING REPAYMENT

Individuals authorized to receive payments must not perform the deposit process. These activities must be separate and performed by two different individuals and approved by the supervisor.

When receiving or accepting repayment:

- immediately stamp all checks and money orders on the back with a restrictive endorsement;
- made by cash, check, money order, online bill pay or electronic benefit, post the payment to the RCPT screen in NOMADS; and
- give or mail a copy of the receipt to the payee for payments made by cash, check, money order, online bill pay or electronic benefit

CASH MUST NOT BE SENT THROUGH THE MAIL. Payments will be deposited on Thursday of each week and the last business day of the month. When accumulated receipts total more than $10,000, a deposit MUST be made prior to the close of the business day.

All cash, checks, and money orders must be kept in the office safe at all times until deposited.

The I&R Unit or District Office must maintain a log of all direct payments received which includes:

- case name;
- amount received;
- I&R office;
- receipt number; and
- name of person(s) accepting the cash

NOTE: Criminal restitution payments owed to DWSS are forwarded directly to Central Office Accounting via Journal Voucher (JV) from the Nevada Department of Public Safety, Division of Parole and Probation. Designated Central Office I&R staff post these payments to the RCPT screen in NOMADS and send a copy of the JV and receipt(s) to the appropriate field office for filing to the claim file. A copy of the receipt(s) showing the office and debt type (TANF, Medicaid, etc.) are attached to the JV and returned to Central Office Accounting for final processing.

409 NON-SUFFICIENT FUND PAYMENT

DWSS will not accept personal checks, business checks or online bill pay from a debtor or other party who previously submitted payment from an account containing non-sufficient funds. All future payments will be by cash, money order, electronic benefit or cashier's check.

As authorized by NRS 353C.115, staff shall charge a debtor a $25 fee for each check or other method of payment that is returned to DWSS. Additionally, debtors or other parties who submit payment from an account containing non-sufficient funds may be subject to further action as allowed per NRS 41.620.

410 PAYMENTS EXCEEDING THE CLAIM BALANCE

If the debtor overpays a claim, send a memo to the Central Office I&R designee requesting the debtor be reimbursed. The memo must include:

- the debtor's name;
- the claim number;
- the benefit program;
- the responsible I&R office;
- the debtor's last known address;
- the overpaid balance due for refund;
- an explanation of case circumstances which necessitate a refund; and
- copies of debtor's DHIS and DEBT screens

NOTE: I&R staff shall not forward refund requests to Central Office unless the debtor has a verifiable address at which they can receive mail.

411 DEFINITION OF A DELINQUENT CLAIM

Delinquency Date – a claim becomes delinquent if not paid by the due date, which is:

- thirty (30) days from the date of the Repayment Agreement if no repayment agreement was negotiated or payment was received;
- if an acceptable repayment agreement was negotiated prior to the demand for payment date, the date the debtor fails to make the obligated payment is the delinquency date; or
- if an acceptable repayment agreement was negotiated after the original demand for payment date, and the debtor fails to make the obligated payment, the delinquency date is the original demand for payment due date

If the debtor requests a fair hearing within ninety (90) days of the initial demand for payment notice, all collection actions cease until a decision letter is issued. If the decision finds the debtor owes the claim, then payment will be demanded by a specified date (ten (10) days from the date of the new Notification of Debt and Repayment Agreement). The new delinquency date will be:

- the specified demand for payment date on the new Repayment Agreement (Form 2521-EG/B);
- if the debtor contacts the agency and enters into an acceptable repayment agreement by the demand for payment date, the delinquency date is the date the debtor misses the first obligated payment; or

- if an acceptable repayment agreement was negotiated after the demand for payment date, and the debtor fails to make the obligated payment, the delinquency date is the demand for payment date of the notice sent after the hearing decision

Examples:

December 1, 2008 is the Notification of Debt and Repayment Agreement which informs the debtor they owe a claim and demands payment by 12/31/08, debtor does not pay, the delinquency date is 12/31/08.

January 15, 2009 is the Notification of Debt and Repayment Agreement, which informs the debtor they owe a claim and demands payment by 2/14/09, the debtor enters into an acceptable repayment agreement on 2/5/09 to make monthly payments by the fifth of every month. The debtor makes timely payments but misses the 5/5/09 payment; the delinquency date is 5/5/09.

March 1, 2009 is the Notification of Debt and Repayment Agreement which informs the debtor they owe a claim and demands payment by 3/31/09. The debtor enters into an acceptable repayment agreement on 4/2/09 to make monthly payments on the second of each month. The debtor makes timely payments but misses the 7/2/09 payment. The delinquency date is 3/31/09 since the repayment agreement was not established prior to the original demand for payment date.

The process applies for debtors who request a fair hearing on their claim; however, the delinquency date will be the specified demand for payment date on the new Notification of Debt sent after the hearing decision has been rendered.

412 DEBTOR LOCATE

To locate a debtor, check NOMADS, DMV records, employment records, ANRS, INTR child support screens, and TOP notices to determine which address is the best or most likely the most recent address.

Recovery staff must initiate action to locate a debtor when mail has been returned or there is a documented loss of contact. Document all efforts made to locate a debtor. If the debtor cannot be located, future action the case for a 90-day review and attempt to locate the debtor again. Recovery staff may also seek the assistance of I&R investigative staff to help locate the debtor.

413 REVIEW OF CLAIM FOR NEXT ACTION

If a claim does not meet the criteria to be pursued through small claims court, the DAG, referral to a collection agency or TOP future action the claim for a 90-day review. Continue to evaluate the claim every 90-days, following up until the claim is paid in full or circumstances change where it meets the criteria for other means of collection. All claim recovery attempts will be documented.

Staff is encouraged to use reason and apply good judgment in making decisions. A reasonable decision made by staff based on the best information available using common sense, program knowledge, experience, and expertise in a particular situation is referred to as the **"Prudent Person Principle".**

414 REFERRAL TO COLLECTION AGENCY

All valid and legally enforceable claims, which meet the required criteria, may be referred to the State of Nevada, Office of the State Controller for assignment to a contracted private claim collector.

A list of all claims referred to the collection agency will be sent to the Central Office I&R designee by the fifth of the following month.

414.1 Claims Referred To a Collection Agency

All public assistance claims incurred by responsible adult household members, regardless of the claim classification, will be considered for referral to the State Controller's Office when the following criteria are met:

- no payment has been made on the account for 90-days;
- the claim is not pending adjudication;
- the claim is not in bankruptcy;
- the debtor is not currently receiving benefits where a benefit reduction may be initiated;
- the total claim is $25.00 or more;
- at least 91 days has passed since the claim was established and the claim is delinquent and does not meet the criteria to be pursued through small claims court;
- the claim is not currently being pursued through TOP intercept or the claim does not meet the criteria for submission to TOP intercept (SNAP claims only); and
- a judgment has been issued through court; however, there have been no payments made in the last 12-months

Referral to the Controller's Office may not be made until the debtor has been sent a final notice advising them that the past due account(s) may be subject to additional fees and referred for private collection unless the claim is paid.

Note: Most SNAP claims will not be referred to an outside collection agency due to the requirement to pursue recovery through TOP. If there is no responsible adult member with a valid SSN, SNAP cases may then be referred to an outside collection agency because they cannot be submitted to TOP without a valid SSN.

414.2 Reclamation of Claims Referred to the Collection Agency

The recovery specialist shall send the Central Office I&R designee a memorandum requesting reclamation of the referred claim from the Controller's Office when any debtor/claim is:

- approved for benefits and a benefit reduction is initiated. If benefits cease, the claim may be re-submitted to the Controller's Office as long as the claim meets the criteria;
- pending or files bankruptcy. The I&R worker will file any outstanding claims with the Bankruptcy courts; or
- submitted to the Controller's Office in error

414.3 Accepting Payment after Submission to the Collection Agency

Misdirected payments, other than misdirected cash payments, may be accepted by I&R staff from a referred debtor. The collection will not be posted in NOMADS but will be forwarded to the Office of the State Controller.

414.4 Posting Payments Made to the Collection Agency

Payments made to the collection agency are sent to the Office of the State Controller. The Controller's Office sends a Journal Voucher (JV) to the DWSS's Central Office Accounting showing payments that have been made against referred claims. Designated Central Office I&R staff will post the payments to the RCPT screen in NOMADS and distribute copies of receipts to the appropriate I&R office for filing in the claim file. A copy of the receipt(s) showing the office and claim type (TANF, Medicaid, etc.) are attached to the JV and returned to Central Office Accounting for final processing.

415 TREASURY OFFSET PROGRAM (TOP)

The Treasury Offset Program (TOP) allows money to be intercepted from federal sources (e.g., IRS tax refund and Social Security benefits, etc.) and applied against delinquent **SNAP** claims.

Claims eligible for TOP collection include:

- Inadvertent household errors;
- Intentional Program Violation errors; and
- Agency errors

Eligible claims must be referred to TOP when they are at least 180 days delinquent and meet the following criteria:

- at least the minimum amount prescribed by TOP, which is currently $25.00;
- not included under an automatic stay due to bankruptcy;
- not currently under litigation or review;
- not currently being collected through allotment reduction;
- not currently under a repayment plan approved by the agency; and
- at least one responsible person has a valid SSN (pseudo numbers may not be submitted to TOP)

When claims meet the criteria as outlined above, the I&R worker must designate the case for TOP intercept by marking the "TREASURY INTRCPT" flag and inputting the social security number of the responsible persons in the "TRS UNT RESP PRSN" field on the DEBT details screen in NOMADS.

60-Day Notice – Due Process:

- informs the debtor their claim is being referred to TOP unless action is taken;
- allows the debtor the opportunity to inspect and receive copies of the Division's records with respect to the claim;
- allows the debtor the opportunity to review the Division's determination of the claim and the opportunity to present evidence that all or part of the claim is not past-due or legally enforceable;
- allows the debtor an opportunity to enter into an acceptable repayment agreement. If the debtor signs and returns the agreement within the due process timeframe, the claim will not be submitted to TOP. However, failure to abide by the terms of the agreement may result in the claim being referred to TOP; and
- informs the debtor that fees may be added to the claim amount

The request for review must be made in writing within the 60-day notification period to avoid the claim from being sent to TOP. The agency has thirty (30) days to review the case and inform the debtor of the decision in writing.

The agency must also inform the debtor of the intent to refer to TOP if the decision is not in favor of the debtor and the debtor's right for an FNS review.

When TOP notices are sent to the I&R offices, a copy of the notice is to be placed in the claim file and may be used to update the debtor's mailing address in NOMADS.

416 ELECTRONIC BENEFITS TRANSFER (EBT) COLLECTION ACTIVITY

416.1 EBT Claim Payment

Separate individuals must be responsible for receipting and posting adjustments. Individuals authorized to receipt adjustments should not perform the NOMADS computer posting of the same adjustment.

- A debtor, or their authorized representative, may apply EBT SNAP benefits toward an existing SNAP claim in person, by phone or by mail. An agreement to surrender EBT benefits must be secured in writing; or
- A debtor, or their authorized representative, may apply TANF EBT benefits to any claim owed to the Division.

To accomplish this:

- the worker will have the debtor or authorized representative sign and date an EBT Account Repayment Request form. If the request is by phone or by mail, an Account Repayment Request form will be mailed to the debtor or authorized representative. Once received, signed and dated, the adjustment may be completed;
- the worker will generate a receipt through the IMEN screen in NOMADS;
- the benefit account will be adjusted through the EBT administrative terminal and the payment will be posted to NOMADS; and
- give or mail the original receipt and Account Repayment Request form to the payee for payments made

Mail a copy of the Account Repayment Request form and a screen print of the EBT screen and the NOMADS payment screen to the EBT Adjustment desk (Central Office Accounting Unit) the same day.

416.2 Dormant (Stale) EBT Accounts

Definition: SNAP EBT accounts, which have not been accessed for 360 days by the debtor, are considered dormant.

A SNAP EBT account, with available benefits, which is DORMANT (360 days), but not EXPUNGED (365 days), may be applied against an existing SNAP claim. This allows a 5-day window to recover an claim from a dormant account before the benefits are expunged. Once the benefits are expunged, the benefits are no longer available to the debtor or the agency. To adjust an account:

- the I&R worker will verify by reviewing the most recent application for assistance, whether the debtor signed and gave permission to allow EBT benefits to be applied against an existing SNAP claim. If permission from the debtor cannot be verified, the worker must gain permission prior to making any adjustment to an EBT account;

- when permission is verified or obtained, a receipt will be mailed to the debtor, which will include:
  - claim balance; and
  - the net claim remaining after the benefit is applied;
- if the debtor gave permission, the I&R worker will complete a receipt and mail the original to the debtor's last known address;
- the benefit account will be adjusted through the EBT Administrative system and the payment will be posted to the NOMADS claim system;
- mail a screen print of the EBT screen and the NOMADS payment screen to the EBT Adjustment desk (Central Office Accounting) the same day; and
- make all necessary claim file entries, including screen prints

416.3 Expungement

Definition: SNAP electronic benefits not used by the debtor within 365 days from the date of availability that are returned to Food and Nutrition Services (FNS).

POSTING BENEFITS TO A SNAP CLAIM BEFORE THEY ARE EXPUNGED:

- Dormant EBT benefits will be applied against a SNAP claim automatically through NOMADS, which notifies the debtor of the adjustment.
- All adjustments must be completed within five (5) days from the date the benefits become dormant in an EBT account.

TANF EBT Benefits will be expunged if the benefits have not been used within 180 days from the date of issuance. These benefits will not be applied towards any claim.

416.4 Incorrectly-Linked and Cross-Linked EBT Errors

An incorrectly linked error occurs when an ICI number is linked to another cardholder's EBT account. When this happens, the EBT card belonging to one cardholder (debtor A), whose account was incorrectly linked through the EBT card issuance process, is cancelled. The person who just received their new card (cardholder B). which was linked to cardholder A's account rather than cardholder B's, can access cardholder A's EBT account but not their own.

Cross-linked errors are when an ICI number is linked to another cardholder's account and visa-versa. Each cardholder has access to the other cardholder's account but not their own.

Incorrectly-linked and Cross-linked errors are usually discovered when a cardholder reports:

- an incorrect benefit amount;
- an incorrect balance;
- a rejected retail transaction; or
- a non-working card

Correcting a Linked error will:

- unlink the cardholder from the wrong account and link them to their own account;
- restore benefits to the person or persons whose account was used by the other cardholder; and
- establish a link error claim against the incorrectly linked person for the amount of benefits used from the incorrect account if necessary.

The intent of this process is to assure that each cardholder has access to the correct amount of benefits they were issued. Cross-linked and Incorrect-linked errors are agency errors.

In the case of Cross-linked accounts, when calculating any potential claim, consider that each cardholders' use of the other's account may be in sum, or in part, offsetting to any supplement or claim.

Linked errors may require action by an EBT Specialist, Eligibility staff and I&R staff.

EBT specialists will:

- investigate and verify the link error;
- review the EBT account to make an initial determination of the amount, which may have been misused;
- status or cancel the card belonging to cardholder B (the card that is incorrectly linked to cardholder A's account);
- print all supporting documentation and process a claim referral;
- inform both cardholders involved a new EBT card needs to be issued in order for them to access their benefits; and
- complete and forward the Intra-Office Referral Report (Form 6009) requesting the eligibility case manager's supervisor to supplement the correct cardholder's benefits in NOMADS. Keep a copy of the 6009 in the case file

I&R staff will:

- adjust the benefit account through the EBT administrative terminal. DO NOT POST THE CLAIM/CROSS-LINKED ERROR TO THE NOMADS SYSTEM or attempt to collect the claim through benefit reduction;
- give or mail the original receipt and Account Repayment Request form to the payee for payment made;
- fax AND mail a copy of the receipt, a copy of the Account Repayment Request form, and a screen print of the EBT account repayment screen to the EBT Adjustment desk (Central Office Accounting Unit) the same day; and
- process any claims that may exist

417 REIMBURSEMENT OF COSTS AND FEES

Nevada Revised Statute 353C.135 authorizes DWSS, in addition to the claim, be reimbursed for costs and fees actually incurred to collect the claim when a person owes a claim of $300 or more. Added costs and fees may not exceed 35% of the amount of the claim or $50,000, whichever is less.

418 COMPROMISING CLAIMS

Under certain circumstances recovery staff may negotiate a reduced payoff amount with the debtor as long as the debtor is paying the compromised claim balance in one lump sum.

Example: Debtor received an insurance settlement and wants to pay off the claim to the Division but does not have enough money to pay the full balance. The debtor needs to payoff the claim to clear their credit so they will qualify for a loan. The claim balance is $8,568.00; however, the debtor only received $7,711.00 in the settlement. The debtor is willing to pay the lump sum as long as we forgive the remaining balance. The recovery specialist may accept the $7,711.00 and adjust the remaining balance of the claim in the system to show the claim has been compromised and close out the claim.

Staff has the authority to negotiate or compromise a percentage of the claim as follows:

- I&R staff have the authority to compromise up to 10% of the claim balance ($1,000 debt compromised to $900); or

- I&R supervisors or their designee have the authority to compromise up to 20% of the claim balance

All other requests must be forwarded to the Chief of I&R for approval.

419 CLAIM ADJUSTMENTS

Claim adjustments are modifications to the claim amount which, when completed, will reflect an accurate remaining claim balance. Examples of situations requiring claim adjustment are:

- normal updates to a Parental Financial Obligation;
- claim calculated incorrectly; or
- claim established in system(s) incorrectly

All claim adjustment requests must be reviewed and approved by designated I&R staff. After approval, I&R staff will adjust the claim amount, narrate the circumstances regarding the claim adjustment and maintain the information in the claim file for possible future review.

420 DIVISION ADMINISTRATOR WAIVER

All program benefit claims, both debtor and agency caused, may be waived permanently and temporarily by DWSS Administrator if the claim were not the result of an intentional misrepresentation or omission by the debtor when collection would cause an undue hardship to the debtor.

Clients are required to submit documentary proof (financial statement, medical report etc.) substantiating the circumstance under which the hardship request was initiated. All information will be subject to verification by I&R staff.

Requests for hardship waivers must be submitted, in writing, by the debtor to the DWSS Administrator. Requests received by DWSS are referred to the Chief of I&R for review and recommendation of action to the DWSS Administrator.

Circumstances, which may constitute undue hardship, include, but are not limited to:

- medical hardship, which compromises the debtor's ability to repay the claim;
- collection would jeopardize the debtor's ability to provide shelter/ housing and other basic necessities for immediate family members (dependents); or
- gross income is less than 100% of the federal poverty income guidelines

The DWSS Administrator will be advised of the I&R Chief's recommendation in the form of a letter addressed to the debtor. This letter will be accompanied by the original request and documentation of the facts used to formulate the recommended action. Upon receipt of this letter, DWSS Administrator will either endorse the recommendation by signing the letter and thereby notifying the client of the decision or returning the letter to the Chief requesting additional information or a revised letter.

If the hardship waiver is granted, the Chief of I&R or their designee will take the appropriate steps to write off the claim in the statewide computer system.

DWSS Administrator's decision is final, may not be delegated, and cannot be appealed to a hearing officer.

421 BANKRUPTCY

DWSS will represent its own interest in bankruptcy proceedings initiated by individuals owing a claim. Notify the Deputy Attorney General (DAG) and Chief of I&R when a "Notice to Creditors" is received and the DWSS claim amount is $5,000 or greater.

Upon receiving notification, an individual has filed for bankruptcy:

- suspend all collection action, including recoupment;
- if the claim amount is $5,000 or greater, the I&R worker will consult with the DAG to provide assistance and/or information, if needed, in determining the next course of action; or
- if the claim amount is less than $5,000, the I&R worker will hold the claim in abeyance pending final resolution;
- resume or initiate collection action after, and in conformance with, the final court action

If the Bankruptcy Court discharges the claim, a copy of the Notice of Discharge and the affected Claim Processing Screen(s) must be sent to the Chief of I&R or their designee.

If there is a fee for filing a creditor claim, the worker must first secure the approval of the Chief of I&R before obligating DWSS.

422 CLAIM WRITE OFF

Designated I&R staff shall submit DWSS program claim to the Chief of I&R or their designee for claim write off consideration under specific circumstances only. These circumstances are:

- death;
- bankruptcy; or
- hardship (Administrator approval only)

The Chief of I&R or their designee will review the claim write off request and approve or deny. If approved, collection actions cease and the claim is removed from the DWSS's computer system. The claim file will be maintained according to DWSS record retention guidelines. If denied, routine collection activities will continue.

All claims written off during the month shall be logged on an approved spreadsheet and a soft copy sent to designated Central Office I&R staff by the fifth of the following month.

423 VOLUNTARY REIMBURSEMENT OF PROGRAM BENEFITS

Clients are under no obligation to repay correctly distributed program benefits. However, if the client voluntarily chooses to reimburse benefits, the payment should be by personal check, cashier's check or money order payable to the Nevada State Treasurer.

For repayment of TANF, SNAP, Child Care and EAP benefits I&R staff will:

- accept the payment and establish an accounts receivable in NOMADS;
- process the payment according to policy outlined in I&R Policy Manual section 408; and
- CLOG the payment transaction in NOMADS

For repayment of Medicaid benefits I&R staff will:

Send the payment instrument and a memorandum to the Accounting Unit of the Division of Health Care, Financing and Policy. The memorandum must identify the client by name and case number and indicate the payment is a voluntary reimbursement of program benefits.

I&R staff shall not assemble a claim file or establish an accounts receivable in NOMADS. If the client requests a receipt, staff will issue a non-NOMADS receipt. Staff shall maintain a copy of the packet as verification of the transaction.

NOTE: Household-initiated reimbursement of medical expenses related to Third Party Liability (TPL) issues should be referred to the Subrogation Unit of the Division of Health Care, Financing and Policy. (See MAPS 150)

Attachment E

INVESTIGATIONS AND RECOVERY

CONCERNED CITIZENS REPORT

Use this form to report a client that has received benefits or has applied for benefits that you believe he/she is not entitled to. Examples of situations that may be considered fraudulent are: unreported income (working, gambling winnings, court settlements), hidden assets (such as bank accounts, property, etc.), unreported household changes (someone moved in/out), unreported changes in expenses (rent decrease), etc.

Your name and phone number is optional and will be kept confidential, but it would be helpful to us in case we need to contact you for additional or clarifying information. May we contact you via e-mail?

○ Yes ○ No

YOUR PERSONAL INFORMATION:

Your Name:

Your Address:

City, State:

Your E-Mail Address:

Your Area Code & Phone No:

WHO IS THE COMPLAINT AGAINST?

Client's Name:

Client's Address:

Client's City/State:

Date of Birth: or Approximate Age:

Social Security # (If known):

DESCRIBE THE CLIENTS VEHICLE(S):

License plate number (s)?:

ADDITIONAL INFORMATION REGARDING THE CLIENT:

Who is living with the client?

Relationship?

Does anyone in this household work? ○ Yes ○ No ○ Don't Know

If the client or someone else in the household is employed, please provide the following information:

Name of person working:

Employer's Name:

Employer's Phone Number:

Employer's Address:

Employer's City, State:

Does anyone in the household have other unreported income (such as child support, unemployment benefits, disability benefits, etc.)?

○ Yes ○ No ○ Don't Know

Who?:

Type of Income?:

What is the monthly amount received?:

Received From?:

Does anyone in the household have unreported resources (such as bank accounts, vehicles, property, etc.)?

○ Yes ○ No ○ Don't Know

Who?:

What type of resource? If resource is a vehicle, please describe and provide license plate number if known:

CHILD OR CHILDREN'S INFORMATION:

Child/ren's Name:

Date of Birth or Age:

Social Security No. (if known):

DESCRIBE THE SITUATION OR ACTIONS BY THE CLIENT YOU BELIEVE TO BE INAPPROPRIATE OR ILLEGAL:

APPROXIMATE DATE IT OCCURRED (EX: MARCH 2003 TO DECEMBER 2003):

ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD:

Submit Reset

NOTE: BECAUSE OF CONFIDENTIALITY LAWS WE ARE NOT ABLE TO INFORM OR RESPOND TO YOU AS TO THE OUTCOME OR SPECIFICS OF A CASE.

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3. CITIZENSHIP

The applicant must complete the application attesting all members requesting assistance are U.S. citizens or have legal immigration status. If the claim of citizenship or non-citizen status is questionable, further verifications must be secured to resolve the issue.

3.1 VERIFICATION OF U.S. CITIZENSHIP OR NATIONALITY

Verify a claim of U.S. citizenship only if questionable. A household/person with a questionable claim is not eligible until the worker receives proof of citizenship. If the EAP program can ascertain citizenship through another public assistance program, i.e., TANF, SSI or Food Stamps, this is acceptable.

Examples of potentially questionable claims of citizenship may include (not all inclusive):

- Individual born outside the United States;
- Both of the child(ren)'s parents were born outside of the U.S.;
- Applicant indicates extended absence from the U.S. (may have given up citizenship); or
- Applicant is unable to produce any identification/birth certificate.

3.1.1 How to Verify U.S. Citizenship or Nationality

Copies of the following documents will, combined with acceptable proof of identity, establish a person's U.S. citizenship or nationality for purposes of EAP benefits:

- Birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after 1/13/41), Guam, the U.S. Virgin Islands (on or after 1/17/17), American Samoa, Swain's Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats in the U.S.;

  NOTE: If a document shows the individual was born in Puerto Rico, the U.S. Virgin Islands or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen (refer to the Nevada State Division of Welfare and Supportive Services Eligibility and Payments Manual Section A 421.6 for more detail on acceptable verification for persons in this circumstance).

- United States passport;
- Report of birth abroad of a U.S. citizen (FS-240) issued by the Department of State to U.S. citizens;
- Certificate of birth (FS-545) issued by a Foreign Service post or Certification of Report of Birth (DS-1350) issued by the State Department;

- Certificate of Naturalization (N-550) or N-570) issued by the United States Citizenship and Immigration Service (USCIS) through a court;
- Certificate of Citizenship (N-560 or N-561) issued by USCIS to persons who derive citizenship through a parent;
- United States Citizen Identification Card (I-197) issued by USCIS until 4/7/83 to citizens living near the Canadian or Mexican border who needed it for frequent border crossings (formerly I-179, last issued February 1974);
- Northern Mariana Identification Card issued by the USCIS to a collectively naturalized citizen born in the Northern Mariana Islands before November 3, 1986;
- Statement provided by the U.S. consular officer certifying the individual is a U.S. citizen (this is given to a person born outside the U.S. who derives citizenship through a parent, but does not have a FS-240, FS-545 or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back identifying U.S. citizens of the Texas Band of Kickapoos living near the U.S./Mexican border.

There are other secondary sources of verification which may include religious records, U.S. civil service employment records dated before June 1, 1976, early school records, census records, adoption papers, and any other document source establishing or denoting a place of birth.

NOTE: Copying Certificates of Naturalization is prohibited by law. The case manager must note in the case file the Certificate number and petition number, personal identifying information, date, and the city where the Certificate was issued.

3.2 VERIFICATION OF NON-CITIZEN STATUS

Non-citizens must provide documentation verifying Resident Alien status to be eligible for EAP benefits. Check USCIS documents that verify non-citizen status for expiration dates. If a person's document has expired, it is not acceptable.

The categories of non-citizens eligible for EAP are as follows:

- *Legally Admitted for Permanent Residence:* Documentation: I-151, commonly referred to as a "green card."
- *Refugee:* Documentation: I-94 Titled "Arrival Departure Record."
- *Asylee:* Documentation: I-94 and/or INS letter.
- *Deportation Withheld:* Documentation: I-94 and/or letter/order from an immigrations court judge

- *Conditional Entrant:* Documentation: I-94 Titled "Arrival Departure Record."
- *Parolee:* Documentation: I-94 Titled "Arrival Departure Record."
- *Battered Spouse or Child:* Documentation: 1) Veteran – proof of legal entrance in U.S. DD-214 or proof of active military service, birth/marriage certificate; 2) Other – Approval Notice or "Notice of Prima Facie Case" under the 1994 Violence Against Woman Act (VAWA).
- *Cuban/Haitian Entrants:* Documentation: I-151, commonly referred to as a "green card."
- *Amerasian Immigrants:* I-94 Titled "Arrival Departure Record." The document will be annotated with A1, A2 or A3;
- *PRUCOL (Permanently Residing Under Color of Law):* See Appendix C
- *Native American Indians:* This provision was intended to cover Native Americans who are entitled to cross the U.S. border into Canada or Mexico. Documentation: Unexpired I-551 titled "Alien Registration Receipt Card" or "Permanent Resident Card" with code S13. If Canadian born, an unexpired temporary I-551 stamp in a Canadian passport or on form I-94 "Arrival-Departure Record" with code S13;
- *Hmong or Highland Laotians:* See Eligibility and Payments Manual. Many of these individuals are admitted as refugees;
- *Victims of Trafficking:* Documentation: Adult: "Certification" letter issued from Health and Human Services (HHS); Children: letter issued from HHS;

3.3 ILLEGAL NON-CITIZEN REPORTING TOUSCIS

An illegal non-citizen is a person present in the U.S. illegally or who has received a final deportation order. The agency may not ask the citizenship status of non-applicants. The household must be advised of the agency's obligation to verify immigration status for those individuals applying for benefits for themselves.

Undocumented non-citizens will be reported to the USCIS if:

- An undocumented non-citizen is applying for assistance for themselves and/or other undocumented non-citizen household members; ***AND***
- The undocumented non-citizen has an official "*Order to Show Cause*."

NOTE: If there is more than one undocumented non-citizen applying for assistance, only those with an official "Order to Show Cause" will be reported.

3.4 ABSENCE OF PROOF OF IMMIGRATION STATUS

A household member(s) who has no proof of immigration status may not receive EAP benefits. The remaining members may be approved if they meet all other eligibility requirements.

NOTE: A household member without proof of immigration status will be excluded from the household size; however, their income is considered countable and will be included when calculating the household's gross income.

3.5 DOCUMENTATION OF NON-CITIZEN IMMIGRATION STATUS

Document in an EAP system narrative:

- The person's status and how it was verified;
- The USCIS document's expiration date if there is one, and
- Any other pertinent information, if applicable.

3.6 PRUCOL VERIFICATION CHART

Appendix C in this manual verifies the Social Security Numbers (SSNs) issued prior to January 1, 1972. The numbers listed here establish a person is a permanent resident under color of law (PRUCOL).

3.7 DESCRIPTION OF IMMIGRATION CATEGORIES

To provide a framework for understanding the U.S. Immigration system, it may be useful to examine the immigration categories in the following order: U.S. citizens, lawful permanent residents, conditional permanent residents, Immigration Reform and Control Act of 1986 (IRCA) legalized immigrants, persons fleeing persecution, immigrants granted permission to remain in the U.S. with employment authorization, trafficking victims, non-immigrants and undocumented non-citizens who have not been granted any status by the USCIS.

- U.S. Citizens

  U.S. citizenship is granted at birth to persons born in the U.S. It is also granted at birth to many persons born abroad who have at least one U.S. citizen parent. In addition, lawful permanent residents and certain U.S. military veterans may also become citizens through the process known as naturalization. Naturalized citizens have virtually the same rights as U.S. born citizens. Documents that prove U.S. citizenship include the following: a birth certificate issued by a U.S. state or local government or by a U.S. territory such as Puerto Rico, Guam or the Virgin Islands; a U.S. passport; the INS Forms I-179, I-197, N-560, N-561, N-550 and N-570.

- Lawful Permanent Residents

  Individuals who lawfully immigrate to the U.S. are called lawful permanent residents (LPRs). LPRs have permission to live and work permanently in the U.S. They may travel outside the U.S. and return, as long as they do not abandon their

U.S. residence. An LPR may apply for naturalization to become a U.S. citizen after living in the U.S. for five years (three years if married to a U.S. citizen). LPRs are eligible for almost all of the public benefits available to U.S. citizens. The INS documents that prove LPR status include the "green card" (Form I-151 or I-551), a re-entry permit (I-327) or foreign passport with a stamp showing temporary evidence of LPR status. "Commuter non-citizens" are LPRs who work in the U.S., but reside in Mexico and Canada and commute here to work. For purposes of eligibility for federal benefit programs, these persons are treated the same as LPRs, although they may experience difficulty establishing state residency.

- Conditional Permanent Residents

  Persons who receive LPR status through marriage to a U.S. citizen will be granted conditional permanent residence if they have been married less than two years. At the end of two years, the couple must file a joint petition with the USCIS to remove the condition or the non-citizen spouse must qualify for a waiver to keep his/her LPR status. A conditional permanent resident will have the same rights and the same documents as the other LPRs, except the I-551 card will expire after two years and is coded "CR."

- IRCA Legalized Immigrants

  Under the Immigration Reform and Immigrant Control Act of 1986 (IRCA), two categories of non-citizens were allowed to legalize their status: (1) "general amnesty" or legalization immigrants, who had resided unlawfully in the U.S. since prior to January 1, 1982, and (2) "special agricultural workers" (SAWs) or "section 210" immigrants, who performed agricultural work for a specified period prior to IRCA's enactment. Legalization under IRCA was a two-stage process under which applicants first applied for and obtained lawful temporary resident (LTR) status. After obtaining LTR status, general amnesty immigrants were required to apply for lawful permanent resident status. SAW applicants, on the other hand, automatically became LPRs after having LTR status for given period of time.

- Persons Fleeing Persecution

  1. Refugees – Refugees are given permission to enter and reside in the U.S. because they have fear of persecution in their home country. They are usually given I-94 stamped "Admitted as a Refugee pursuant to section 207 of the Act." Once admitted, refugees can apply for and receive an I-571 (a refugee travel document) to travel abroad and re-enter the country and an I-688B employment authorization card. Prior to 1980, the term "conditional entrant" was used to describe certain refugees, but that classification is no longer used by the USCIS.

2. Paroled as Refugees and Cuban/Haitian Entrants – Some persons who fear persecution are "paroled" into the U.S. as refugees when the number of refugees allowed to enter that year has been exceeded. Such parolees are given an I-94 with "paroled as a refugee" or "207" stamped or written on it. In the past, the USCIS paroled Cubans and Haitians under the designation "Cuban/Haitian entrant" or "Mariel Cuban." All nationals of Cuba and Haiti are eligible for refugee assistance as "Cuban/Haitian entrants" so long as they have been granted parole, applied for asylum or are in exclusion or deportation proceedings, but have not received a final order of deportation.

3. Asylees – People in the U.S. who satisfy the requirements for refugee status because they fear persecution in their home country can apply for asylum or withholding of deportation. A person granted asylum is called an asylee. Persons granted asylum or withholding may have a written decision from the USCIS or immigration judge, as well as an I-94 or I-688B.

- Permission to Remain in the U.S. with Employment Authorization

Most individuals granted permission to remain in the U.S. by the USCIS are also granted work authorization on Forms I-94 or I-688B. Because employers must verify each person they hire is authorized to work in the U.S., the USCIS work authorization documents are fast becoming a primary form of identification for people who are lawfully here, but have not yet been granted LPR status.

Individuals granted permission to remain in the U.S. might argue they are Permanently Residing in the U.S. Under Color of Law (PRUCOL). PRUCOL is not an immigration status; it is only a category used to determine eligibility for certain federal benefits.

1. Temporary Protected Status (TPS) – Temporary Protected Status is granted to people living in the U.S. who are from certain designated countries where unsafe conditions would make it a hardship for them to return. The countries that have been designated under the TPS program in the past include El Salvador, Kuwait, Lebanon, Somalia and Liberia. Persons who qualify for TPS are authorized to remain in the U.S. for a specific period of time and are eligible for an I-688B employment authorization document. TPS recipients are not considered to be PRUCOL for purposes for qualifying for certain federal programs.

2. Family Unity – "Family Unity" is a USCIS status providing protection from deportation and eligibility for employment authorization to the spouses and children of persons legalized under IRCA. Family Unity replaced an earlier program called Family Fairness. To qualify for Family Unity, a person must have been the spouse or child of an amnesty

non-citizen as of May 1988 and have been residing in the U.S. prior to that date. An application for Family Unity status will receive an I-797. He/she is then eligible for an I-688B employment authorization document.

Family Unity recipients are disqualified from access to certain federal programs for the same length of time and in the same manner as their legalized family member is disqualified. That is, while the legalized non-citizen spouse or parent is under the five-year disqualification for receipt of certain benefits, the relative granted Family Unity is also ineligible. As soon as the Family Unity recipients obtain LPR status, they will qualify for these benefit programs.

Due to a technicality in the law, the spouses and children of individuals who are legalized under the farm worker (SAW) amnesty program, but who applied for legalization between May 5, 1988 and November 30, 1988, do not qualify for Family Unity. However, if they otherwise qualify for Family Unity, the USCIS will grant them the same benefits: a two-year permission to stay in the U.S. and work authorization. Persons in this situation should be eligible for the same public benefits as those granted Family Unity.

3. Parolees – Parole is a discretionary status used for humanitarian or public interest reasons provided under Section 212(d)(5) of the Immigration and Nationality Act. Persons paroled into the U.S. are usually given an I-94 stamped "PIP," "HP," "212(d)(5)" or with other language evidencing their parole status. Some parolees enter the U.S. only for a temporary purpose, such as to receive medical treatment. Others are allowed in with the understanding they will remain permanently by applying for asylum or a family visa petition. Persons paroled as refugees and Cuban and Haitian parolees are discussed under *Persons Fleeing Persecution.*

4. Other Discretionary Classifications – The president or the USCIS has discretion to allow any non-citizen or group of immigrants without legal status to stay in the U.S. for an indefinite period of time under such categories as deferred action, voluntary departure or stay of deportation. These persons are usually considered PRUCOL for purposes of receiving benefits. The most common documents used to show a grant of discretionary relief would be an I-688B employment authorization card or and I-94.

5. Applicants for Immigration Status – Because of long delays in processing applications, many people reside in the U.S. with USCIS knowledge while the USCIS acts upon their application for lawful immigration status. Applicants for asylum, adjustment to LPR status and suspension of deportation are eligible for employment authorization while their cases are pending. An applicant for immigration status is generally

ineligible for the same benefits as someone granted that status. However, some may argue they are PRUCOL because they are living in the U.S. with the knowledge and permission of the USCIS.

- Trafficking Victims

  Traffickers force adults (mostly young women) and children into prostitution, slavery and forced labor through coercion, threats of physical violence, psychological abuse, torture and imprisonment. Under the Trafficking Victims Protection Act, adult victims of trafficking who are certified by the Office of Refugee Resettlement (ORR) at the Department of Health and Human Services (HHS) are eligible for benefits to the same extent as refugees. Children who have been subjected to trafficking are also eligible like refugees but do not need to be certified. See the Eligibility and Payments Manual Section A436 if more details are needed for this category.

- Non-Immigrants

  Individuals who are allowed to enter the U.S. for a specific purpose and for a limited period of time are classified as nonimmigrants. Examples of nonimmigrants include tourists, students and visitors on business. Nonimmigrants are usually given an I-94 (Arrival/Departure Record) that indicates the nonimmigrant category under which they entered the country, how long they can stay and whether they are authorized to work. Nonimmigrants who violate the terms of their status, i.e., overstaying a tourist visa or working without permission, may lose their nonimmigrant status and be considered undocumented.

- Undocumented Non-Citizens Without USCIS Permission to Remain in the U.S.

  There are two main ways for an individual to be considered "undocumented." The first involves avoiding USCIS inspection at the border, or entering the U.S. without the necessary documents. This is known as Entry Without Inspection (EWI). The second is to violate the terms of a nonimmigrant visa after entering legally. Undocumented non-citizens risk being deported. However, they might also be eligible to obtain temporary or permanent lawful status from the USCIS by qualifying: i.e., for asylum, TPS or suspension of deportation.

- Non-Citizen "Indefinite Detainee" or "Lifer"

  Non-citizens who, after having served time for a criminal conviction and being given a final order of removal by USCIS, remain indefinitely in detention in the U.S. because their home country and no other countries will accept them. They may be eligible for assistance/services if their status (original entry into the U.S.) is verified by the Office of Refugee Resettlement.

5.11 SOCIAL SECURITY NUMBERS (SSN)

Social Security Numbers are required for all household members at the time of application. If the application doesn't contain this information and the information is not available through NOMADS or any other known source, the case worker must request the client's disclosure, via the Request for Information, Form 2833-EL. If a household member does not have a SSN, a pseudo number can be entered until such time as the number is received.

If a client expresses concern over the use of their SSN, the case worker must inform the client the information will only be used when determining their eligibility, verifying public assistance benefits and for federal reporting purposes.

> **NOTE:** If a non-citizen provides a false SSN, the number must be entered in EAP unless it is already registered to another individual. In that instance, a pseudo number will be created by the EAP system. The case manager must document in the EAP narrative the Social Security number the client provided.

5.11.1 Verification of SSN

Once the SSN has been verified, it no longer needs to be requested with subsequent applications. Possible sources of verification are as follows (not all inclusive):

- Social Security card or check
- Social Security Administration benefit letter
- Pay stub
- NOMADS MEMB screen printout with a SSA verified number

EXCEPTION: The applicant does not need to be a current recipient of DWSS benefits; however they must have **received** at least one type of assistance (i.e., TANF, Food Stamps, Medicaid).

Attachment H

Automated Nevada Server-based Reference System

New Session | Logout | Help

SSN:

Go

Data for:

Employment Data (Per DETR)

Unemployment Insurance Benefits Data (Per DETR)

State Directory of New Hire