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CLAIMS

110 DEFINITION OF CLAIM

A claim is defined as any assistance, benefit or service provided under a program administered by the DWSS paid to, or on behalf of, any individual or group of individuals which exceeds the amount the individual or group of individuals was eligible for.

Claim amounts reflect the difference between what the individual incorrectly received in a form of assistance, benefit or service less what they were correctly entitled to receive.

When calculating a claim amount, the worker must use budgeting procedures and policy in effect at the time the claim was incurred. Ensure the correct reporting requirements are applied when calculating a claim for all agency programs.

Note: When determining if a claim exists due to SSI eligibility of an assistance unit member, ineligibility begins the first month following the recipient's actual receipt of the SSI payment.

111 DEFINITION OF TRAFFICKING

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

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

112 DEFINITION OF DATE OF DISCOVERY

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

Exception: Quality Control (QC) conducts investigations which may generate a potential claim for the review month. Claims resulting from a QC error finding must show the date of discovery as established by the Chief of Quality Control.

113 WHEN INFORMATION IS RECEIVED INDICATING A CLAIM MAY EXIST

The appropriate case manager 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;
- determine the period(s) of time during which the household incorrectly received assistance; and
- submit the information to I&R via referral to the Investigations and Recovery Information System (IRIS).

Immediately at claim referral, case managers shall compile a "claim packet." The claim packet must include:

- copies or original of all pertinent documents (application, picture ID, etc.) contained within the case file;
- copy or original of substantiating documentation relative to the claim;
- a cases narrative containing at a minimum how the claim occurred; and
- a copy of the claim referral.

The claim packet must be sent to the I&R Unit responsible for their program office as soon as possible for review and claim establishment.

If reasonable attempts made to secure documentary evidence prove unsuccessful, the case manager may, with the approval of their unit supervisor, terminate calculation efforts.

114 CALCULATION OF CLAIM AMOUNT

Case managers will calculate claims for open cases except when the claim is associated with:

- an investigation;
- an Intentional Program Violation (IPV); or
- a QC error finding.

Case managers need not submit 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 claims for all closed cases and any open case associated with:

- an investigation;
- an IPV; or
- a QC error finding.

When calculating a claim, refer to manual section B-600 for policy guidance on reporting requirements and the NOMADS Task Guide A-15.07 for system procedures.

- When circumstances automatically cause ineligibility such as excess resources, assume the amount which should have been issued is “zero.”
- 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.
- Allow only expenses previously claimed and budgeted, unless verification of expenses paid is provided or obtained as a result of verifying income.

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 received as a result of this Act in determining the amount of overissuances 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 totally 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 overissuances identified after September 30, 2009, the claim must be determined based on the actual amount of benefits received.

NOTE: I&R staff will perform all other claim related tasks such as:

- claim classification;
- claim file creation;
- claim establishment; and
- identify who is responsible to repay the claim.

Claims are addressed in detail in the I&R Policy Manual, sections 300 through 500, respectively. Reference should be made to these manual sections for issues/events not addressed in this chapter.